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On the treatment of Covid-19

10-12 minutes

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Immunological and serological studies <u>show that</u> most people develop no symptoms or only mild symptoms when infected with the new coronavirus, while some people may experience a more pronounced or critical course of the disease.

Based on the available scientific evidence and current clinical experience, the SPR Collaboration recommends that physicians and authorities consider the following Covid-19 treatment protocol for the **early treatment** of people at high risk or high exposure (see references below).

Note: Patients are asked to consult a doctor.

Treatment protocol

Prophylaxis

- 1. Zinc (50mg to 100mg per day)
- 2. Quercetin (500mg to 1000mg per day)
- 3. Bromhexine (25mg to 50mg per day)
- 4. Vitamins C (1000mg) and D (2000 u/d)

Early treatment

- 1. Zinc (75mg to 150mg per day)
- 2. Quercetin (500mg to 1500mg per day)
- 3. Bromhexine (50mg to 75mg per day)
- 4. Vitamins C (1000mg) and D (4000 u/d)

Ancillary (prescription only)

- 1. Hydroxychloroquine (400mg per day)
- 2. High-dose vitamin D (1x 100,000 IU)
- 3. Azithromycin (up to 500mg per day)
- 4. Heparin (usual dosage)

Note: Contraindications for HCQ (e.g. favism or heart disease) must be observed.

Addendum: Other prescription drugs with first reported successes in the early medical treatment of Covid-19 are **ivermectin** (<u>read more</u>) and **favipiravir** (<u>read more</u>).

Treatment successes

Zinc/HCQ/AZ: US physicians reported an <u>84% decrease</u> in hospitalization rates, a <u>50% decrease</u> in mortality rates among already hospitalized patients (if treated early), and an improvement in the condition of patients <u>within 8 to 12 hours</u>. Italian doctors reported a decrease in deaths <u>of 66%</u>.

US physicians also reported a <u>45% reduction</u> in mortality of hospitalized patients by adding zinc to HCQ/AZ. Another US study reported a <u>rapid resolution</u> of Covid symptoms, such as shortness of breath, based on early outpatient treatment with high-dose zinc.

Bromhexine: Iranian doctors reported in a <u>study with 78</u>

patients a decrease in intensive care treatments of 82%, a decrease in intubations of 89%, and a decrease in deaths of 100%. Chinese doctors reported a 50% reduction in intubations. Bromhexine is a mucolytic cough medication.

Vitamin D: In a Spanish randomized controlled trial (RCT), high-dose vitamine D (100,000 IU) reduced the risk of requiring intensive care <u>by 96%</u>. A large Israeli study found a <u>strong link</u> between vitamin D deficiency and covid-19 severity.

For more results, see the scientific references below.

Mechanisms of action

Zinc inhibits RNA polymerase activity of coronaviruses and thus blocks virus replication. Hydroxychloroquine and quercetin support the cellular absorption of zinc and have additional antiviral properties. Bromhexine inhibits the expression of the cellular TMPRSS2 protease and thus the entry of the virus into the cell. Azithromycin prevents bacterial superinfections. Heparin prevents infection-related thromboses and embolisms in patients at risk. (See scientific references below).

See also: <u>Illustration of the mechanisms of action</u> of HCQ, quercetin and bromhexine

Additional notes

The **early treatment** of patients as soon as the first typical symptoms appear and even without a PCR test is essential to prevent progression of the disease. Zinc, HCQ, quercetin and bromhexin may also be used <u>prophylactically</u> for people at high risk or high exposure (e.g. for health care workers).

In contrast, isolating infected high-risk patients at home and

without early treatment until they develop serious respiratory problems, as often happened during lockdowns, may be detrimental.

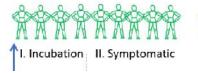
The alleged or actual negative results with hydroxychloroguine in some studies were based on delayed use (intensive care patients), excessive doses (up to 2400mg per day), manipulated data sets (the Surgisphere scandal), or ignored contraindications (e.g., favism or heart disease).

Early treatment based on the above protocol is intended to avoid hospitalization. If hospitalization nevertheless becomes necessary, experienced ICU doctors recommend avoiding invasive ventilation (intubation) whenever possible and using oxygen therapy (HFNC) instead.

It is conceivable that the above treatment protocol, which is simple, safe and inexpensive, could render more complex medications, vaccinations, and other measures largely obsolete.

Background

The efficacy of HCQ against SARS coronaviruses was established in 2005 in the wake of the SARS-1 epidemic. The efficacy of zinc in blocking RNA replication of coronaviruses was discovered in 2010 by world-leading SARS virologist Ralph Baric. The efficacy of HCQ in supporting the cellular uptake of zinc was discovered in 2014 as part of cancer research. The efficacy of the flavonoid quercetin in supporting the cellular uptake of zinc was also discovered in 2014. The efficacy of bromhexine in blocking cell entry of coronaviruses was established in 2017.

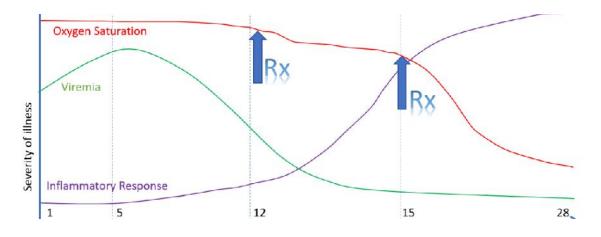








III. Early Pulmonary Phase | IV. Late Pulmonary Phase



Stages of covid disease (EVMS)

References

General

 <u>EVMS Critical Care Covid-19 Management Protocol</u> (Paul Marik, MD, June 2020)

Zinc

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- Study: Zinc Inhibits Coronavirus and Arterivirus RNA
 Polymerase Activity In Vitro and Zinc Ionophores Block the Replication of These Viruses in Cell Culture (<u>Velthuis et al</u>, <u>PLOS Path</u>, 2010)
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- Study: Hydroxychloroquine and azithromycin plus zinc vs hydroxychloroquine and azithromycin alone: outcomes in hospitalized COVID-19 patients (<u>Carlucci et al., MedRxiv</u>, May 2020)
- Study: Treatment of SARS-CoV-2 with high dose oral zinc salts:
 A report on four patients (<u>Eric Finzi, International Journal of Infectious Diseases</u>, June 2020)

- Review: Does zinc supplementation enhance the clinical efficacy of chloroquine/ hydroxychloroquine to win today's battle against COVID-19? (Derwand & Scholz, MH, 2020)
- Review: Zinc supplementation to improve treatment outcomes among children diagnosed with respiratory infections (<u>WHO</u>, <u>Technical Report</u>, 2011)
- 8. **Article**: Can Zinc Lozenges Help with Coronavirus Infections? (McGill University, March 2020)

Quercetin

- Study: Small molecules blocking the entry of severe acute respiratory syndrome coronavirus into host cells (<u>Ling Yi et al.</u>, Journal of Virology, 2004)
- Study: Zinc Ionophore Activity of Quercetin and Epigallocatechin-gallate: From Hepa 1-6 Cells to a Liposome Model (<u>Dabbagh et al., JAFC</u>, 2014)
- 3. **Study**: Quercetin as an Antiviral Agent Inhibits Influenza A Virus Entry (<u>Wu et al, Viruses</u>, 2016)
- Study: Quercetin and Vitamin C: An Experimental, Synergistic Therapy for the Prevention and Treatment of SARS-CoV-2 Related Disease (Biancatelli et al, Front. in Immun., June 2020)
- Report: EVMS Critical Care Covid-19 Management Protocol (Paul Marik, MD, June 2020)

Bromhexine

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- management of SARS-CoV-2 infection (<u>Maggio and Corsini</u>, Pharmacological Research, April 2020)
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- Study: Chloroquine is a potent inhibitor of SARS coronavirus infection and spread (<u>Vincent et al., Virology Journal</u>, 2005)
- Study: Chloroquine Is a Zinc Ionophore (<u>Xue et al, PLOS One</u>, 2014)
- 4. **Study**: Physicians work out treatment guidelines for coronavirus (Korean Biomedical Review, February 2020)
- Study: Expert consensus on chloroquine phosphate for the treatment of novel coronavirus pneumonia (<u>Guangdong Health</u> <u>Commission</u>, February 2020)

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Heparin

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- 4. **Article**: Anticoagulation Guidance Emerging for Severe COVID-19 (<u>Medpage Today</u>)
- 5. **Article**: Aspirin may prevent blood clots in COVID-19, study shows (<u>Knowridge Science</u>)

See also

- Facts about Covid-19
- On the effectiveness of face masks
- Studies on the lethality of Covid-19

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