



Médicos pela Vida
covid-19

COVID-19 PROTOCOL

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Note: the original version June 2021 had incorrect dosing.
Please only use this version.

DISCLAIMER

This protocol is borne of clinical experience only and thus is meant solely for educational purposes to health care providers regarding potentially beneficial empiric treatment approaches for Long Haul COVID-19 Syndrome. Never disregard professional medical advice because of something you have read on our website and releases. This is not intended to be a substitute for professional medical advice, diagnosis, or treatment in regards to any patient. Treatment for an individual patient is determined by many factors and thus should rely on the judgement of your physician or qualified health care provider. Always seek their advice with any questions you may have regarding your medical condition or health.

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Introduction

Multiple levels of disease should be considered when considering treatment.

I wish here to give a personal testimony before setting out my protocol. I have treated patients with covid-19 in the United States, Canada, Portugal, Spain, Mexico, England, and Italy, among other countries.

In several countries my medical license is not valid for medications in humans, especially in the United States, where I have attended the largest number of patients. In these cases, I could only use vitamins, aspirin, zinc, and melatonin.

I found out with veterinarians in Brazil that injectable veterinary ivermectin is very pure, otherwise it would damage the treated animal. All Uruguayans use IVOMEC whenever they need ivermectin as an antiparasitic, as they do not have ivermectin for human use in the country and this habit has been around for decades.

The first patient I treated in the United States was already extremely ill, with fever, mental confusion, blurred vision, in anosmia and ageusia, severe headache, inappetence, weakness, with dyspnea, dry cough continuously throughout the online consult, very intense pain in the body and O2 saturation ranged between 82 and 86%. He had already been to the hospital in Florida and after examining him they prescribed a tylenol for the fever, told him to go home and charged 4000 USD. He is married, has 3 children and a wife, and cannot afford health insurance. He is the family's economic breadwinner. Under these circumstances I told him that I would treat him only if he got the ivermectin, otherwise nothing could be done for him. Coincidentally, that same day, a good friend of his had brought him a bottle of liquid ivermectin for veterinary, Agri-Mectin, asking him to take it. And she said she had already talked to the veterinarian doctor about it, that he knew the formulation very well, was very pure and he guaranteed that its use in humans was possible (American doctors did not prescribe the human IVM, not even at the patient's request). It was this or nothing and let him die. And the veterinarian doctor gave me the concentration so I could calculate the dosage.

In this extreme condition, with the patient in poor general condition, already in the inflammatory phase, I decided to medicate him, also prescribing antibiotics, corticosteroids, and anticoagulants. But no doctor agreed to prescribe these 3 drugs for him to use. So, I simply used Agri-Mectin 10mg/ml and, as I had nothing else to recourse besides vitamin C, vitamin D and aspirin (I also used it), I decided to greatly increase the dose of ivermectin, knowing that it was safe to use up to 5 times the label dose.

*The first consultation was at 7:00 pm and his O2 saturation was 82%. I asked him to eat and immediately take a whole dose, that is, 1mg per kg, which was equivalent to five times what I used to give (0.2mg/kg = label dose). At 1:00pm the next day his saturation was already oscillating between **94 and 98%**, his general condition had improved a lot, but he was still blurry and a little confused. Another 3 days and he was completely recovered and I extended the treatment for a total of 10 days due to the severity of the initial condition and the fact that I could not prescribe the antibiotic. It felt like a miracle. After that, we learned how to use the multiple functions of ivermectin in favor of Covid-19 treatment with less medication:*

1. Antibiotics
2. Antiviral
3. Anti-inflammatory, very potent and only short of steroids, with the advantage that it can be used in diabetics: sometimes COVID-19 improves, but lack of diabetes control, caused are using steroids, can kill the patient
4. Immunity modulator
5. Anticoagulant

More recently, other functions have been incorporated to IVM, including anticancer, the ability to regenerate peripheral nerves by directly acting on the Schwann membrane, blood glucose control and metabolic syndrome. As Heiko Santelmann said: whatever disease you have, ivermectin cures. That is almost true. I have compared IVM several times to the universal elixir of the Middle Ages: a medicine that cured all illnesses.

The introduction is to explain why I have greatly reduced the additional medications that are used a lot by many colleagues, increasing the dose of ivermectin, so that it works on all the metabolic processes it is able to inhibit. The use of additional medications is nothing toxic and only stimulates immunity and health, except the antibiotic, which I try to avoid. For prophylaxis you just give a small dose, 0.2mg/kg for 2 days every 15 days, because the only function of the IVM will be to occupy the ACE2 receptor.

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Prophylactic Ivermectin Protocol

Ivermectin

1 tablet of 6.0mg for every 30 kg and without breaking a tablet

(it crumbles, and it is not possible to assess the right dose of the small pieces) or 0.2mg/kg of weight. One dose now and another after 24 h and repeat every 15 days. Ivermectin is cleared from ACE2 receptors at approximately 12 days, and the 15-day interval is acceptable when the patient has little contact with people in their daily lives.

In the case of people who are very exposed to contagion, such as health professionals, drivers, store clerks and airports, airline pilots, flight attendants and teams that work on planes, I recommend using it 2 days a week. The longer the use of IVM, the greater the patient's immunity and he acquires less from other infectious diseases.

Vitamin D

10,000IU a day for 90 days and blood levels to avoid overdosing

Vitamin C

time released 1g 2 times a day

Quercetin

250mg 1 tablet per day

Zinc

50mg 1 tablet per day

Melatonin

5mg before bedtime = optional



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Therapeutic Ivermectin Protocol

Increasing the dose of Ivermectin in the disease is necessary because now the drug will have to inhibit, in addition to the ACE2 receptor, the multiple molecules of Importins α and β to avoid the nuclear import of viral material. And ivermectin acts by occupying the Importin α receptor that would be used by the viral material, requiring many more molecules of the drug. Also in the inflammatory phase, IVM will neutralize and/or block 52 toxic viral proteins or proteases, including the 3 worst: PL-pro, 3CL-pro and SUD. So, we need more molecules to do this blockade. And we need more IVM molecules for its

anti-inflammatory and anti-platelet and anti-aggregator function of red blood action (anticoagulant), which has allowed to dispense heparin use, even in moderate cases. The increase IVM starts with 3 times the label dose and extends up to 10 times if the patient is extremely sick and obese. The more obese the patient, the more we will have to increase the dose, as ivermectin is avid for the adipose tissue, which competes for IVM with cells that are being infected by the virus and need the drug. Most of the time I use 3 to 5 times the label dose.

Ivermectin

= from 0.6mg to 1mg/kg of weight for 5 to 10 days, increasing the dose up to 1.5 mg/kg of weight - depending on the evolution. And it can reach 2mg/kg if needed. I only administer antibiotics if the patient has a fever, due to unpleasant side effects, often with vomiting and malaise. Increasing the dose of IVM allows the use of its antibiotic effect (bacteriostatic, to be more precise), avoiding the use of toxic antibiotics in the initial phases, without infection, in addition to the anti-inflammatory, anticoagulant and immune modulating effects.

Vitamin C

with rose hips time release 1g (INTERNAL USE), 2 tablets twice a day

Zinc

50mg (internal use) - 1 tablet a day

Vitamin D3

10,000 IU (internal use) - 1 tablet (gelatinous capsule and oily content) per day during a meal.

Quercetin

500mg - 1 tablet a day

Melatonin

5mg - 1 tablet a day 30 minutes before bedtime

Acetylcysteine

600mg granules - 1 sachet of 5g diluted in 250ml of water, 30 minutes before bedtime

Doxycycline

100mg - only if the patient needs antibiotics, 1 tablet every 12 hours

I check how the D-Dimer and fibrinogen are doing before prescribing the heparin:

Clexane

40mg/0.4ml- Injectable solution (10un of 0.4ml) once a day



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Notes

In males, if the patient is not improving rapidly, I use finasteride to inhibit testosterone and in turn the enzyme TPMS2, which facilitates the fusion of the virus into the cell membrane and its entry into the cell. Proxalutamide can also be used to get this effect, but here in Brazil this drug is not yet approved by ANVISA - our regulatory agency equivalent to the US FDA.

Ivermectin is better than all other drugs because it has almost no side effects and improves immunity quickly, being very well tolerated by patients, who even report a “feeling of well-being” with it.

Additional recommendations:

1. Drink a liter of ozonized water with a lemon squeezed every day in the morning and another liter of ozonized water during the day. It will facilitate the fluidization of airway secretions, the intestinal function and metabolism.
2. Sleep with an environmental humidifier turned on: in the reservoir, which must be of adequate size to remain running all night, you should put 3 scoops of baking soda.
3. Make bicarbonate nebulizers several times a day: This can be the pediatric nebulizer, placing a coffee spoon of bicarbonate in the receptacle and completed with distilled water. It can be three times in the morning, three times in the afternoon and three times at night. Covid-19 secretion is very thick and it is essential to eliminate it so as not to create pulmonary fibrosis. This nebulization stimulates productive cough, which will eliminate thick lung secretions.