



COVID-19 Quick Reference Guide

*Immediate Steps to Reduce Your Risk of
COVID-19 and “Long Haul” Covid Disease*

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Inside:
EARLY TREATMENT
KIT instructions
and one-page
QUICK-ACTION
SUMMARY

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INTRODUCTION

Most Americans have no idea what to do to prepare for COVID-19 or how to protect themselves. This step-by-step COVID-19 Quick Reference Guide is meant to help you prepare yourself and protect your life.

THREE FACTS TO KNOW:

1. **COVID-19 is a clotting disease.** COVID-19 (coronavirus disease 2019) is an inflammatory and clotting disease. It is not a lung disease. “If you don’t stop the clotting, the patient’s dead,” says Dr. Darrell DeMello, MD, who has treated more than 6,000 patients in India, with only 35 hospitalizations and 14 deaths (all of them with diabetes). **NOTE:** Omicron variant may turn out to be less virulent.
2. **The first seven days are critically important.** “It’s just a viral disease for a week; then it’s an inflammatory disease,” said Dr. Richard Urso, MD.* He says, “People don’t die of the virus. They die of inflammation. They die of thrombosis [clotting].”¹ “Covid is a 14-day disease,” says DeMello. “Week 1 leads up to the tsunami [cytokine storm]. The tsunami sets off the damage. The damage is clotting. Clotting really occurs between day 8 to day 10, and up to day 11, if you haven’t had clotting you’re pretty much on the road to recovery.” Therefore, don’t delay seeking treatment.
3. **You have effective options to protect yourself:** To reduce infection and death: 1) begin prophylaxis to prevent infection (e.g., ivermectin, *dilute* hydrogen-peroxide or povidone-iodine nasal rinses, certain antiseptic mouth washes) or 2) To stop viral replication, seek early and aggressive treatment as soon as symptoms begin, including *dilute* povidone-iodine or hydrogen peroxide nasal rinses to kill the virus where it’s replicating. If successful, this will prevent your body’s immune system from going into overdrive (inflammatory cytokine storm) and prevent clotting (microthrombosis).

The Danger: Early treatment is best, preferably as early as possible, and no later than 7 days after symptoms. However, many doctors and other practitioners are not providing early treatment and may instead ask you to go home and wait. Refuse to do so. Delay can be deadly. If the virus continues to replicate and your immune system cannot kill the virus on its own, you may end up in the hospital with difficulty breathing, the cytokine storm in full swing, and clot formation. Death may occur if the process is not reversed.

Safe, inexpensive, *repurposed* anti-viral, anti-inflammation, anti-clotting treatments may not be as effective if used late in the disease, yet some hospitals refuse to even try them (e.g., ivermectin, fluvoxamine). As a result, oxygen supplementation may become necessary, but mechanical ventilation should be avoided.

THEREFORE, begin prophylaxis and/or pull together an Early Treatment Kit to prevent your disease from progressing to inflammation and clotting—and the dangers of hospitalization and mechanical ventilation.

Early treatments are effective, especially when guided by the medical management of a physician committed to early and aggressive treatment. Medications and supplements alone or in combination can prevent the dangerous cytokine storm and hospitalization. The list of potential medications includes, *but is not limited to:*

- ivermectin
- nebulized budesonide
- doxycycline
- clopidogrel
- methylprednisolone
- hydroxychloroquine
- colchicine
- statins
- fenofibrate
- prednisone
- fluvoxamine
- azithromycin
- aspirin
- melatonin
- vitamins C and D3

Benefits of these medications that the general public may not be aware of include: reduction in mortality (ivermectin, hydroxychloroquine, and fluvoxamine²), reduction of recovery time by three days (nebulized budesonide³), prevention of clotting (clopidogrel, aspirin), reduction in severity (vitamin D3), and more. Fluvoxamine can reduce hospitalizations by 66 percent and deaths by 91 percent.⁴

Dr. Richard Urso, MD provided his list of drugs and specifications for diet related to the Delta variant at a Covid Summit held in Ocala, Florida:⁵

Florida Summit on Covid

Copy link

Current regimen for Delta

IVM and/or HCQ	Dutasteride
Azithromycin	+/- fenofibrate
Prednisone	+/- colchicine
Cyproheptadine	Baby aspirin
Famotidine	Vitamin D3
Montelukast	Melatonin

Also: No carb. Broth. Water. Steak. Fish or chicken. No sugar for as long as the patient is on prednisone.

Despite the refusal of many clinics, hospitals, physician groups, and health care systems to provide early and aggressive treatment, patients must pursue early treatment and medical management. Many physicians dedicated to early treatment, including those who've been ousted from hospitals and practices because they dared to treat patients early or refused the Covid shot, are now available through various telehealth groups. Treatment should begin within the first three to four days but no later than seven days after symptoms begin. This is a critical point. Patients should not wait around to "see how they do."

COVID-19 is highly treatable. Ignore those doctors who say otherwise. "The promotion of the vaccine is inextricably linked to the suppression of treatment or any hope of prevention," said **Dr. Peter McCullough, MD**.⁶ It's very important not to wait around to start that treatment. You want to stop it before it gets serious. As **Dr. Paul Marik MD**, one of the nation's top ICU physicians said about COVID-19, said "I must confess that I think it's the **most complicated disease that we've ever encountered.**"⁷

With the refusals of most hospitals and doctors to provide appropriate lifesaving treatment in the early stages of Covid, and in the hospital, patients must be prepared to protect their own life and the lives of others. This includes making sure they have an **early treatment kit (ETK)** ready to go if COVID-19 strikes, preferably large enough for more than one person or the entire family. See the **PREVENTION AND PREPARATION FOR COVID-19** section for instructions.

Some individuals say they cannot afford the doctor's visit (typically telehealth) or early treatment medications. They would rather wait to see if they need it. Furthermore, if they do get COVID-19, they would prefer to wait to see if they'll be able to recover without early treatment. This wait-and-see strategy is certainly a choice one can make, but it can be a deadly strategy.

Timing is everything in the treatment of COVID-19, according to doctors who are successful in saving Covid patients. Treatment should begin within the first four days, but no later than seven days. Waiting until after seven days increases the likelihood of hospitalization and death. For this reason, **Dr. Shankara Chetty, MD**, from South Africa, developed the **"8th Day Therapy for COVID-19"** to mitigate "a possible hypersensitivity reaction, that can trigger an inappropriate immune response, including a possible subsequent cytokine storm. This transition from the initial viral phase typically occurs on Day 8 after the first symptoms. It's essential, as the treating physician, to establish as precisely as possible the first day of symptoms, to alert the patient of the date when a possible sudden aggravation of symptoms may occur. Shortness of breath is typically associated with this aggravation."⁸

According to **Dr. Darrell DeMello, MD**, in an extensive online interview about the successful Covid treatment protocols he has used in India to treat COVID-19, early treatment is essential:



"If I do get a patient day 8, 9, and 10, I know I'm in trouble, and I'm ready for the trouble. Boy, I hit them really hard if they come to me that late. I think the world needs to know...this is a clotting disease. This is a vascular disease. This is not an interstitial lung disease...[S]ome of my patients come to me...with 80% of the lung clotted off...If you fix the clotting right up front or sometime in between, everything else will work...For me, timelines are very important. I need to understand the timeline really, really closely. I need to understand the timeline because treatment depends on the timeline."⁹

Get prepared NOW. It may take a day or more to get an in-person or online appointment with a doctor providing early treatment, and several more days or weeks to get the prescribed medication (such as ivermectin, hydroxychloroquine (HCQ))—especially if it is shipped, either from within the U.S. or from overseas because corporate pharmacies and pharmacists refuse to fill the prescriptions. **You won't have several days to wait. Every day counts.** That said, some telehealth clinics use pharmacies that overnight drugs to patients.

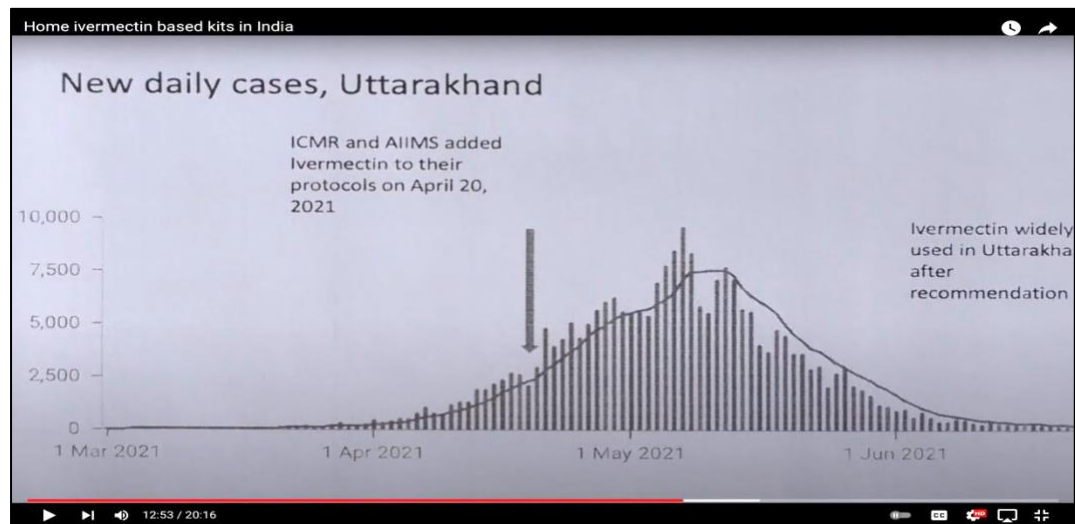
Less expensive avenues to secure early treatment drugs include compounding pharmacies, locally owned pharmacies, certain doctor's offices, and countries like India with its long history of providing medications that are not counterfeit. Delay is what often leads to death for those most susceptible to severe COVID-19 disease. Pulmonary and critical care specialist **Dr. Pierre Kory, MD**, discussing FLCCC.net protocols that use affordable drugs like ivermectin for early treatment, says, **"If you get treated early, you don't need the hospital protocol. If you get treated early, you don't need the long-haul protocol."**¹⁰ Prepare now by using the following step-by-step procedural protocols for:

- **PREVENTION AND PREPARATION FOR COVID-19**
- **TREATING COVID-19 INFECTION**
- **HOSPITALIZATION FOR COVID-19 INFECTION**
- **TREATING "LONG HAUL" COVID**

PREVENTION AND PREPARATION FOR COVID-19

1. Consider prophylactic treatment, including ivermectin and povidone iodine, to avoid COVID-19.
 - a. Antiseptic and anti-viral oral/nasal rinses, including Scope™ and Crest™ (active ingredient: cetylpyridinium chloride) and Listerine™, have worked well to **stop viral replication where it begins—in the nasopharynx**. Use them regularly or after potential exposure to SARS-CoV-2. Dr. McCullough, discussing **Dr. Md. Iqbal Mahmud Choudhury's** 2021 study of 1% povidone-iodine nasal and mouth rinses against COVID-19, said Bangladesh “shut down” the virus by using this solution for “decontamination of the nose and mouth.”^{11,12,13,14,15}
 - b. A 2018 in vitro study of povidone iodine against SARS virus showed that 1% povidone iodine, when used for 30 seconds, led to a **reduction of viral activity of ≥ 99.99%**.^{16,17}
 - c. Ivermectin, with anti-viral, anti-inflammatory, and anti-clotting properties reduces infection with COVID-19 by at least **86 percent**.¹⁸ Other drugs are also effective. (See chart below)¹⁹
 - d. By Nov. 2021, Dr. Bruce Boros, MD, had been on prophylactic ivermectin for **16 months**.²⁰
 - e. Dr. Kory, MD, calls ivermectin a “**wickedly effective**, highly potent, preventative agent” adding, “If you take it regularly, your chances of getting sick are nearly nil.”²¹
 - f. Encourage friends/family to consider prophylaxis, especially if they’ve been exposed.
 - g. Dr. DeMello, MD, keeps his Vitamin D level in the 90s, takes one colchicine tablet each day Monday to Friday, and **only takes ivermectin if** he feels overexposed by Covid patients.
 - h. In India, ivermectin was recommended on April 20, 2021, as “**mass chemoprophylaxis**.”
 - i. **“That is the beauty, that is the success story of ivermectin.”** – Dr. Surya Kant, Head Dept. of Respiratory Medicine, King George Medical University, Lucknow, Uttar Pradesh about the significant reduction of mortality after the state committee recommendation:

*Cases in the Indian state of Uttarakhand after ivermectin:*²²



2. Check your vitamin D level and maintain it.
 - a. “My top three vitamins are vitamin D, vitamin D, vitamin D.” — Dr. Richard Urso, MD
 - b. “It’s very difficult to die from Covid if your vitamin D level is over 50.” — Dr. Urso, MD
 - c. “If above 50, it’s almost impossible to develop cytokine storm.” — Dr. Ryan Cole, MD
 - d. 96% of Covid ICU patients are deficient in vitamin D. — Deborah Chisholm, MD*

- e. Dr. Cole takes 50,000 units/day for five days when he gets a cold (“vitamin D hammer”).
- f. At **55 ng/mL** the cell receptors are saturated. — Dr. Cole, MD and CEO of Cole Diagnostics
- g. If your vitamin D level is over 60 and under 100, you’re more likely to experience the asymptomatic version of COVID-19. — Dr. DeMello, who sees Covid patients regularly²³
- h. **2019 Study:** “[L]ong-term supplementation with vitamin D3 in doses ranging from 5000 to 50,000 IUs/day appears to be safe.” (*Journal Steroid Biochemistry & Molecular Biology*)²⁴
- i. Check your vitamin D level:
 - Doctor’s order **or** DIY from affordable requestatest.com, directlabs.com, etc.
 - Recheck as necessary to maintain proper blood level.

NOTE: Information above (a – f) comes from the *Global Covid Summit in Kansas*.²⁵

3. Make an informed choice about the Covid injection.

- a. RESOURCES:
 - RealRisks.org is just one option for finding facts about side effects and effectiveness.
 - Healthfreedomminute.net includes many CCHF Health Freedom Minutes (audio and pdf) that provide facts and citations about the Covid injection.
- b. INJECTION:
 - The vaccines are **not approved** by the FDA. For example, “The Moderna COVID-19 Vaccine is an unapproved vaccine that may prevent COVID-19.”²⁶
 - “This new gene-based vaccine idea had never been tried on human beings before this pandemic. And there had been no animal trials, which are normally mandated for any new vaccine, and there was no long-term safety data, so this was clearly an experiment.” – **Dr. Charles Hoffe, MD**²⁷
 - See openVAERS.com for reported adverse reactions and deaths, post injection.
 - “We don’t have sterilizing vaccines for Covid. The CDC has admitted they don’t stop Covid.” – **Dr. Aaron Kheriaty, MD**, Chief of Medical Ethics at The Unity Project, who said an 80-year-old and an 8-year-old have a **1000-fold difference** in risk of COVID-19—and that a few studies suggest the Covid shot may impair the **natural immunity** of people who already had the virus—thus the importance of individual consent.²⁸
 - The shot is focused on the **S1 protein** of the virus, not all 29 proteins, possibly permitting “immune escape,” which may lead to variants and reinfections.^{29, 30, 31,}
 - Intact **spike protein** has been found circulating in the bloodstream after injection.³²
 - If you get the Covid shot, ask the clinician to **aspirate the needle before injecting**. Pulling back on the plunger before injecting the therapeutic ensures the needle is in the muscle, not a blood vessel, which may prevent heart damage (myocarditis).³³
- c. CLOTTING:
 - Unlike other vaccines, “**only 25% of the vaccine actually stays in the arm,**” said Dr. Hoffe. The rest enters circulation, gets absorbed into the vascular endothelium of blood vessels, where the mRNA makes spike protein, which becomes part of the cell membrane that surrounds blood vessels, roughening up the surface and likely leading to clots (See TREATING LONG HAUL COVID section). He adds: “The Moderna vaccine has **40 trillion mRNA molecules** per vaccine dose.”³⁴
 - Canadian physician Dr. Hoffe began seeing vaccine injury in his patients. To search for the cause, he devised a study using the **D-dimer test** on patients within a week after the shot to look for recent clotting. As of July 2021, **62%** had positive, elevated D-dimer tests.³⁵
 - Ontario emergency medicine physician, **Dr. Rochagné Kilian**, also discusses the alarming rise of extremely high D-dimer levels (more than 3000 or 5000 ng/mL) in injected patients one week to four months after their second injection. She

suspected “**multiple small microthrombi** that is extended throughout the body and that’s so easy to miss and that a CT scan is not going to pick up.”³⁶

d. AUTOIMMUNE:

- Microbiologist **Dr. Sucharit Bhakdi, MD** and pathologist **Dr. Arne Burkhardt, MD**, who autopsied 15 patients who died (from 7 days to 6 months) after receiving the COVID vaccine, reported on December 10, 2021, that they found widespread evidence of the body attacking itself, with the heart attacked in all 15 bodies.^{37, 38}
- Board certified pathologist **Dr. Ryan Cole, MD**, owner of a diagnostics lab, reports “a **20-times increase of endometrial cancers.**”³⁹

e. ANTIBODIES:

- “Effectively, **the antibodies are in the wrong place.** The antibodies you get from the vaccine are in your blood, but you get Covid from your respiratory tract and those two systems of immunity are independent from another. You’ll only get immunity through natural infection because then you’ll have antibodies in your respiratory tract.” (Dr. Hoffe)⁴⁰
- “If you don’t want to catch a respiratory infection you need to have antibodies that are actually in your respiratory system...but the antibodies that the vaccines are giving from an injection are in the blood...” – **Dr. Clare Craig, FRCPath**, diagnostic pathologist.⁴¹

f. OMICRON:

- The Omicron variant is not well deterred by the Covid shot or boosters. Reuters reported in December that most of the cases of Omicron (about 80%) are in people who are **fully vaccinated**, and a third of them had received a booster.⁴² On Christmas Day 2021, Omicron accounted for **59 percent** of U.S. Covid infections, per the CDC.⁴³
- Thankfully, Omicron symptoms appear to be mostly mild. The infected may think it’s just allergies or a cold.⁴⁴ The fact that the Omicron variant **replicates 10 times slower in lung tissue** and 70 times faster in the upper airway and nasopharynx may mean greater transmissibility but far less severity.^{45,46}
- Omicron evolved to evade the vaccines, according to **Dr. Robert Malone, MD**, who says it likely mutated in those injected with the Covid shot not the uninjected.⁴⁷

4. Understand antibodies and T-cells.

- One testing option for memory T-cells: www.t-detect.com
- Antibodies wane: “You go to the laboratory and you’re going to get a value. It’s this high on this day and then it’s going to go down, and it’s going to go down. That’s what your body always does. If you maintained an antibody response to every pathogen you were exposed to every day of your life, you’d look like the **Stay Puff Marshmallow man** of swollen lymph nodes and your blood would sludge. It’s energetically and physically impossible. Your antibodies always drop. . . but the wonderful thing about your human body, you have memory cells in your bone marrow.”⁴⁸ – pathologist Ryan Cole, MD about antibody testing
- T-cells are on constant guard for intruders to your body. Dr. Cole says memory T-cells are constantly “shaking hands” with all your cells to determine if they are “friend or foe.”

5. Understand the timing and stages of COVID-19.

- Begin treatment within 1-4 days, preferably no later than 7 days, say doctors successful in treating COVID-19. Don’t wait to see how the disease progresses.
- Waiting to order essential early treatment medications, like ivermectin, fluvoxamine, or HCQ, until after you get sick may be too late to stop the virus at the viral replication stage.

- c. “COVID illness has two aetiologies. It is initially a respirator viral infection with typical symptoms, progression, and outcomes over the initial 7 days. **On around day 7, a Type 1 hypersensitivity reaction is triggered in those that are sensitive**, leading to the sequelae typically seen on admission. This reaction causes the release of chemical mediators in the lung, resulting in inflammation, oedema, and in time, massive cell damage. The resultant cellular disruption is what triggers the ‘cytokine storm’ in an attempt to repair damaged cells and remove debris. This release of cytokine triggers a cascade of events that produces the variety of pathologies that are seen,” said **Dr. Shankara Chetty, MD**, who has treated 7,000 South African patients with no deaths [our emphasis].^{49 50} These pathologies include clotting, as described elsewhere in this document.
- d. Nevertheless, ivermectin and other medications, with anti-inflammatory and anti-clotting properties have proven useful beyond the viral replication stage into the inflammatory and clotting phases of COVID-19.

6. Find a local or telehealth doctor who will provide early treatment for COVID-19.

- a. This will allow you to quickly bypass the dangerous “go home and wait” instructions.
- b. Find physician and other clinician options at [EarlyTreatmentOptions.org](https://www.earlytreatmentoptions.org) and elsewhere.
- c. If your own doctor is open to it, consider sharing the treatment protocols from the Front Line COVID Critical Care Alliance, unofficially called the “FLCCC Bible.”⁵¹
- d. Ask pre-Covid questions by chat, email or in person:
 - How do I pay? How long will it take to get a return call, get prescriptions sent, etc.?
- e. Precautions and suggestions, per FLCCC.net:
 - Check reviews from other patients.
 - Ask about pricing for services upfront.
 - If possible, call more than one provider.
 - Check the state medical board to see if the provider has a disciplinary record.⁵²

7. Find out the process for receiving monoclonal antibodies.⁵³

- a. Description: “Monoclonal antibodies, or mAbs, are made in a laboratory to fight a particular infection—in this case, SARS-CoV-2—and are given to patients directly with an infusion. That’s why mAb treatment may help patients who are at high risk for serious symptoms or having to stay in the hospital.”
- b. Limitation: typically not authorized once you’ve been hospitalized, so seek them early.⁵⁴
- c. Monoclonal antibodies may not work for Omicron variant, due to 46 mutations (23 to the spike protein).⁵⁵
- d. Check availability of **sotrovimab**, the one monoclonal antibody that seems to be effective to combat Omicron.⁵⁶
- e. A three-step process for accessing mAbs is detailed by the U.S government:
 1. Test positive for COVID-19 within last 10 days.
 2. Receive a referral from your health care provider.
 3. Locate an available infusion location.

NOTE: In another example of federal control over Covid treatment, the federal government paused distribution of mAbs in late December 2021,⁵⁷ leaving governors to beg for more.⁵⁸

8. Investigate other prevention and treatment therapies.

- a. Hyperbaric oxygen therapy has saved lives, per **Dr. Mollie James, DO**.⁵⁹
- b. Ozone blood therapy has shown some promise in treatment.⁶⁰
- c. Additional therapies and therapeutics may emerge.

9. Prepare a DIY Early Treatment Kit (ETK):

DIY Early Treatment Kit (ETK)

Suggested minimum contents for your ETK include:

- Home Covid Test (at least two)
- Pulse oximeter (*align accuracy with your doctor's*)
- Thermometer
- Extra batteries for pulse oximeter/thermometer
- Antiseptic mouthwash Listerine™, or chlorhexidine, or cetylpyridinium chloride products (e.g. Scope™/Crest™)
- Commercial iodine nasal spray OR DIY:
 - Eyedropper or nasal irrigation bottle
 - 10% povidone-iodine to *dilute* for nasal rinse
 - Hydrogen peroxide to *dilute* for mouth/nose rinse
 - Sterile water to dilute products for nasal rinse
 - DIY Instructions: <https://tinyurl.com/2p9atwj7>
- Ivermectin, preferably 12mg pills
- Vit. D3 (5K – 10K IU/pill)
- Vitamin C (1K mg tablets)
- Multivitamin
- Zinc, preferably elemental zinc
- Quercetin – 250 to 500 mg tablets
- NAC (N-Acetyl-L-Cysteine) – 600 mg tablets
- Aspirin
- Melatonin – 10 mg tablets
- *I-MASK+ Prevention and Early Treatment Protocol*
- *COVID-19 Quick Reference Guide (CCHF)*



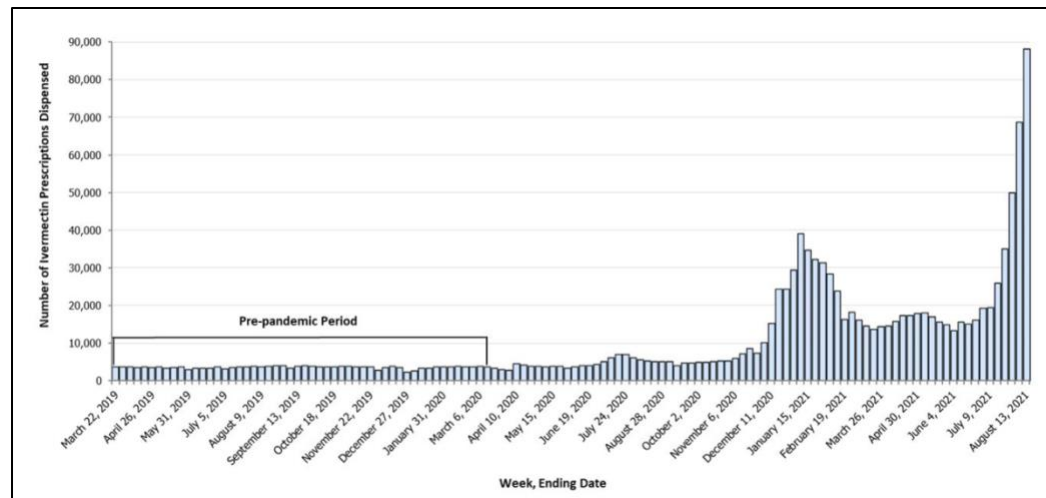
NOTE: Besides vitamins and ivermectin, the Delhi government in India includes doxycycline 100 mg tablets and acetaminophen in the Home Ivermectin Kits distributed to the public.⁶¹ One suggestion for a nebulizer is found here: <http://dragonflymountain.com/nebulize/nebulize.html>

10. Find a pharmacy that will agree to supply the medications you need.

- a. Consider local and foreign pharmacies.
- b. Find several options and lists at [EarlyTreatmentOptions.org](https://www.earlytreatmentoptions.org).
- c. Contact compounding pharmacies, which can make drugs in specified doses.
- d. Contact “mom and pop” or small-town pharmacies rather than corporate pharmacies.
- e. Use the FLCCC “Overcoming the Barriers to Access Ivermectin Prescriptions” document to try to secure ivermectin.⁶²
- f. Acquiring all needed therapeutics could require 2-3 pharmacies:
 - One for corporate- and FDA-restricted drugs, such as ivermectin, HCO, fluvoxamine
 - One for non-restricted anti-inflammatory and anti-clotting medications
 - One for vitamins and supplements (*could include online retailers*)

11. Order ivermectin — early and extra.

- a. Ivermectin is highly effective for early treatment for COVID-19. See study.⁶³
- b. Ordering options include pharmacies in India, Mexico, Switzerland, Canada, and other countries.
- c. Ivermectin from India can take several weeks to arrive, but it’s far less expensive than in U.S.
- d. U.S. Customs have confiscated some medications, but currently most are getting through.
- e. Order 12 mg tablets if ordering from overseas—tablets available in U.S. are only 3 mg.
- f. When ordering ivermectin from outside the U.S., consider ordering extra.
- g. Have more ivermectin on hand than you need for yourself.
- h. Be prepared to help the unprepared with early treatment to save their lives.
- i. Encourage **family and friends** to prepare their own DIY Early Treatment Kit.
- j. U.S. government may try to shut down access completely, so order accordingly.
- k. Ivermectin prescriptions rose sharply (*see chart*⁶⁴). On August 21, 2021, the FDA tweeted against ivermectin,⁶⁵ news media called it “horse dewormer,” and patient access was cut off.



12. One option to find pharmacies in India:

- a. <https://www.indiamart.com/camper-healthcare/>
- b. Look for a Star Supplier with Verified Trust Seal from IndiaMart.
- c. You usually do not need a prescription. In many countries, ivermectin is over the counter.⁶⁶
- d. Suggest purchase of 12 mg ivermectin tablets (500 – 1000 pills—see above).

- e. Other medications may be available, such as HCQ, azithromycin, doxycycline.
- f. Payment options vary.

13. Prepare a DIY “Covid Hospitalization Wishes” document in case you need hospitalization.

- a. This document and the following suggested inclusions are **not legal advice**. Please seek legal advice to determine whether to include these or other specifics on such a form.
- b. This **do-it-yourself (DIY) form** may provide protection if no loved ones are allowed to enter the hospital with you.
- c. Consider dating, signing, and having a witness sign it for more protection.
- d. Make a copy and provide to advocate, family, and/or person with Power of Attorney (PoA).
- e. “Hospitals are required to provide an advocate” if you request it. – **Attorney Kris Shilt**. She also says:⁶⁷
 - You can ask for alternative treatments.
 - Put it in writing – “I do not want Remdesivir. I don’t want to be put on a ventilator.”
 - Document need not be notarized, but you must communicate it to the hospital.
 - Have a power of attorney, so the hospital cannot assume the role.
 - Bring FLCCC.net hospitalization protocol with you.
 - Have your attorney make calls to the hospital.
 - Bring NIH document that has ivermectin as an approved treatment.
- f. Beware of intake paperwork and consent forms.
 - Hospitals often ask patients to sign blanket consent statements that say you agree to all treatments prescribed by the physician, or other practitioners (nurse practitioner, physician assistant, etc.) that are caring for you.
 - To protect your choices, **cross off blanket treatment statements** and add a statement that each treatment requires your full and informed consent.
- g. Suggested inclusions for what you may want to put in writing for the hospital:
 - Whether you agree to or refuse COVID-19 vaccination
 - Whether you agree to or refuse COVID-19 mechanical ventilation
 - Whether you want other oxygen delivery methods (CPAP, nasal canula, BiPAP)
 - Whether you agree to or refuse Remdesivir (can lead to toxicity/organ failure⁶⁸)
 - Whether you want a hospital-appointed or family member as “bedside advocate”
 - Whether to require FLCCC or other protocols be followed for your treatment⁶⁹
 - Whether you want your doctor, or hospital’s hospitalist (doctor), to direct your care
 - Whether you want communication devices and power sources always at your side
 - The medications you want to use in sufficient doses regardless of hospital protocols
 - Consent requirements for your care if you’re unable to communicate
 - Names and contact information for people staff can talk to, including PoA

TREATING COVID-19 INFECTION

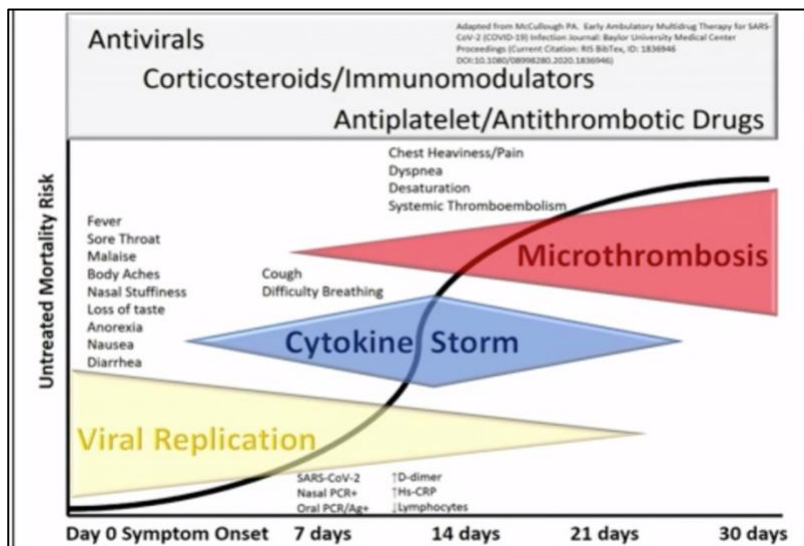
1. Initial symptoms may include, but are not limited to:

<u>DELTA</u>	<u>OMICRON</u>
Fever	Runny Nose
Cough	Sneezing
Fatigue/Malaise	Fatigue – mild or severe
Sore Throat	Sore Throat
Headache	Headache
Muscle or Body Aches	“Cold-like” symptoms
Loss of Taste or Smell	

NOTE: The estimated incubation period for COVID-19 has long been 2-14 days with a median of 5 days, per the CDC.⁷⁰ When the agency changed the quarantine period from 14 days to **FIVE days** on December 27, 2021—in the middle of the Omicron surge, injected or not, after being exposed or even after testing positive, with a few caveats—it wrote: “The change is motivated by science demonstrating that the majority of SARS-COV-2 transmission occurs early in the course of illness, generally in the **1-2 days prior to onset of symptoms and the 2-3 days after.**”⁷¹,⁷² The real motivation may be health care and airline worker shortages.⁷³

2. Seek early and aggressive treatment—regardless of variant.

- a. Even if your case feels “mild,” begin early and aggressive treatment.
- b. Essential to stop viral replication, and the resulting body-wide inflammation and clotting.
- c. Start early treatment no later than 7 days after first symptoms—the earlier, the better.
- d. The virus replicates for 5-7 days (hasn’t been cultured after 8 days). — Dr. Urso, MD⁷⁴
- e. Others say viral replication lasts up to 10 days, and some say longer (*see chart below*).
- f. **“Treat first. Test later. Don’t wait for test results...Delay is what’s killing people.”** — Dr. Darrell DeMello, MD, who has treated more than 6,000 patients, with only 14 deaths.⁷⁵
- g. Progression of COVID-19 if left untreated (*displayed during US Senate hearing, 12/8/20*):



3. **Get a Covid test. If the test is positive:**

- a. Do not follow any doctor's order to "go home, see how you do, and come back if you have difficulty breathing." While you wait, the virus is replicating.
- b. Contact a "Covid-care physician" to secure early and aggressive treatment and medical management of that treatment.
- c. Find these doctors and clinicians at [EarlyTreatmentOptions.org](https://www.earlytreatmentoptions.org). (see Prevention and Preparation for COVID-19 section)
- d. For those at high-risk and others whose symptoms progress, it is essential to stop viral replication, thus preventing the inflammatory cytokine storm and blood clots.

4. **Consider prophylaxis treatment for exposed family members, particularly in high-risk groups.**⁷⁶

- a. Age 65 and over
- b. Obesity (Covid can infect fat cells⁷⁷)
- c. Diagnosis of diabetes
- d. Multiple comorbidities (e.g., heart disease + cancer + COPD)
- e. Children with high risk factors, including:
 - Morbid obesity
 - Diabetes
 - Compromised immune system (e.g., being treated for cancer)

5. **Begin monitoring blood oxygen saturation level and body temperature.**

- a. Check "O2 sat" at least 4 times a day, and more if necessary, according to your condition, per Dr. DeMello, MD.
- b. Normal oxygen saturation of blood *by pulse oximeter* is 95 to 100 percent
- c. Average body temperature is 98.6 degrees (varies between 97 and 99 degrees). Dr. Mollie James, DO, reported a 41-year-old with a fever of 109°F.⁷⁸
- d. See below for instructions if oxygen saturation level drops below 90.

6. **Ask for monoclonal antibody treatment.**

- a. Can usually only be given *outside* of the hospital.
- b. See Prevention and Preparation for COVID-19 section.

7. **Begin early and aggressive treatment to stop viral replication.**

- a. There are a variety of options for early treatment, including ivermectin/hydroxychloroquine.
- b. Study: 13% of those treated with HCQ died compared to 26.4% not treated with HCQ.⁷⁹
- c. If unable to secure medical management quickly, consult FLCCC.net protocols and use ETK.
- d. See FLCCC I-MASK+ treatment protocol for dosages⁸⁰ ([Links at EarlyTreatmentOptions.org](https://www.earlytreatmentoptions.org)).
- e. One early treatment option is the Global Covid Summit's "Life-Saving Protocol."⁸¹
- f. "When I say this is a treatable disease, this is a **treatable disease**. And there's any number of mechanisms and compounds that we can use to treat it." — ICU physician Pierre Kory, MD⁸²
- g. **80-85% of Covid deaths** could have been prevented by early treatment. (McCullough/Risch)
- h. Ivermectin, approved by the FDA in 1998 as a safe medication,⁸³ reduces Covid death by about 62 percent.⁸⁴ In 32 hydroxychloroquine studies, the average benefit is 64 percent.⁸⁵
- i. Australian in vitro study found ivermectin killed **99.8% of virus with 1 dose in 24 hours**.^{86,87}
- j. Medical doctor **Tess Lawrie, MBBCH, PhD** says it's a "human right" to have access to affordable, safe ivermectin.⁸⁸
- k. "Three billion patients; almost zero deaths." — Dr. Richard Urso, MD, about ivermectin.⁸⁹

- l. If you take ivermectin, take it on an **empty stomach**, with nothing to eat or drink for two hours after that, to get the drug not only into the gut but also into the lungs, the nose, the throat, and the blood, says Dr. Darrell DeMello, MD.⁹⁰ The Mayo Clinic and Cleveland Clinic also say ivermectin should be taken on an empty stomach,^{91, 92} while FLCCC protocols direct taking it with food.⁹³
- m. There have been at least 67 studies on ivermectin, a drug with few side effects:^{94,95}

IVERMECTIN FOR COVID-19
67 TRIALS, 649 SCIENTISTS, 49,492 PATIENTS
31 RANDOMIZED CONTROLLED TRIALS
85% IMPROVEMENT IN 15 PROPHYLAXIS TRIALS RR 0.15 [0.09-0.25]
67% IMPROVEMENT IN 29 EARLY TREATMENT TRIALS RR 0.33 [0.24-0.47]
38% IMPROVEMENT IN 23 LATE TREATMENT TRIALS RR 0.62 [0.50-0.77]
58% IMPROVEMENT IN 28 MORTALITY RESULTS RR 0.42 [0.31-0.57]
57% IMPROVEMENT IN 31 RANDOMIZED CONTROLLED TRIALS RR 0.43 [0.31-0.61]
SUMMARY OF RESULTS REPORTED IN IVERMECTIN TRIALS FOR COVID-19. 12/01/21. IVMMETA.COM

8. Record medical details for doctor:

- a. Oxygen saturation levels from pulse oximeter – on and off supplemental oxygen
- b. Medication and response to medications - create a written record to not miss doses
- c. Daily weight (weigh in the morning before breakfast)
- d. Signs of improvement or decline – as YOU notice or deem them to be
- e. When you use supplemental oxygen – walking, after eating, all the time, sleeping?
- f. How do you feel? – better, worse, air-hungry, anxious, calm, antsy to get back to work?
- g. Sleep – number of hours, in what position (Upright? Proned? Reclined?)
- h. Dr. DeMello discourages sleeping on your back because this position encourages clotting within the body (See #12 below).
- i. How are you doing at eating (nutrition) and drinking (hydration)?
- j. Record mealtimes and approx. fluid intake (e.g., five glasses, two water bottles)
- k. Coughing? If so, what are you coughing up? (color, clarity, etc.), and how has that changed?
- l. Unusual pains? Brain fog?
- m. Any unusual changes, including to eyes, vision, muscles, hair, strength, and more, which could be from the virus or the medications.

9. Be aware of breathlessness (air hunger) despite chest muscles not being tired.

- a. Breathlessness during COVID-19 is due to a barrier between the air going into the lung's bronchioles and alveoli (air sacs) and the capillaries embedded throughout the lungs to grab oxygen from that air for distribution throughout the body, using the bloodstream.⁹⁶
- b. Covid breathlessness is typically not due to exhaustion of the patient's breathing muscles.

10. Prepare soft food diet to reduce inflammation in gut.

- a. Dhal (legumes) and rice – should be very overcooked
- b. All kinds of soups, especially yellow pumpkin soup
- c. Lots of yogurt and curds
- d. Lime juice; all juices
- e. Eggs

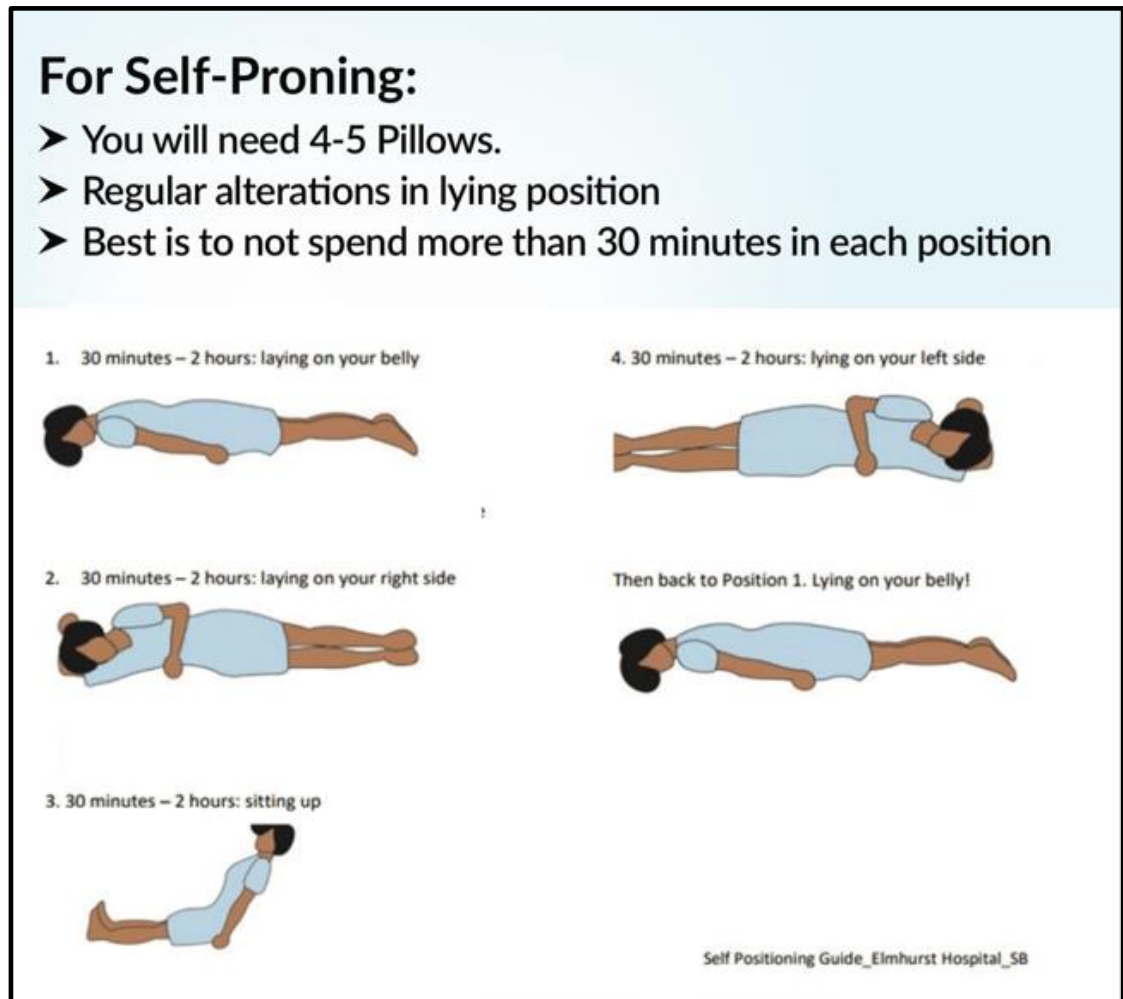
- f. NO meats

NOTE: The above (a – f) were given by Dr. DeMello in answer to a question about diet.⁹⁷

- g. If taking Prednisone, eat no sugar, soda, carbs, Gatorade, Pedialyte for a week, because the sugars will “feed the disease.” “Instead drink lots of water.”⁹⁸ Ask your doctor if this pertains to other steroids like methylprednisolone or dexamethasone.
- h. Also, eliminate or reduce sugar to reduce inflammation.⁹⁹

11. If oxygen saturation falls below 90 percent:

- a. Contact your doctor, but don’t panic. Find out what is considered a low pulse oximeter reading and when should you be concerned [Explained here¹⁰⁰]
- b. Peter McCullough, MD, says many hospital admissions are people who could be cared for at home, but instead got panicked by watching the pulse oximeter. He has often managed patients at home with oxygen saturation levels in the 80s.¹⁰¹
- c. Request home-based oxygen therapy using nasal canula, CPAP, or BiPAP. [Explained here¹⁰²]
- d. Consider pressurized oxygen treatments in a **hyperbaric chamber**. [Explained here¹⁰³]
- e. Try proning “for better expansion of the dorsal (back) lung regions, improved body movement and enhanced removal of secretions which may ultimately lead to advances in oxygenation (breathing).”^{104,105} Others say it’s shifting blood flow to buy time.¹⁰⁶ See diagram:



12. Proning, deep breathing exercises—and staying awake:

- a. Prone, five deep breaths in, cough, five deep breaths, cough, prone for five minutes and deep breathe — shared by **Dr. Deborah Chisholm, MD** at Covid Summit in Kansas.¹⁰⁷
- b. Using an **incentive spirometer** can help expand lungs.¹⁰⁸ (*available from online retailers*)
- c. To keep lung tissue inflated, and prevent blood clots (microthrombosis), take **slow walks** if possible. **NOTE:** Ivermectin and fluvoxamine can cause dizziness – walk with support.
 - When a patient comes to him for treatment and they're past the viral replication stage, **Dr. Darrell DeMello, MD** typically prescribes medications and may ask them to walk all night for one or more nights to help prevent the patient's blood from clotting until the prescribed anti-clotting drugs can take full effect.¹⁰⁹
 - **"Keep the patient alive, keep the patient awake,"** is Dr. DeMello's moto. A circadian rhythm study finds greater tendency to clot during the night.¹¹⁰ See following presentation slide from Dr. DeMello for DrBeen Medical Lectures:

How does one keep a patient awake at night?

- Walking around the room or home every hour for 10 minutes, doing Proning exercises for 5-10 minutes every hour, sitting watching TV or reading.
- Let the patient sleep in the morning afternoon and evening usually on the belly/ stomach or on their sides.
- Need a buddy - family member or friend or nurse to help with this process for 4 days

CRITICAL: If your oxygen saturation level drops below 90 percent on exertion, ask your doctor about obtaining supplemental oxygen to prevent potentially dangerous desaturation of oxygen in the blood when standing/walking (even to use bathroom). **Heart attacks** from rapid and/or severe oxygen desaturation when standing up or on exertion have occurred.¹¹¹

HOSPITALIZATION FOR COVID-19 INFECTION

1. **Seek immediate medical care** if your illness is progressing and you are unable to find medical management by a physician committed to early, aggressive treatment for COVID-19, there's a sudden or severe drop in oxygen saturation level, or you have trouble breathing, bluish skin color, or unmanageable symptoms, or if you're uncomfortable staying home, simply want direct access to medical care, **or for any other reason**. If you are worried, or cannot connect with a physician while at home, do not hesitate to seek care at a hospital, an urgent care facility, or an emergency room.
2. **If it's an option, AVOID hospitalization** due to government and corporate restrictions on access to affordable, effective, life-saving treatment and due to hospital restrictions on families entering the hospital and acting as "bedside advocates" for the patient. FLCCC co-founder Dr. Paul Marik, MD, sued his hospital November 2021 after it prohibited use of ivermectin and other lifesaving drugs.¹¹²



If you are hospitalized and are not receiving effective care, transfer to another hospital, if possible. As an example, **Dr. Mary Talley Bowden, MD** in Houston, Texas, tweeted the following:

*"Update on **the patient** at @HCAhealthcare North Cypress who was on the verge of intubation. He was transferred to UMMC and is steadily improving on the **MATH+ protocol** under the care of Dr. Joe Varon."¹¹³ (see photo to the right)*

3. **Bring with you to the hospital and keep near you:**
 - a. 5 to 10-day supply of ivermectin – see MATH+ weight-based dosage protocols (FLCCC.net)
 - b. CCHF COVID-19 QUICK REFERENCE GUIDE – paper or online
 - c. FLCCC MATH+ hospitalization protocol
 - d. Covid Hospitalization Wishes (see below)
 - e. Communication, online, and recording devices with power cords and chargers
4. **Use prepared "Covid Hospitalization Wishes" document to make your wishes known.** (See *Prevention and Preparation for COVID-19*).
 - a. Provide family, other bedside advocate, or your power of attorney (PoA) with signed "**hospitalization document**"— or remind them where it's located.
 - b. Require hospital personnel to sign that they have received the document.
 - c. Get a copy of the signed document and give to your advocate, PoA, and/or lawyer.
 - d. Designate your "bedside advocate."
5. **Try to avoid mechanical ventilation.**
 - a. "Mortality rate of critically ill COVID-19 patients is high, especially in those requiring invasive mechanical ventilation." – article in *Critical Care*, February 2021.¹¹⁴

- b. In a Vimeo video that went viral early in 2020, **Dr. Cameron Kyle-Sidell, MD**, an ICU physician in NYC, sounded the alarm, saying ventilators were harming patients and putting thousands of peoples' lungs at risk.¹¹⁵
- c. **Ventilators** are meant to assist patients whose muscles are too tired to breathe (respiratory failure), not patients who are breathing well but the oxygen is not sufficiently making it from the lungs into the rest of the body, which Dr. Kyle-Sidell called "oxygen failure."
- d. For example, in an **EMCrit Zoom call** between four physicians on April 12, 2020, Dr. Kyle-Sidell answered this question from one of the other doctors: "How long do you go before you intubate them purely for hypoxemia [abnormally low level of oxygen in the blood]?" Having just come from the ER, Dr. Kyle-Sidell described a "**patient that was saturating in the high 30s**—and I'm not lying—and he felt very well, and he was on his phone and his respiratory rate was around 20 and his blood gas showed a PaO2 around 30 and his lactate was 1.2."
- e. Given the patient's very low oxygen level (hypoxemia), one of the other doctors asked him how he had handled the situation. He said, "**I left, and he was not intubated**...He's sitting in our resuscitation area and he's being monitored." He also said some other patients with *higher* saturation levels were not feeling as well as this patient and had to be intubated, noting that the response to the coronavirus seems to be very patient-dependent.¹¹⁶

NOTE: PaO2 measures oxygen in the arterial blood. Normal is greater than 80.¹¹⁷ Normal lactate levels are 0.5-1 mmol/L.¹¹⁸ When cells are deprived of oxygen, lactate levels rise.¹¹⁹

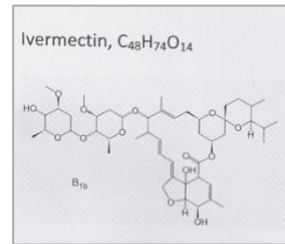


Dr. Kyle-Sidell (pictured below) switched from the ICU to the ER because, despite his voiced concerns on Vimeo and elsewhere, the ICU continued to follow COVID-19 protocols that he felt put Covid patients on mechanical ventilation unnecessarily, endangering their lives:

"I started to try to not [sic] my own protocols, but to treat patients as I would have treated my family, with different goals—which is to say, ventilation. However, these didn't fit the protocol, and the protocol is what the hospital runs on with the respiratory therapist, with the nurses; everyone is part of the team. We ran into an impasse where I could not morally, in a patient-doctor relationship, continue the current protocols which, again, are the protocols of the top hospitals in the country. I could not continue those. You can't have one doctor just doing their own protocol. So I had to step down from my position in the ICU, and now I'm back in the ER where we are setting up slightly different ventilation strategies." – Dr. Cameron Kyle-Sidell, MD, in an interview with Medscape.¹²⁰

6. **Ask for what you want.** To stop viral replication, prevent the cytokine storm (your immune system in overdrive) and avoid the formation of dangerous blood clots in your lungs and other organs. Since most hospitals don't provide sufficient treatment to stop the deadly progression of COVID-19, ask your doctor in the hospital to use the MATH+ hospitalization protocol. (Find at [FLCCC.net](https://www.flccc.net)¹²¹)

- a. FLCCC president, **Dr. Pierre Kory, MD** says, “There is a number of different effective treatments, it’s not just ivermectin. In fact, now **I’m mostly using combinations. I don’t usually get away with just ivermectin anymore.** I have to use quite a few different medications, especially if it’s later in the disease.” While **Dr. Steven Phillips, MD** also finds ivermectin useful, it “didn’t work quite as well for Delta” as for Alpha.¹²²
- b. Ask specifically for drugs in **Core Medication** and **First Line Adjunctive Therapy**, including ivermectin and vitamin D, as listed in the Front Line COVID-19 Critical Care Alliance (FLCCC) MATH+ hospitalization protocol ([FLCCC.net](https://www.flccc.net)).
- c. If your request for early and aggressive treatment is **denied**, ask to see that denial in writing and have it placed in your medical record. Ask for a copy of the note from your medical record that registers your request and their denial – and the reasons for the denial. Then consider transferring to another hospital that allows appropriate and effective Covid care.
- d. **Ivermectin** (see molecule structure below) essentially **coats the spike protein** preventing it from locking onto the ACE2 (angiotensin-converting enzyme 2) receptors of your cells, thus preventing the spike protein from injecting the RNA of the coronavirus into your cell. **This prevents viral replication.**
- e. Dr. Kory testified in the US Senate that “ivermectin is effectively a **‘miracle drug’** against COVID-19.”¹²³ At a later Covid Summit, he said ivermectin “binds tightly to the spike protein” of the virus.¹²⁴
- f. As explained by **Dr. John Campbell** (nurse in U.K.) in a video, ivermectin coats the ACE2 receptors of your cells, providing a double barrier to the spike protein.¹²⁵ See below how the spike protein is unable to lock onto the cell’s ACE2 receptor due to the ivermectin “coating” on both the spike (“key”) and the cell’s receptor (“lock”).



- g. The family of a man intubated for a month **sued to force a Chicago hospital** to give him ivermectin. They won. He was released 15 days later. He had fully recovered.¹²⁶

NOTE: While ivermectin and fluvoxamine can have side effects when taken appropriately, fluvoxamine has FDA black box warning for mood swings /suicidal thoughts in the young.¹²⁷

7. Consider video or audio taping:

- a. If worried about lifesaving care being restricted, choices not being honored, or your chosen advocate being denied entrance
- b. If you wish to listen again to whatever the doctor or nurse said to you, videotape certain interactions with staff and/or install a recording system in the hospital room, as some families have done in long-term care facilities
- c. Options include:
 - iPad
 - Extra phone
 - Other recording devices

LEGAL NOTE: Know and carefully follow your own state laws on recording with or without the other person’s consent and/or knowledge.

TREATING “LONG HAUL” COVID

“Long Haul” Covid is defined as any symptoms that are **persisting 12 weeks or more** after or during COVID-19 that cannot be explained by another diagnosis. Other terms for this include long-Covid, chronic COVID-19, post-Covid, post-Covid syndrome, and post-COVID-19. In a U.S. study of 1600 patients 60 days post discharge, 33 percent had persistent symptoms and 19 percent had *worsening* symptoms. In another study of 300 Swedish health care workers, eight months after infection, 15 percent had symptoms that interfered with work, social or home life.¹²⁸ However, long-haul symptoms are too often dismissed as psychological problems.

“Long haul Covid is only caused by one thing: undertreatment,” says Dr. Kory, FLCCC Alliance president.¹²⁹

According to the Front Line COVID-19 Critical Care Alliance (FLCCC): “The Long Haul COVID-19 Syndrome (LHCS) is an **often-debilitating syndrome** characterized by a multitude of symptoms such as prolonged malaise, headaches, generalized fatigue, sleep difficulties, smell disorder, decreased appetite, painful joints, dyspnea, chest pain and cognitive dysfunction. The incidence of symptoms after COVID-19 varies from as low as 10% to as high as 80%. LHCS is not only seen after the COVID-19 infection, but it is being observed in some **people that have received vaccines** (likely due to monocyte activation by the spike protein from the vaccine). A puzzling feature of the LHCS syndrome is that it is **not predicted by initial disease severity**; post-COVID-19 frequently affects mild-to-moderate cases and younger adults that did not require respiratory support or intensive care. . . . [I]t is likely that **delayed treatment (with ivermectin) in the early symptomatic phase will result in a high viral load, which increases the risk and severity of LHCS.**”¹³⁰ [Emphasis ours]

Clots in the lungs can be a problem. Dr. DeMello, MD has a process for tackling the clots: Wait for a month after the infection and then do a CT scan of the lungs. If the clotting is still present, treat with enoxaparin [Lovenox®] one per day for 10, 15, or 21 days. Give colchicine at the same dosage as was given from day one of the acute phase. “The combination of these two [drugs] cleans up the lungs...in 30 days and I’ve routinely cleaned up lungs...in two or three months at the most.” His goal is to prevent lung fibrosis. He says “the lungs are not going to clean up if you don’t clean up the clots. The earlier you clean up the clots, the better it is. Usually if you do it in the second month – the 30 to 60-day timeframe – you’ll have no long-term lung issues.”¹³¹

1. The importance of early treatment with medication – Dr. Darrell DeMello, MD:

- a. “Most of my blood testing and my investigation, I spend time and money on the back end, at the end of one month to understand the damage that your body is left with and then fix it over the next month or two. So I’m now not only doing acute Covid, I’m doing post-Covid treatment to ensure that nobody goes into a long haul. **In India, I think we’ve been very successful to prevent the long-haul, the classical long haul, because we all treat with drugs here.**”
- b. “Nobody is really left behind with just paracetamol [acetaminophen] and vitamins or told to go home and wait till you clot off or until your oxygen drops....”¹³²

2. What creates “Long Haul” Covid?

- a. According to doctors treating long haul Covid, inflammation due to circulating and lodged spike protein likely continues after initial Covid infection resolves.
- b. The micro-sized blood clots remain in the body causing fatigue, difficulty breathing, brain fog, decreased ability to exercise or exert oneself as one did before the virus (“reduced effort tolerance” per **Dr. Charles Hoffs, MD**), damaged blood vessels, and more. Watch the

video interview of five Canadian physicians, including stories by Dr. Hoffe of vaccine-injured patients. He said, “these spike proteins are toxic to our bodies.”¹³³

- c. **Dr. Hector Carvallo, MD**, in Argentina, says there are two problems with long-Covid, one due to the tissue damage from Covid, and the other due to Covid itself continuing into long-Covid. Medical management is different for these two problems.¹³⁴
- d. Injected patients, whose bodies are forced by the mRNA to generate the spike protein that are then circulated through the body, can have symptoms similar to COVID-19, per **Dr. Bruce Patterson, MD**. He also says there are more than **215 symptoms** of long haul Covid.¹³⁵

3. CCTC description of long haul Covid at the cellular level:

Dr. Bruce Patterson, MD, CEO and founder of IncellDx and a founder of the **Chronic COVID Treatment Center**, which has developed “The Longhauler Index,” describes the Covid cellular process to Dr. Mobeen Syed, MD during an interview for *DrBeen Medical Lectures*:



*“It’s because **non-classical monocytes carry Covid S1 protein** [spike protein subunit that binds to ACE2 site of human cells] **15 months after diagnosis**. These cells bind to blood vessel walls and endothelial walls through fractalkine and the fractalkine receptor that’s expressed on non-classical monocytes and cause inflammation. These can cross the blood brain barrier, of course, and cause vascular inflammation in the brain... [T]hese non-classical monocytes are mobilized by exercise and activity. And so here you have a cell carrying Covid protein, and no RNA by the way. ...There really isn’t any protein in these cells yet they express the S1 protein. **They are mobilized by exercise, and so of course to a person who’s a long hauler, they get worse after activity, after exercise.**” – Dr. Bruce Patterson, MD, June 24, 2021¹³⁶
[Emphasis ours]*

4. Ivermectin as a long haul Covid treatment option:

- a. FLCCC’s I-RECOVER management protocol for Long Haul Covid includes ivermectin.¹³⁷
- b. “Ivermectin is very, very useful” in the combinations of therapies used by the Chronic COVID Treatment Center. Dr. Bruce Patterson says the Center tends not to use it alone because “we want to interrupt the pathway. We want to treat the cause and not the symptoms.”¹³⁸
- c. [Covidlonghaulers.com](https://www.covidlonghaulers.com) – over 100 doctors are in the CCTC network, per Dr. Patterson.¹³⁹

5. How to stop or treat long-Covid – Dr. Darrell DeMello, MD:

Dr. DeMello starts by looking at his Covid patients 30 or 36 days after the first symptoms to see if treatment is needed for long-Covid. He said:

I want to understand what is the damage left after the tsunami, the cytokine storm. So that gives me a perspective of the liver damage, the heart damage, the kidney damage, the tissue damage that may be there. **I don’t think, and I’ve not seen, long-Covid continue if you treat it correctly upfront...**And I do treat the first 40 days very aggressively. Colchicine and Plavix continue for the balance 16 days, for the first 30 days and I may continue on Colchicine for

the next 30 days again. So right up to 60, 90 days. The longest I've had a patient on Colchicine was six months, but he had no tissue damage, no lung damage, no nothing. No brain issues for the post period. Most patients are fully normal, at least in my practice, at the end of three months.

The first month you'll have a certain group of patients who will be doing well, all their markers look great, so all I have them do is take one tablet of Colchicine a day for 30 days, and you're fine and then you're done. The second group which have tissue damage, which have [lab values] being high . . . again Colchicine is a fantastic drug for those patients.

I picked Colchicine for various reasons. One of the reasons is that it's a damn good drug for cardio--myocarditis. It's a good drug for myocarditis. So it helps prevent myocarditis. So again, **let us use drugs that--that upfront, that make sense and we're able to prevent those long-term issues.**

The long-term issues after day 30 is more about cleaning up what's left behind. And it's not about treating the basic disease. By allowing Covid to fester--if you don't--see, **it's not the virus that kills the patient. It's the body that kills the patient.** It's the super overdrive of the immune response system, which hits the cytokine storm, which sets up clotting . . .

So for me, it's not about the virus, it's about the body and the body's immune response. How do we prevent that? How do we reduce that? How do we treat that? How do we treat the consequences of that? **If I'm already treating the consequences of that upfront, there's very little left over.** So I don't think we're going to have much long-term Covid at least beyond six months in India. In my practice I haven't had very many people beyond six months. Ninety-five, ninety-eight percent of them have recovered fully in three months.

I do have a few come back to me in four months or five months, saying "I'm getting headaches, I'm getting some body pain. Is this Covid? Is this not Covid?" Usually that goes away if you put them back on Colchicine. **Again, it's about treating the underlying inflammatory problem they have...**¹⁴⁰

If you come to me with a lung function test showing 50 percent fibrosis at one year, I tell you one thing: **It's not possible to clean up that lung.** If you come to me at two months or three months with a CT scan severity score of 15 by 25, **I'll clean it up...** (1:12:00)

NOTE: *Besides Dexamethasone and Clopidogrel (Plavix), Dr. DeMello uses 1.0 mg of Colchicine in the morning after breakfast and .5 mg at night: "It works like magic."* (1:05:00)

6. Importance of early aggressive treatment – Dr. Mobeen Syed, MD:

"If you are managing patients aggressively early, you are actually **prophylaxing them from becoming long-Covid**, from having those sequelae, as Dr. Hector Cavallo says, and end up in a bad state. When I receive patients of long-Covid, I feel there's some doctor mismanaged them. Not intentionally but maybe unknowingly, maybe not enough information. They mismanaged them. **If the management is done early and aggressively, long-Covids don't happen.**"¹⁴¹

NOTE: Dr. Syed's comments follow Dr. DeMello's comments in the video.

CONCLUSION

For most people, COVID-19 is a highly treatable disease. Preparation, prophylaxis, early treatment, and medical management before, and if necessary, during hospitalization, are essential for successful recovery from COVID-19. Peter McCullough, MD, MPH, and Harvey Risch, MD, PhD., have individually said 80 to 85 percent of Covid deaths could have been prevented by early treatment.

Saving patient lives through treatment should be the goal. Although Covid injections have been hailed as the primary method to prevent infection and save lives, U.S. government officials now acknowledge—and real-world evidence demonstrates—that the injections given under FDA emergency use authorization (EUA) do not protect individuals from infection, stop transmission of the virus, reduce viral load, or eliminate severe Covid disease.^{142, 143}

The Covid shots not only fail to provide sufficient protection against COVID-19, these gene-based injections come with additional concerns: insufficiently tested mRNA vaccine technology, a growing list of reported serious and life-threatening adverse reactions, and the known and unknown consequences of spike protein being generated by one's own cells and circulated throughout the body, as described in this document.

Meanwhile, studies find that prophylaxis with ivermectin reduces Covid infection by at least 85 percent, treatment with ivermectin reduces mortality by 62 percent, natural immunity is at least 13 times more protective than “vaccine immunity,”¹⁴⁴ and various protocols significantly reduce mortality, such as South African physician Dr. Shankara Chetty's “8th Day Therapy for COVID-19,”¹⁴⁵ and New York physician Dr. Vladimir Zelenko's* early treatment protocol, which was found to reduce hospitalization by 84 percent.^{146, 147}

Many who develop chronic Covid may feel disbelieved. Dana Parish, co-author of CHRONIC, has too often experienced this, saying, “Doctors follow guidelines. They don't think critically, as a group.” She admits there are outliers, but her co-author, Steven Phillips, MD, also warns against today's efficiency-focused medical training, which discourages listening to patients. Parish tells patients to believe in themselves and “keep looking.” After 12 doctors, Parish found Phillips, who treated her chronic illness and gave her back her life.¹⁴⁸

Not every patient gets their life back. Some have lost their lives because of “Covid politics.” After the FDA's disinformation campaign against ivermectin began, one pharmacy even refused to give it to a patient who'd been taking ivermectin since 2015 for chronic fatigue. Dr. Phillips, her physician, said, “it's just such a sin... This blanket axe came down on ivermectin and they just stopped approving it.” Dana Parish called it “the most successful propaganda campaign” she's ever seen adding, “It's a crime against humanity.”

This step-by-step *COVID-19 Quick Reference Guide* is intended to help you better understand this complicated viral disease, find useful resources, make decisions about Covid prevention and treatment in a timely manner, and do everything you can, despite the politically-imposed barriers, to protect yourself, your family members, and the lives of those you love before, during and after a COVID-19 infection.

For a quick overview, find the one-page “**QUICK-ACTION SUMMARY**” on the last page of this guide.

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ENDNOTES

NOTE: marked video times are approximate

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* Name spelling has been corrected.

ADDITIONAL CCHF COVID RESOURCES

[EarlyTreatmentOptions.org](https://www.earlytreatmentoptions.org)

[CovidLegal.org](https://www.covidlegal.org)

[PatientToolbox.org](https://www.patienttoolbox.org)

[RealRisks.org](https://www.realrisks.org)

QUICK-ACTION SUMMARY FOR COVID-19

Introduction – Understanding COVID-19

- Covid-19 is an inflammatory and clotting disease—not a lung disease.
- It begins as a viral disease, transitions to an inflammatory disease from immune system overdrive (cytokine storm) and if not stopped, systemwide micro clotting begins.
- It's treatable for most, especially if treatment begins in the first seven days.
- Common early Delta symptoms include fatigue, fever, headache, loss of taste and smell.

Prevention and Preparation for COVID-19

- Prepare an Early Treatment Kit (ETK), including ivermectin.
- Consider ivermectin and/or hydroxychloroquine as prophylaxis.
- Maintain a vitamin D level of no less than 50 ng/mL, preferably 55 to 60 ng/mL.
- Make an informed choice about the Covid injection (and boosters).
- Find a doctor who provides early, aggressive treatment. ([EarlyTreatmentOptions.com](https://www.earlytreatmentoptions.com))
- Find a pharmacy that will dispense ivermectin, particularly compounding pharmacies.
- Prepare a “COVID Hospitalization Wishes” document.
- Investigate monoclonal antibody process, and hyperbaric oxygen therapy locations.

Treating COVID-19 Infection

- Begin proactive early treatment, including medications in Early Treatment Kit.
- Get a Covid test and inquire about the monoclonal antibody treatment protocol.
- Contact doctor willing to provide medical management and early treatment.
- Consult the FLCCC I-Mask early treatment protocol for drugs and dosing. (FLCCC.net)
- Monitor blood oxygen level, document all medical details, and don't panic.
- Consider prophylaxis for family members at high-risk.
- Use proning, at-home oxygen and deep-breathing to try to stay out of hospital.

Hospitalization for COVID-19 Infection

- Go to hospital if illness progresses and outpatient medical management is not available.
- Take with you ivermectin, “Covid Hospitalization Wishes,” and FLCCC MATH+ protocol.
- Try to avoid mechanical ventilation, which has proven hazardous to patients.
- Change hospitals if you're not receiving effective care or want to try other medications.
- Ask for what you want; record/videotape encounters accordingly, mindful of state law.

Preventing “Long Haul” Covid

- Treat the acute (early) phase of COVID-19 early and aggressively.
- If symptoms remain after Covid, seek care 4-6 weeks after acute stage began.
- The ability to avoid long Covid and to clear blood clots from the lungs and body depends on early treatment initially—and early treatment in the aftermath of the acute illness.
- Ignore those who say, “it's in your head.” Seek treatment. Your health depends on it.

Your gift of financial support is critical
as we work to protect freedom in
America. We truly cannot do this
without you!



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