Protocol for the Prevention and Treatment of COVID-19 Adult Patients:

1. Because SARS CoV-2 infection seems very innocuous during its one to two weeks incubation period, it is important that all highly-susceptible persons be given oral Ivermectin 15mg every 3 weeks as soon as possible. This confers a degree of protection and will avoid developing pathologies that can advance to fatal conditions. And because all persons 20 years old and above can be considered susceptible as well, they should also be taking this prophylactic dose. We should remember: the moment an infection occurs the virus starts to enter the cells which have ACE-2 protein receptors and thereafter the cascade of events leading to viral replication is initiated. This replication process exponentially increases viral load while the patients experience no symptoms at all. And by the time symptoms manifest, the viral load is so high that eradication becomes difficult. So the rule for everyone: take 1 capsule of Ivermectin 15 mg as soon as it is obtained.

2. For persons who are manifesting symptoms, which means they have passed incubation period, they should be taking one capsule of Ivermectin 15mg every week. Depending on the severity of symptoms, they may increase frequency of intake to one capsule every 3-7 days.

3. Symptoms are treated accordingly: Paracetamol for fever, Acetyl-L-cysteine for mucolysis, Anti-hypertensives preferably ACE inhibitors for hypertension, Ibuprofen for pain, Virgin Coconut Oil for G.I. symptoms, etc.

4. Moderate COVID-19 must be started on intravenous Sodium Ascorbate 50gm infusion plus 5ml Dimethyl sulfoxide. Dosage is modified according to patient’s response. After giving an intravenous infusion and no response is seen after 12 hours, another 50gm Sodium Ascorbate plus 5ml Dimethyl Sulfoxide should be given. When no improvement is being obtained, the only reason is that the dose of Vitamin C that was given is not enough. The next dose should be increased by adding an increment of 25-50gm. every 12 hours until improvement is seen.
5. Severe COVID-19 must be started on 150gm intravenous Sodium Ascorbate daily infusion plus 10ml Dimethyl Sulfoxide. Again dosage is modified according to patient’s response. After giving an intravenous infusion and no response is seen after 6-12 hours. The next dose should be increased by adding an increment of 30-60gm every 6-12 hours. Dimethyl Sulfoxide 10ml is only given on the first dose. Subsequent doses will only require 5ml.

6. If the patient is going to the pathway of hypercoagulability, Magnesium Sulfate 1gm plus EDTA 3gm should be given along with the Sodium Ascorbate + DMSO everyday.

7. Nutrition and diet should also be given attention. Give 1 fresh coconut everyday to enhance electrolyte balance. Fresh fruits and vegetable will alleviate hypogeusia (loss of sense of taste) or hypergeusia and must also be given. Exposure to the morning sun for 30 minutes every day is important along with modest exercise according to the patient’s capacity.

8. A minimum of eight hours sleep should be achieved every day. Melatonin 6mg can be given at 10pm especially if patient is having sleep problems.

9. Mental health is also very important and the patient should not be given unnecessary information that will lead to fear or hysteria.

10. Most importantly, patient must be reassured that he/she will not succumbed to this illness while given this treatment protocol.

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