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**MEDICATIONS.** So far, there is no *single* mainstream-approved surefire single go-to drug or even combination to cure covid-19 especially for late in the disease. But don't wait for the conflicted government or fear-paralyzed big academic medical institutions to tell you about the studies and brave practicing physicians who have shown what works. Watch to this [short video clip from the Tucker Carlson interview](#) of Peter A. McCullough, MD about the lack of attention to treatment. Worldwide, doctors' licenses are threatened for trying to help patients! There are effective early treatments that will keep people out of the hospital where serious danger lurks. [Another clip of the Tucker Carlson / McCullough interview](#) discusses that efforts at early treatment is actively suppressed. Also, I know of no reason one cannot improve outcomes by using the [nutritional remedies](#) we've discussed along with medication. It may take assertiveness to get your doctors onboard. [Here is a list of doctors](#) who are not afraid to treat the disease with whatever works and a [Directory of Doctors Prescribing Effective Outpatient COVID-19 Therapy](#). There is even a charity-based [FREE telemedicine website](#) that can help those unable to find a willing local doctor. Check out this wonderful resource, free e-booklet: [PATIENT GUIDE TO EARLY COVID TREATMENT~ Options to Help You Stay Out of Hospital... and Save Your Life!](#)

Providing needed guidance after an embarrassing and lethal delay of roughly 9 months during which only courageous individual doctors (not academic or government medical centers performed or even talked about any outpatient covid-19 treatment), there was finally [this wildly popular paper from Peter A. McCullough, MD on outpatient medical treatment](#). On the Tucker Carlson show, he lists [the medications that are proving effective in practice](#). On the more alternative side, [this links to an article](#) discussing successful hospital protocols using vitamin C (helpful with sepsis) and other things. Marilyn Singleton, MD (my radio guest on 3/20) recommended [this patient Covid-19 treatment guide](#). Read this fabulous e-book, [Rapid Virus Recovery, for FREE](#).

- **Monoclonal Antibodies.** November 21, 2020 the [FDA gave emergency use authorization](#) for this 'cocktail' described as "laboratory-made proteins that mimic the immune system's ability to fight off harmful pathogens such as viruses." August 24, 2021, Dr. Fauci called this an *underutilized* therapy which should be used early to avoid hospitalization. (Hah! Wasn't it "underutilized" because Dr. Fauci never mentioned it and only talked about vaccines?) Testing results showed, "For patients at high risk for disease progression, hospitalizations and emergency room visits occurred in 3% of casirivimab and imdevimab-treated patients on average compared to 9% in placebo-treated patients. The effects on viral load, reduction in hospitalizations and ER visits were similar in patients receiving either of the two casirivimab and imdevimab doses... Possible side effects of casirivimab and imdevimab include: anaphylaxis and infusion-related reactions, fever, chills, hives, itching and flushing." The FDA emergency use authorization was later given to [Regeneron](#) and to [GlaxoSmithkline's sotrovimab](#). For more information, visit the [official government website](#). The call center for information on where and how to receive monoclonal antibodies is **877-332-6585**.
- **Ivermectin.** This drug has been safely in use for 3 years. Originally it was used to kill various pathogens in animals and it is being studied for other purposes such as cancer.

But there is [some compelling evidence for covid-19](#) and a ton of anecdotal evidence. It is not expensive and works early and late in the infection. This [links to a review of support](#) for it You might share [this paper](#) with your doctor. It discusses the protocol. (Not an easy lay read) It is a shame that the government and media have chosen to ridicule this life-saving medication because it also happens to be sold in farm stores for livestock use.

- **Hydroxychloroquine.** The drug most people have heard of is hydroxychloroquine (HCQ) because it became a media highlighted political football. It was the target of a deliberate and aggressive *disinformation* campaign in spite of the fact that hundreds of studies showed its value. [This website](#) lists shockingly large number positive results. The government had already stockpiled this drug because it was useful against Sars-cov-1 which is very similar to the current coronavirus, Sars-cov-2. Based on worldwide experience, it seems clear that HQ is very helpful if used *early in the disease* and especially in combination with zinc and the antibiotic azithromycin. (One action of HCQ is getting zinc into cells where it limits viral multiplication. That means it is an "ionophore" like the natural substance *quercetin*.) It is FDA approved for another use, has a long history of safe use, is inexpensive, and widely available. HCQ has been poo-pooed by the media perhaps mainly because President Trump mentioned it. Simone Gold, MD discusses this medication in this [provocative video](#).
- **Remdesivir.** (*Not usually an outpatient treatment*) This is the first drug approved by the FDA for the treatment of COVID-19 in hospitalized adults and hospitalized pediatric patients at least 12 years of age. Remdesivir, also known as Veklury®, is in a class of treatments called antivirals. It works by stopping SARS-CoV-2 from spreading in the body. [A randomized placebo controlled study](#) of 1062 patients showed that the drug improved recovery from 15 days to 10 and reduced deaths from 11.9% to 6.7%. (The drug is extremely expensive and must be given intravenously usually only in the hospital. Maybe not the best first line of defense.) (Antibodies are what the immune system creates to target pathogens. Whatever natural steps you take to improve immune function (e.g. vitamin D, vitamin C, zinc and aloe vera may have the effect of increasing antibodies. Another natural remedy, nebulizing hydrogen peroxide is also antiviral.)
- **Convalescent Plasma.** This is from blood donations from recovered patients and is *hoped* to provide antibodies to fight the disease. However, it is still experimental because we don't know how long the protection is active and if there are potential side effects. Read what the [Mayo Clinic advises](#).
- **Dexamethasone.** This is a corticosteroid designed to reduce inflammation. An excess of immune system internally-generated inflammation can be a cause of severe viral disease symptoms. [A review of 17 studies showed that steroids reduced mortality](#) among severely ill covid-19 patients because they reduce runaway inflammation. See **inhaled budesonide** below. Steroid drugs increase the risk of developing a fungal infection that can complicate matters. Note, in the natural remedies document, read about using hydrogen peroxide in a nebulizer. (Effective, safe and no prescription needed.) Many nutritional supplements also reduce inflammation: Vitamin D, resveratrol, magnesium, garlic, zinc, aloe vera.
- **Inhaled steroid, budesonide.** This quote is from a [Fortune magazine article](#): "Richard Bartlett, MD made waves in [a July 2 interview](#) that already has racked up 4.1 million views online. In the interview, Bartlett, who has practiced medicine for 28 years and was

part of former Texas Gov. Rick Perry's Health Disparities Task Force, boasted a 100% survival rate for his patients since March by using his treatment strategy, centered around an inhaled steroid called budesonide."

- **Colchicine.** This standard gout drug has shown promise for reducing complications and is [being used and studied](#) for covid-19.
- **Famotidine.** This is a heartburn drug of the H2 blocker class. There has been some very weak evidence that it might improve covid-19 outcomes. However, I'm very leery of this one because another class of acid-blockers, Proton Pump Inhibitors, seems to make matters worse. Those drugs block the stomach acid which is an important component of digestion and a defense against pathogens.
- **Anti-fever medications.** Unless a fever gets alarmingly high, like over 102° it might be smarter to *avoid* aspirin (see next item), acetaminophen (Tylenol, others) and ibuprofen (Advil, Motrin IB, others). In addition to the drug side effects, fever is one way the body fights infection. Fever is also a trigger for forming antibodies to create an important immunity factor.
- **Aspirin.** However, some doctors do use full dose aspirin, not to reduce fever, but to help avoid clotting that can be a serious effect of the virus and to reduce inflammation. Its use has been shown to reduce mortality. (Note: Fish oil and resveratrol also protect from unwanted clots.)

**“Authorities” were critical of the plan used for President Trump.** Ignoring the fact that he was back at work a couple of days after being diagnosed, they said that the combination nutrient/drug protocol had not been proven in double-blind gold standard studies. Are they embarrassed to remember that most seniors are routinely prescribed several pharmaceuticals that have never been tested together? The “experts” are also waiting for rigorous studies (which because of economic factors will not likely ever be done) on the covid-19 specific benefits of the individual nutrients listed on this website. Please remember that “Not proven” is not even close to being the same as “disproven”.

**Ventilators.** Ventilators can save lives when a patient cannot breathe on their own. However, in many cases, covid-19 patients can breathe, they just aren't absorbing oxygen well because of tissue problems with the lung membranes. Since ventilators can damage lung tissue, hospitals are trying to limit their use. Some research shows better outcomes with home care via telehealth. They are employing other methods of upping oxygen levels and have patients on their stomachs to help them breathe. (Unfortunately, this does not work as well with the obese.) [Longevinex Advantage](#) is great support for healthy lung tissue.

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