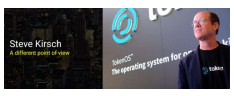


fluvoxamine

# How to treat COVID, long-haul, and COVID vaccine side-effects

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This article primarily covers treating COVID, long-haul COVID, and side-effects from COVID vaccines. We also talk about the Together trial results, why clinical trials fail, etc.

## Treating COVID

Got COVID? Treating it ASAP is key for best outcomes. Even if it seems mild at first, treat COVID like you'd treat a fire in your house: the sooner you put it out, the less the long term damage.

**Remember**: The only thing *all* the COVID patients in hospitals today have in common today is that they didn't treat their infection using a proven early treatment protocol (or they waited too long).

**Step 1:** Find a doc, get a prescription, and get the medications filled now so that they can be on hand for your immediate use. This is critical for new variants because every hour counts.

**Step 2:** As soon as you think you might have COVID, start treatment. Don't wait for a positive test. If your test result ends up being negative, stop the treatment. Because the treatments are so safe, everyone, even kids, can and should be treated immediately upon suspected COVID. Early treatment reduces risk of hospitalization, death, and reduces the chance of getting long-haul COVID which can be very hard to treat. If you started treatment early, your symptoms should start reversing about 24 hours after you start treatment.

## List of doctors

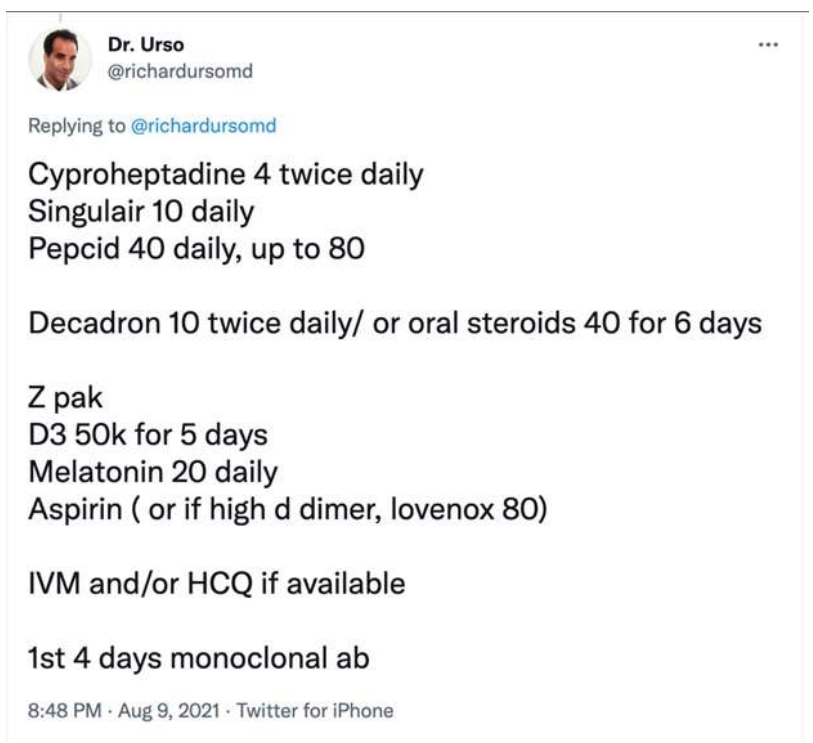
Your doctor is unlikely to know how to treat you correctly. Here is a list of telemedicine providers who know their stuff and **will give you a prescription for you to fill now so that you will have ALL the drugs on hand if/when you get sick**. This is important because

you want to have all the drugs immediately available. Time is critical.

List of doctors who will write early treatment COVID prescriptions

They generally will prescribe to you one of the following early treatment protocols or some modification that they personally like. Each physician ends up using his own judgement based on what they've personally seen work the best.

1. Modified Patterson protocol (shown below)
2. I-MASK+ protocol from flccc.net. See this Chris Martenson video.
3. Tyson-Fareed protocol: Has 99.76% risk reduction and no safety downsides.
4. Zelenko early treatment protocol: Another highly effective treatment.
5. Chetty protocol: Described in this paper, it has over 99% risk reduction.
6. Nigella sativa: Black seeds 40mg/kg orally once per day for 14 days. No prescription required: $9 gets you a 70 day supply. Reduces hospitalization risk by 75%. Death by 95% .
7. Italy protocol: This is extremely effective. Reportedly, only 4 out of 66,000 people died in Italy. This is an HCQ-based protocol because ivermectin is prohibited in Italy.
8. Dr. Urso protocol (the lack of units is troubling):




## Modified Patterson early treatment protocol for COVID

Based on recommendation of Dr. Bruce Patterson with a few minor improvements. Patterson who treats thousands of long-haul COVID and vaccine cases so he knowns more than anyone else the drugs that in combination are the most effective in countering the inflammation caused by COVID.  Take all drugs (that you

can access) **IMMEDIATELY** after you suspect a COVID infection (except as indicated). They are all safe and do not interact with each other.

1. **Fluvoxamine (luvox)** 50mg bid x 14day. If not available, use fluoxetine (prozac) 30mg qd x 14 days. If already on an antidepressant, consider talking to your doctor about switching. **Avoid caffeine while on fluvoxamine** (you'll be way too wired). This is the ticket for brain fog because it passes through the blood brain barrier. In rare cases, can cause hair loss. If you can't tolerate fluvoxamine, try Prozac instead. It works just as well (proven in multiple observational studies).
2. **Ivermectin** .4 mg/kg every day for a minimum of 10 days and continue until symptoms resolved. Take with a meal or right after a meal for best absorption. Ivermectin is one of the safest drugs ever invented.
3. **Inhaled budesonide:** 400 µg per actuation (two puffs to be taken twice per day; total dose per day 1600 µg) x 14 days (or until resolution of respiratory symptoms). You really want to throw the kitchen sink at this virus and the number one reason people got to the hospital is respiratory distress. The latest Together trial will be testing fluvoxamine and budesonide in combination. We recommend this even if you don't appear to have any respiratory symptoms because you want to play it safe and keep it that way.
4. **NAC**: 600mg/day for 14 days. This mitigates the damage caused by the spike protein. This is a super safe drug that was available over the counter for 60 years. It was made prescription only so people would not have access to it and would be forced to get vaccinated.
5. **Vitamin D3:** 15,000 IU/day for 14 days to lower inflammation.
6. **Pravastatin:** 20mg x 14 days. Other statins can be used but this is the best.
7. **Povidone-iodine (Betadine):** 1% solution. Mouthwash/gargle and nasal drops 4 times a day on first symptoms. See Effect of 1% Povidone Iodine Mouthwash/Gargle, Nasal and Eye Drop in COVID-19 patients and Rapid initiation of nasal saline irrigation: hospitalizations in COVID-19 patients randomized to alkalinization or povidone-iodine compared to a national dataset. The last paper shows that early treatment can reduce your risk by 95% if you start early for just this one simple, easy, very safe intervention.

## Prophylaxis protocols

FLCCC protocol

Lactoferrin

""“We found lactoferrin had remarkable efficacy for preventing infection, working better than anything else we observed," Sexton said. He adds that early data suggest this efficacy extends even to newer variants of SARS-CoV2, including the highly transmissible Delta variant.”

Nasal irrigation with a pure saline solution (purified or distilled water with salt added) twice a day has been remarkably effective in preventing COVID infections. There is a good reason it is done twice a day because it takes about 12 hours for the virus to "take hold." Many (including myself) believe that purified or distilled water is overkill: salted tap water will work equally well.

However, it may be more convenient just to get COVID and treat.

## Treating long haul COVID

Bruce Patterson’s long haul COVID treatment relies on four drugs. The dosing depends on what your bloodwork shows (based on the Cytokine 14 panel available at covidlonghaulers.com), so the dosages are averages.

1. **Fluvoxamine**: 50mg BID
2. **Ivermectin**: .2mg/kg every 3 days
3. **Pravastatin**: 20mg (substitute for fractal kinase inhibitor)
4. **Maraviroc** 300mg PO BID. This reduces CCR5 and takes about 5 days to work.

The other option is going to covidlonghaulers.com and getting tested. Then they'll prescribe drugs based on your test results.

## Treating pre- and Post-Vaccine Inflammatory Syndrome (PVIS)

Ideally start this 3 days before you vaccinate. Less ideally, start this immediately after vaccination.

Continue for 14 days if using to minimize vaccine side effects.

The longer you wait, the more likelihood of permanent damage to heart, lungs, and brain. Once those tissues are scarred from inflammation, they will never heal. This is why many long-haulers never regain full function. It's exactly the same story with vaccine victims. Watch this 8 minute video featuring Dr. Charles Hoffe.

1. **Fluvoxamine**: 50mg BID (can substitute 30mg Prozac QD)
2. **Ivermectin**: .2mg/kg daily. You may see results in less than 24 hours. Note this is a lower dose than an

active COVID infection.

3. **Prednisone**: 5mg/day for inflammation. Note: this is a low amount because if you give more you start to affect the immune system which is problematic because you want the macrophages to clear out the spike protein
4. **Pravastatin**: 20mg (substitute for fractal kinase inhibitor)
5. **Maraviroc** 300mg PO BID. This reduces CCR5 and takes about 5 days to work.

Other options include going to covidlonghaulers.com and getting tested and they'll prescribe drugs based on your test results.

Or check out the FLCCC I-Recover protocol; it can be used for PVIS as well (as they note in the text).

## Drugs that may be available in the future

These drugs will be difficult to impossible to obtain currently in the US but may be available in other countries:

1. **enovid**. This drug is made by SaNOtize . It probably won't be available in your area, but it appears to be effective.
2. **Interferon Lambda:** If you can get a single injection of Interferon Lambda (made by Eiger), that is the drug with the largest effect size and best safety profile. It is currently only available in clinical trials. It should be taken ASAP after infection for best results. It **drastically reduces d-dimer** which is an excellent indication that has a dramatic effect in lowering blood clotting (and likely inflammation). You basically will not get hospitalized if you get this drug. If you only can take one drug, this is the drug to take. If you can get access to this drug early, everything else is optional.
3. **Camostat**: 200mg taken orally, 4 times daily, for 7 days will absolutely reduce your chance of long haul COVID symptoms and reduce your risk of hospitalization. It isn't approved in the US, but is approved in other countries. It will not change your time to recover. It's about preventing you from developing long-haul COVID symptoms and severe disease. It's an antiviral so take ASAP.
4. **Proxalutamide**: Appears extremely impressive, near 100% efficacy. Now in Phase 3 trials in USA.

Currently, the five most effective drugs for COVID are:

1. Interferon lambda
2. Fluvoxamine or Fluoxetine (Prozac)
3. Ivermectin

4. Inhaled budesonide (see this tweet)
5. Camostat

That list was made on July 26, 2021. It will be 4 months before the rest of the world figures it out.

## Note about Together trial results for fluvoxamine and ivermectin

Why did Ivermectin seem to fail and Fluvoxamine not do so well? Ivermectin was dosed for 3 days; fluvoxamine for 10 days.

We don't think the trial was gamed at all. I think this was a legit result.

We know the PI Edward Mills and believe he is totally honest and we have no reason not to believe the results he obtained. But we also believe other researchers as well.

So the question everyone has is how could these drugs do so well in other studies?

The answer: **the variant was different**. P1 is the variant in Brazil and makes Delta look like a walk in the park. If you do not treat P1, instantly upon symptoms, you will see big failures.

**Had fluvoxamine been given on Day 0 instead of Day 4, there would have been a dramatically different result.**

Had ivermectin been dosed at .6mg/day for 14 days starting on Day 0 (the first day of symptoms), there would have been a dramatically different result.

The more aggressive the variant, the **earlier** and **harder** you have to treat it.

Ivermectin likely failed for these five reasons:

1. Too little a dose
2. Started too late
3. Not taken with meal or shortly after
4. Not continued for long enough
5. Many patients may have already been taking ivermectin

**The healthcare systems need to encourage people to have the meds in the cabinet for immediate use.** Nobody does that. That's why we have a problem.

Also, you can't treat Delta and P1 in the hospital... it is much much tougher there. It's like a fire department arriving when the entire building is in flames.

**Early aggressive treatment is key. There are near ZERO hospitalizations and DEATHs for anyone treated early. But the press never talks about that. The NIH or CDC never says that either. Why not?**

You can't say vaccination works: at Mt Sinai in NY, 27% of the hospitalized cases are vaccinated, and 17% of ICU patients are vaccinated.

The sooner we stop following the NIH advice that early treatments don't work, the sooner we will start saving lives.

## Ways a clinical trial can fail

Clinical trials on repurposed drugs should always be tested first on outpatients by physicians who prescribe on a shared decision making basis. Once a protocol is found to be reliable, then it can be "locked" into a clinical trial for "proof" of efficacy. Sadly, we do the opposite which wastes a lot of time and money. We form a hypothesis and then invest millions to test it out in a large scale trial rather than on an outpatient basis.

Here are some ways a clinical trial can fail.

1. **Dose**: standard dosing may need to be increased for new variants. The FLV dosing of 50mg BID was tested for alpha variant. In general, increase dose for aggressive variants or treatment that is started later after infection. In this trial they used 100mg BID. The downside is that this dose can lead to compliance problems where people have to discontinue the use of the drug.
2. **Timing:** Ivermectin is best taken with a fatty meal or right after, not on an empty stomach. The FDA however requires the drug to be taken on an empty stomach in trials due to worries about liver toxicity, even though this hasn't been a problem in any other trial. This seems very silly.
3. **Treatment delay**: Treatment in Together started **on average 4 days after symptoms**. Too long of a wait especially for fast replicating variants like Delta. The lesson is start treatment IMMEDIATELY after symptoms recognized or before, especially with aggressively replicating variants. This is the most important determinants of success; once the damage is done, it is hard to reverse. This is the most important thing to get right.
4. **Compliance**: Patient compliance in the Together trial was estimated to be somewhere around 80%. If compliance is low, it is going to limit your effect size. How can the study prove that everyone took all their meds as directed? We can only see this by looking at the source data of the study for clues. As the pandemic continues, we've found patient compliance to drop dramatically. Early in the

pandemic, you could call participants and talk to you. Today, you call and they hang up on you.

5. **Duration**: Delta can hang around for 33 days. Treatment should be continued until 5 days after symptoms resolve. So shouldn't be a fixed duration (like it was in the trial). In the trial, the duration for ivermectin was only 3 days; was 10 days for fluvoxamine.
6. **Deception**: Participants were supposed to be early in COVID, but many could have given inaccurate information either willfully or mistakenly. There was no way to tell because this wasn't measured. **This explains how so many ended up in the hospital so fast (e.g., within 1 day after treatment started)**. There wasn't baseline bloodwork taken to assess disease state of the participants. They could have determined disease stage from this and better assessed outcomes.
7. **Lack of adaptability**: Some doctors find that using D-dimer and CRP to guide the dose and duration can be very helpful. That is rarely done in a clinical trial.
8. **Single drug:** Using a multi-drug protocol will work better especially if the drugs are synergistic. For example, many people claim HCQ without zinc is a non-starter.
9. **Tampering:** Phase 3 trials don't have levels of controls to detect manipulation. It relies on everyone being trustable in doing their jobs. If the drugs are switched accidentally (placebo vs. real drug), no one will know. This is why it is important to look at the source data and the side effect reports. Even the best designed studies are susceptible to tampering. That tampering could be deliberate or accidental and it can be hard to detect.
10. **Data manipulation:** One ivermectin study showing a positive result was clearly manipulated. Data manipulation does happen. It can sometimes take months before this is exposed.
11. **Controls may already be taking one of the study drugs:** A major reason why ivermectin trials don't fare too well in S. America is that lots of controls may have taken ivermectin. For example, in the TOGETHER trial, it was NOT an exclusion criteria (and so the data should be segmented by that before coming to conclusions).
12. **Dropouts.** People can drop out of the trial causing you to lose statistical power.
13. **Missing data.** People can not report back what happened.
14. **Low event rate.** You may underpower the trial because people are healthier than you presumed or the virus mutates to a less dangerous strain.
15. **Competitive sabotage.** A competitor can pay enrollees to enroll in the trial and not take the drug.

These are issues that can come up with any trials, even well done trials. It's a shame these trials in general do not have more controls to detect these mistakes. They happen. This is a known limitation of every clinical trial; few if any have any robustness to errors.

One other very important point is that researchers are PROHIBITED by their IRB and other entities from testing ivermectin doses and durations that would be effective! One doctor in the US just told me that they wouldn't let him go higher than 200mg/kg for 3 days. That's crazy. Ivermectin is one of the safest drugs on the planet.

## An idea for rapidly screening drugs against COVID

The biggest problem with COVID is the inflammation and clotting. The vaccines create the same rise in CRP and D-dimer as COVID and it's very reliable (happens post-vax in over 60% of cases).

Therefore, if we want to test a single drug against COVID, all we need is 5 volunteers who have been recently vaccinated. Treat immediately after vaccination with the drug. Measure CRP and D-dimer at 5 days. If both are normal in all 5 patients in 5 days, you have a candidate drug.

Once you have 3 candidate drugs and test the combo in a clinical trial.

## For more information

1. Early treatment is key to better outcomes
2. Detailed advice on treatment
3. Ten things to know about treating COVID infections
4. Drugs and dosages
5. Summary of what we know about treating early (just read the introduction)
6. Short summary of the case for using fluvoxamine for COVID (slides only)
7. Video presentation of the slides: 15 minutes at start of Semmelweis effect seminar
8. Detailed summary of the evidence supporting the use of fluvoxamine for COVID
   The tl;dr is that every piece of evidence we have ever seen (observational studies, randomized trials, doctor experiences) is positive. There are no cases where fluvoxamine made things worse. If treated early enough with fluvoxamine, patients can recover and completely avoid long-haul COVID issues.
9. COVID-19 Early Treatment Fund (CETF) Introduction - YouTube
10. Fluvoxamine: Finding a possible early treatment for COVID-19 in a 40-year-old antidepressant - 60