Promising drugs

Existing drugs have been proven in multiple trials and studies to reduce hospitalizations and save lives, when used **early** to fight COVID-19.

Early treatments work. The one thing nearly every hospitalized COVID patient has in common is that none of them were treated with an effective early treatment protocol. The most effective early treatment protocols, such as those used by Dr. Fareed and Tyson, are over 99% effective and extremely safe. The safety and efficacy of these treatments are far superior than any vaccine available today.

The key things to know about early treatment are:

1. The earlier the drug is given after a COVID infection, the more effective any drug treatment protocol will be, the faster the recovery, and the fewer the long-term side effects.
2. Aggressive variants such as Delta require that early treatment **be started as soon as symptoms appear** (or a positive test). Starting later can lead to hospitalization. For example, if fluvoxamine is started 4 days after symptoms, it is only 30% effective. When started immediately after symptoms, all the data we've seen shows it is 100% effective in keeping people out of the hospital. In summary, treat the COVID virus like a fire in your house. Would you let it burn for days before you call the fire department?
3. Always talk to your doctor in advance and **have all the drugs on hand and available to start immediately after confirmation by a home rapid-test**.
4. **Always treat all COVID cases with early treatment.** Failure to treat, even non-symptomatic cases, can result in long-haul COVID symptoms which may be very difficult or impossible to recover from. We don't know of a single case where someone treated with a proven early treatment protocol developed long-haul COVID. We don't know of a single case where a child was treated with an early

developed long-haul COVID. We don't know of a single case where a child was treated with an early treatment protocol who later regretted it.

Proven early treatment protocols include:

1. Tyson-Fareed protocol: Has 99.76% risk reduction and no safety downsides.
2. Modified Patterson early treatment protocol: Based on drugs proven effective in the most difficult long-haul causes
3. I-MASK+ protocol from flccc.net. See this Chris Martenson video.
4. Zelenko early treatment protocol: Another highly effective treatment.
5. Chetty protocol: Described in this paper, it has over 99% risk reduction.
6. 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.

Doctors who are expert in early treatment protocols are listed here.

Clinical trial research so far has shown that **interferon lambda** (from Eiger BioPharmaceuticals) is the single most effective drug for preventing hospitalization. It is unfortunately only available in clinical trials in the US. The NIH is ignoring this drug even though it is spectacular in reducing viral load and D-dimer. **We haven't seen any drug with a better efficacy or safety profile than this drug**. We are baffled by the lack of attention to this drug.

Other drugs proven in multiple studies include fluvoxamine, ivermectin, inhaled budesonide, vitamin D3, betadine, povidone-iodine, Pravastatin, Maraviroc, NAC, enovid, camostat, and proxalutamide.

The C19 early site has a list of early treatments and the studies supporting them.

For a summary of prophylaxis protocols, early treatment protocols, long-haul COVID protocols, and pre- and Post-Vaccine Inflammatory Syndrome (PVIS) see this article which also discusses how a simple saline rinse is highly effective in preventing COVID (just water and salt).

Drug trials supported by CETF

Fluvoxamine

Fluvoxamine is a repurposed SSRI antidepressant drug approved by the FDA for the treatment of depression and obsessive-compulsive disorder (OCD). It is also highly effective at activating the Sigma-1 Receptor (S1R). The S1R is known to inhibit a cytokine, the chemical responsible for “Cytokine Storms”, which can lead to hospitalization and/or death in COVID-19 patients. Recent studies, including a CETF-sponsored clinical trial, showed that patients treated early with fluvoxamine had a dramatically reduced rate of hospitalization, compared to the control. The results of the trial were featured as the lead story in JAMA on November 12, 2020. CETF is now sponsoring a larger, Phase 3 trial to validate the results of the original study. This is the drug we are the most excited about. To learn more, visit our Fluvoxamine page dedicated to providing the most up to date information about the use of this drug for the early treatment of COVID-19.

Camostat

Camostat mesylate is a drug approved in Japan for treatment of pancreatitis. Bicalutamide is an antiandrogen medication that is primarily used to treat prostate cancer. These drugs work in

combination to fully inhibit TMPRSS2 activation which is required for the virus to infect and spread to other cells. The two ways to inhibit TMPRSS2 are: to inhibit proteolytic activity and to downregulate expression of the protein. Camostat is used for proteolytic inhibition. Since TMPRSS2 is androgen regulated, downregulation of expression can be achieved using antiandrogens such as the generic drug bicalutamide. As promising as this approach appears, inhibition of TMPRSS2 may not completely prevent SARS-CoV-2 infection, since the virus can also be endocytosed and could therefore still be activated to fuse by cathepsins. Therefore, it will also be important to evaluate this approach in combination with other agents (such as the cathepsin inhibitor Selva SLV213) to identify a potent combination. The dose of camostat mesylate being evaluated in the clinic is higher than the dose used for pancreatitis, with the aim of achieving sufficient concentration to be effective in the lungs.

Selva SLV213

This is a cathepsin inhibitor (see Camostat above). If camostat is successful, pairing it with a cathepsin inhibitor would create very potent combination antiviral therapy that would leave no avenue for the virus to replicate.

GS-441524

A Gilead compound that is similar to Remdesivir, GS-441524 is a small-molecule antiviral that targets specific proteins involved in RNA virus replication. It has been used combat different coronaviruses in cats and is currently being explored by the NIH. More info.

Doxazosin

It has been shown that cytokine storm syndrome (CSS), observed with bacterial infections, CAR-T cells, and other T cell-activating therapies, is accompanied by a surge in catecholamines. These catecholamines, in turn, enhance inflammatory injury by augmenting the production of IL-6 and other cytokines through a self-amplifying feed-forward loop in immune cells that requires α-1 adrenergic receptor (α1-AR) signaling. Preliminary results from a recent retrospective clinical study revealed that, for hospitalized patients diagnosed with pneumonia or acute respiratory distress, the likelihood of requiring mechanical ventilation and dying was significantly lower (by 56% and 20%, respectively) if patients were taking α1-AR antagonists during the year preceding hospitalization. However, an unpublished retrospective study showed even stronger protection: 75% or more. In a study at a very large hospital network, the number of deaths from COVID from people taking doxazosin was just one person. These results highlight the need for prospective trials to prove beyond a reasonable doubt whether

There is a lot of evidence showing that this drug is highly effective against the virus. We are sponsoring Joanne Zhang's work to further develop this drug.

Other Promising Drugs

There are many other approved drugs and supplements with high effect sizes shown in multiple clinical trials. **Ivermectin in particular has been shown to be extremely effective against COVID** when given in sufficiently high doses as soon as possible after infection. Physicians using both ivermectin and fluvoxamine have reported extremely good results, especially when the drugs are given as early as

fluvoxamine have reported extremely good results, especially when the drugs are given as early as possible after infection is confirm or first symptoms.

We believe that both fluvoxamine and ivermectin are two of the most effective drugs that can be used against COVID. The evidence has been in plain sight since at least the middle of October 2020, yet the data has been ignored by the NIH and WHO. Had either of these agencies endorsed either either or both of these drugs at that time, it likely could have prevented the loss of hundreds of thousands of lives.

Other drugs with large effect sizes are also effective for early treatment. **The c19early.com website does an excellent job of highlighting other drugs and supplements that work the best.**

The New York Times maintains a broad tracker of COVID-19 treatments under development, as does the Milken Institute on their treatment and vaccine tracker.