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THE GOOD NEWS about COVID-19

July 2021

The pathophysiology of COVID-19 has been studied and understood by scientists around the world. This understanding has enabled the development, months ago, of safe and effective means of preventing and treating COVID-19.

The GOOD NEWS is that there is now an abundance of scientific evidence for safe, effective and cheap prevention of COVID-19. The further GOOD NEWS is that there is an abundance of scientific evidence for safe and effective home-based treatment of COVID-19 in the distinctly different phases of the disease. You have more control than you may have been led to believe.

We believe, in the circumstances of a global pandemic, that:

Every human being has the right to know this GOOD NEWS.

Every health care practitioner has an ethical duty to familiarize themselves with the abundant EMERGING SCIENTIFIC EVIDENCE, and to adopt a proper scientific approach in informing, advising and treating their patients.

Every government that cares for the health and well-being of its people should spread the GOOD NEWS to allay mass anxiety and panic, and should implement rational mass distribution of safe, effective and cheap nutraceuticals and/or pharmaceuticals that have been proven to reduce population incidences of COVID-19.

For ease and rapidity of understanding, the principles of the GOOD NEWS are summarized below in brief format, and are supplemented by reference to multiple scientific publications. Dedicated medical scientists have already published a wide array of COVID-19 prevention and treatment recommendations. This document does not constitute medical advice by the author – it serves merely as a brief explanatory overview, as well as a convenient introduction providing access to useful publications.

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COVID-19 Stage 0: Prevention of disease for asymptomatic individuals

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Immune support: Nutraceuticals, in particular Vitamin D3, Zinc, Vitamin C, Quercetin and Melatonin.

Anti-infective agent: Ivermectin.

GOOD NEWS: The majority of individuals on this regimen will remain in good health, and will not progress to Stage 1. This regimen should be particularly recommended for high risk individuals, i.e. over 50 years of age and/or with comorbidities. Younger healthy individuals may or may not elect to protect themselves.

COVID-19 Stage 1: First 5 days of illness – viral proliferation: Early home-based treatment for patients with symptoms of the disease

(References: [4](#) [5](#) [6](#) [7](#) [8](#) [9](#) [10](#) [11](#) [12](#) [14](#) [16](#) [18](#) [22](#))

Immune support: Increased dosage of above nutraceuticals.

Anti-infective agents ≥ 2 : Ivermectin [increased dosage] or Hydroxychloroquine, together with antibiotics such as Azithromycin, Doxycycline or Clindamycin.

GOOD NEWS: The majority of individuals on this regimen will recover from the illness, and will not progress to Stage 2.

COVID-19 Stage 2: \geq Day 5 Secondary phase of illness - inflammo-thrombotic response: Advanced home-based treatment for patients with secondary onset or escalation of symptoms.

(References: [4](#) [5](#) [6](#) [7](#) [8](#) [9](#) [10](#) [11](#) [12](#) [15](#) [18](#) [22](#) [23](#))

Immune support: Continue as above.

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Anti-infective agents ≥2: Continue as above.

Immunomodulators: Corticosteroids such as Budesonide (Pulmicort) nebulization, oral Dexamethasone or oral Prednisone.

Anti-inflammatory agents: Colchicine.

Anti-histamines: Promethazine (Phenergan) and Cimetidine (Tagamet).

Anti-leukotrienes: Montelukast (Singulair).

Antiplatelet and antithrombotic agents: Aspirin. Enoxaparin (Clexane) or Rivaroxaban (Xarelto).

Non-invasive respiratory support: Home oxygen. Home CPAP (continuous positive airways pressure).

GOOD NEWS: The majority of individuals on this regimen will recover from the illness, and will not progress to Stage 3 or require admission to hospital. Telemedicine allows these treatments at home to be properly monitored and supervised by suitably informed medical practitioners.

COVID-19 Stage 3: Late and severe phase of illness – respiratory distress and thrombosis:

Specialist treatment in hospital and/or ICU

The unfortunate minority of individuals who progress to severe COVID-19, with respiratory distress and systemic thromboembolism, require individualized treatment in hospital and/or ICU, under the care of a specialist physician. Details of hospital and ICU treatment, which include the above as well as interventions such as high flow oxygen, CPAP, intubation and mechanical ventilation, are not included in this document and are deferred to suitably knowledgeable specialists.

GOOD NEWS: Even without the above measures in Stages 0, 1 and 2, the majority of the population will not develop the late and severe Stage 3 of the disease. With the above prevention

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and treatment, a greater majority, even of high risk individuals, will not develop the late and severe Stage 3 of the disease. With early ambulatory multidrug therapy in high-risk patients (age > 50 with ≥1 comorbidity) Procter et al found an 87.6% reduction in hospitalizations and a 74.9% reduction in deaths. ⁴

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