

ANTI-VIRALS & ANTISEPTICS

Ivermectin

Prevention: 12mg dose (take with or after a breakfast that contains fats) — for 10 days, or as long as infection risk is elevated in your community.

Post Exposure Prevention: 1x12mg dose (take with or after a breakfast that contains fats) — one dose today, repeat after 48 hours.

Gargle mouthwash

2 x daily – gargle with Hydrosol Silver or 1% Hydrogen Peroxide. After cleaning teeth. Spit this out after gargling.

BASIC IMMUNE SUPPORT THERAPY

Vitamin D3: 4,000–20,000 IU/day

Vitamin C+Quercetin: 1,000mg x 3 times per day

Magnesium OIL ULTRA: Massage into chest, neck, hips and legs morning and night

Olive Leaf Extract + Zinc: 1 Tablet x 2 times per day with meals

Daily Immune Protection: 1 tablet x 2 times per day with meals

CONSIDER ADDING:

Serranol: 1 tablet x 3 times per day 30mins before meals

ActiveLife: 1-3 caps x 2 times per day with meals.

IVERMECTIN ALTERNATIVE

Nigella Sativa: 2 Teaspoons daily (Black Seed Oil)

To be used if ivermectin not available or preferably added to Ivermectin for optimal prevention.

EARLY TREATMENT PROTOCOL

Supporting information

Further information regarding the protocol for immune support can be found at www.NaturallyHealthyNews.info. Here you will find answers to the critical role of anti-infection therapy, the safety and need for higher dosing of ivermectin, and guidance on the number of components of the protocol that should be used in the treatment of an individual.

Efficacy of Ivermectin

Ivermectin is a DOCTOR PRESCRIBED medication in many countries and OVER THE COUNTER in others. It is uniquely suited to SAFELY treat infections given its well-researched, potent anti-viral and anti-inflammatory properties.

The efficacy of ivermectin is supported by results from 64 controlled trials, 32 of them randomized, and 16 of those were double-blinded, the gold standard of research design. A summary (meta-analysis) of these trials finds statistically significant reductions in transmission, time to recovery, hospitalization, and death.

One of its many achievements of public health, is that of North Indian state of Uttar Pradesh effectively eradicating CV from its population of 220+ million people, [Read More Here](#)

Please search for Ivermectin at www.NaturallyHealthyNews.info for updates as further scientific studies emerge.

PREVENTION & EARLY PROTOCOL FOR CV-19

First Line Protocol **if Suffering Symptoms**

ANTI-VIRALS

Antiviral mouthwash: 2 x daily – gargle with Hydrosol Silver or 1% Hydrogen Peroxide. After cleaning teeth. Swallowing is acceptable but not required. If available use nebulizer in each nostril and mouth using 0.5% hydrogen peroxide

Ivermectin²: 1 X 12mg tablet per dose (take with or after a meal that contains fats) — one dose daily, take for 5 days or until recovered.

Use upper dose of 2 tablets if:

- 1) **If Symptoms**
- 2) **If Treatment is not started until** on or after day 5 of symptoms or in pulmonary phase; or
- 3) Multiple comorbidities/risk factors

Second Line Protocol

BlockBusterAllclear: 9 capsules, 3 on waking, 3 mid-afternoon and 3 bedtimes.

Vitamin D3: 20,000 IU/day and reduce to 10,000iu after 7 days

Vitamin C+Quercetin: 1,000mg x 5 times per day

Magnesium OIL ULTRA: Massage into chest, neck, hips and legs morning and night

CurcuminX4000: 2 capsules x 3 times per day with meals

Olive Leaf Extract + Zinc: 3 Tablet x 3 times per day with meals

Daily Immune Protection: 1 tablet x 2 times per day with meals

Melatonin: 10 mg before bedtime (causes drowsiness)

Third Line Protocol

NUTRITIONAL THERAPEUTICS (for 14 days)

Nigella Sativa (Black Seed Oil): 1 teaspoon x 3 times daily

Honey: Organic, 3 teaspoon daily

Additional information

Body weight <i>Conversion: 1 kg ≈ 2.2 lbs (doses calculated per upper end of weight range)</i>	Dose <i>(Each tablet = 12 mg; dose)</i>
70-80 lb / (32-50 kg)	6 mg <i>(0.5 X 12 mg tablet)</i>
111-130 lb / (51-60 kg)	12 mg <i>(1 X 12 mg tablet)</i>
131-150 lb / (60-86 kg)	18 mg <i>(1.5 X 12 mg tablet)</i>
191-210 lb / (87-122 kg)	24 mg <i>(2 X 12 mg tablet)</i>
271-310 lb / (123-140 kg)	30 mg <i>(2.5 X 12 mg tablet)</i>

Note that Ivermectin is available in 12mg strengths.

If your tablets contain a different amount of ivermectin e.g. 3 mg, you must calculate the number of tablets to equal the dose of ivermectin required.

The most up-to-date summary of the totality of the supportive evidence for ivermectin in CV-19 can be found here:

Currently, as of September 19, 2021, the totality of the evidence is as follows.

- *IN-VITRO (BASIC SCIENCE): ivermectin has been shown to inhibit the replication of many viruses, including West-Nile, Zika, Dengue, Influenza, and most recently SARS-CoV-2 [1,2,3,4,5,6,7]*
- *IN-VIVO: ivermectin diminishes viral load and protects against organ damage in animal models of SARS-CoV-2 infection and has multiple, potent anti-inflammatory and immunomodulating properties [1, 2, 3] TOTALITY OF EVIDENCE Meta-Analysis Basic Science Pharmacology Clinical Experience Randomized Clinical Studies Observational Clinical Studies Epidemiologic Studies For more information about the FLCCC Alliance and our Prevention & Treatment Protocols for CV-19, please visit www.flccc.net Page 2 / 3*
- *IN-SILICO: numerous computer modeling studies have found ivermectin to have one of the highest binding affinities to the SARS-CoV-2 spike protein*
- *PHARMACOLOGIC: unparalleled safety profile over decades, prior WHO guidelines report side effects that are “primarily minor and transient” and experts have found severe adverse events to be “unequivocally and exceedingly rare.” Further, the IC-50 against SARS-CoV2 in lung and adipose tissue easily achieved with standard dosing (Caly/Wagstaff personal communication)*
- *CLINICAL OBSERVATIONS/EXPERIENCE: numerous cases series, most notably one published from the Dominican Republic in June 2020 where over 3,000 consecutive patients presented to the ER, were treated with ivermectin, and only 16 were hospitalized and only 1 died. Also, innumerable doctors from multiple countries around the world report observing consistent clinical responses in treated patients with few treatment failures.*

- *OBSERVATIONAL CONTROLLED TRIALS (OCT): As of August 8, 2021, the results from 31 OCT's including over 6,800 patients find that treatment with ivermectin reduces time to recovery, rates of hospitalization, and mortality, the latter finding best reported in the sophisticated propensity-matched study of Rajter et al. published in the major medical journal Chest.*
- *META-ANALYSES OF RANDOMIZED CONTROLLED TRIALS (RCT): 27 RCT's including over 3,400 patients have been completed. Meta-analyses find that ivermectin reduces time to viral clearance, hastens recovery, and reduces mortality.*
- *OBSERVATIONAL AND RANDOMIZED TRIALS IN THE PREVENTION OF CV-19: A series of 13 RCT's and OCT's consistently find that single or repeated ivermectin use strongly reduces the risk of contracting V-19, with an average level of protection of 86% with higher levels of protection found amongst the trials with more frequent dosing [1,2,3,4,5,6,7(Table 2), 8,9,10,11,12].*
- *EPIDEMIOLOGIC: ivermectin distribution campaigns in Peru led to far lower V-19 case-fatality rates in those regions with widespread use. Further, large "test and treat" programs conducted by increasing numbers of Health Ministries report up to 75% reductions in the need for hospitalization (Mexico City) and massive reductions in mortality (Misiones, Argentina and La Pampas, Argentina). Finally and most importantly, the Indian state of Uttar Pradesh (pop. 241 million) has effectively eradicated V via systematic and widespread use of ivermectin in both prevention and early treatment. The reports most relevant to public health officials are from the national and regional health ministries that employed either distribution or "test and treat" programs with ivermectin:*
- *Mexico City – The IMSS Health Agency compared over 50,000 patients treated early with ivermectin to over 70,000 not treated and found up to a 75% reduction in need for hospitalization. For more information about the FLCCC Alliance and our Prevention & Treatment Protocols for V-19, please visit www.flccc.net Page 3 / 3*
- *Peru – A nationwide mass-distribution program called "Mega-Operación Tayta" (MOT), initiated at various times across 25 states of Peru in May 2020, led to a 74% drop in regional excess deaths within a month, with each drop beginning 11 days after each MOT region's varied start times • La Pampas, Argentina – Health Ministry compared over 2,000 patients they treated early with ivermectin to over 12,000 without treatment and found a 40% reduction in hospitalization and 35% less ICU or death in older patients*
- *La Misiones, Argentina – Health Ministry just analyzed the first 800 of 4,000 ivermectin treated patients and compared to the rest of the population over the same time period, they found a 75% reduction in need for hospital and an 88% reduction in death.*
- *Uttar Pradesh, India – Used a strategy of close surveillance combined with both ivermectin treatment of all positive cases and preventive treatment of all family contacts. On September 10, 2021, only 11 cases with no deaths were recorded in a population of 241 million. As of August 31, of the previous 187,638 tests performed, only 21 were positive, an essentially zero positive rate or .01%.*

Disclaimer

This Protocol for CV-19" is solely for educational purposes regarding potentially beneficial therapies for V-19. You should get advice from a trustworthy medical professional.

It is your responsibility if you choose to disregard professional medical advice because of something you have read on our website and releases.

This protocol is not intended to be a substitute for professional medical advice, diagnosis, or treatment in regard to any patient.

Treatment for an individual patient should rely on the judgement of your physician or other qualified health provider.

Always seek their advice with any questions you may have regarding your health or medical condition.

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