

THE PATH FORWARD: PROTOCOLS FOR THE CURRENT CLIMATE

With

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KEY POINTS AND OBJECTIVES

- Don't get caught off guard. We recommend having these tools in your possession NOW!
- We want you to feel empowered. That you have tools and your body is strong.
- These are a collection of recommendations we have seen to be successful.
- Please follow up with the person who invited you and they will make sure you know how to easily get all these tools
- This does not constitute medical advice and is recommended for educational purposes. Nothing replaces follow up with your physician or care provider and we recommend you do that if you encounter these scenarios

GET TO KNOW US



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COVID PREVENTION BASICS

Healthy Habits Kit

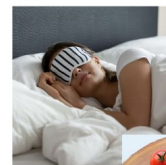


\$195

On Guard Sanitizer & Correct X



\$20.67



Sleep



Healthy Eating



Mask Up!

COVID PREVENTION BASICS

Exercise



Time in the Sun



Vitamin panels and take additional supplementation to correct deficiencies (D, Zinc, B panel etc)

PREVENTION MODERATE TO HIGH RISK

PREVENTION PROTOCOL (for Delta variant)

ANTI-VIRALS & ANTISEPTICS

Ivermectin²

Chronic Prevention

0.2 mg/kg per dose (take with or after a meal) — twice a week for as long as disease risk is elevated in your community.

Post COVID-19 Exposure Prevention³

0.4 mg/kg per dose (take with or after a meal) — one dose today, repeat after 48 hours.

Gargle mouthwash

2 x daily – gargle (do not swallow) antiseptic mouthwash with cetylpyridinium chloride (e.g. Scope™, Act™, Crest™), 1% povidone/iodine solution or Listerine™ with essential oils.

IMMUNE FORTIFYING / SUPPORTIVE THERAPY

Vitamin D3	1,000–3,000 IU/day
Vitamin C	500–1,000 mg 2 x daily
Quercetin	250 mg/day
Zinc	30–40 mg/day (elemental zinc)
Melatonin	6 mg before bedtime (causes drowsiness)

IVERMECTIN ALTERNATIVE

Nigella Sativa 40 mg/kg daily⁴
(black cumin seed)

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

Support Protocols for Covid (+) Natural, high + low risk, normal kidney + liver function

LLV



\$79.50 Black Pepper



\$22

DDR Prime Turmeric



\$45 \$35

PB Assist On Guard



\$39.50 \$26

Vitamin D3 preferably with K2 5,000Iu -10,000Iu
(if previous deficiency need upper limit)

IMMUNE SUPPORT (CONTINUED)



SUPPORT PROTOCOLS FOR COVID (+)

NATURAL, HIGH + LOW RISK, NORMAL KIDNEY + LIVER FUNCTION

- Throat gargle diluted in water, 1 drop of doTERRA on guard blend, frankincense, copaiba, ginger. A stronger option would be to add 1 drop of clove and 1 drop of oregano
- Immune honey recipe to soothe the throat



COVID+ SUPPORT BASICS

Evolve You Immunity Kit



\$147.50

Pebble Diffuser + Breathe



\$32.50



Sleep



Healthy Eating



O2 Sat Machine

Support Protocols for Covid (+) Natural, high + low risk, normal kidney + liver function

IMMUNE SUPPORT (continued)

- Elemental Zinc 60-100 mg daily (make sure to continue for one month)
- Quercetin or immune supplement with quercetin 250mg -500mg twice daily
- NAC - N - Acetyl Cysteine 600mg twice daily or immune supplement with NAC
- Combo immune supplement packs that we love (NAC + quercetin + green tea + C + Zinc)
 - NACPRO Plus www.nacproplus.com 4 daily (picture)
 - Biotics Research immune packs 2-3 daily (picture)



Support Protocols for Covid (+) High + low risk, supportive therapies



Abode



\$24.50

Eucalyptus



\$17

Purify



\$20

SLEEP AND EMOTIONAL SUPPORT



SUPPORT PROTOCOLS FOR COVID (+) PHARMACOLOGIC, NORMAL KIDNEY + LIVER FUNCTION, FLCCC

EARLY TREATMENT PROTOCOL⁵ (for Delta variant)

1. First line agents (use any or all medicines; listed in order of priority/importance)

ANTI-VIRALS

Ivermectin²

0.4–0.6 mg/kg per dose (take with or after a meal) — one dose daily, take for 5 days or until recovered. Use upper dose if: **1)** in regions with aggressive variants (e.g. Delta); **2)** treatment started on or after day 5 of symptoms or in pulmonary phase; or **3)** multiple comorbidities/risk factors.

and/or Nitazoxanide

500 mg 2 x daily for 5 days after meals. Combine with ivermectin (preferred) or substitute if ivermectin is not available. (Nitazoxanide is often unavailable or high-priced in the USA.)

ANTI-SEPTIC ANTI-VIRALS

Antiviral mouthwash: Gargle 3 x daily (do not swallow; must contain chlorhexidine, povidone-iodine, or cetylpyridinium chloride). **Iodine nasal spray/drops:** Use 1% povidone-iodine commercial product as per instructions 2–3 x daily. If 1%-product not available, must first dilute the more widely available 10%-solution⁶ and apply 4–5 drops to each nostril every 4 hours. (No more than 5 days in pregnancy.)

ANTI-COAGULANTS / IMMUNE FORTIFYING

Aspirin 325 mg daily (unless contraindicated)
Vitamin D Vitamin D3 5,000 IU daily.
 Preferred form if available: Calcitriol 0.5 mcg on day 1, then 0.25 mcg daily for 7 days
Melatonin 10 mg before bedtime (causes drowsiness)

SYNERGISTIC THERAPIES

Quercetin 250 mg 2 x daily
Zinc 100 mg/day (elemental zinc)
Vitamin C 500–1,000 mg 2 x daily

NUTRITIONAL THERAPEUTICS

(for 14 days)⁴

Curcumin (turmeric) 500 mg 2 x daily
Nigella Sativa (black cumin seed) 80 mg/kg daily
Honey 1 gram/kg daily

PULSE OXIMETER

Monitoring of oxygen saturation is recommended (for instructions see page 3)

COVID FOR LONG HAUL BASICS

LLV



\$79.50

Zendocrine
Complex

DDR Prime

Turmeric



\$24

\$45

\$35

SYMPHONY OF THE CELLS - INFLAMMATORY PROTOCOL DAILY:



FRANKINCENSE, COCONUT OIL, TEA TREE, WINTERGREEN, AROMATOUCH, LEMONGRASS, SIBERIAN FIR, HELICHRYSUM, DEEP BLUE, PEPPERMINT

Support Protocols for Long Haul Covid (LHCS) Pharmacologic, source FLCCC

Initial therapy of Long Haul COVID-19 Syndrome:

IVERMECTIN

0.2–0.4 mg/kg dose – once daily with meals* for 3–5 days (higher doses are sometimes needed in anosmia).
* Take on empty stomach if presenting with nausea/diarrhea/anorexia.
After 3–5 days, change to once or twice weekly depending on the time to symptom recurrence/persistence.
Discontinue after 2–4 weeks if all symptoms have resolved and do not recur.
Relative Contraindications:
– Patients on Warfarin require close monitoring and dose adjustment.
– Pregnant or lactating women require a more in-depth risk/benefit assessment.

If not all symptoms resolve with Ivermectin:

CORTICOSTEROID THERAPY

A tapering dose of prednisone as follows:
1. 0.5 mg/kg daily for 5 days
2. 0.25 mg/kg daily for 5 days
3. 0.12 mg/kg daily for 5 days
Take in morning to lessen impact on sleep.
Side effects may include: Increased appetite, mood changes, insomnia, raised blood glucose, dyspepsia.

For use in all patients:

MACROPHAGE/MONOCYTE REPOLARIZATION THERAPY

- Vitamin C — 500 mg twice daily
 - Omega-3 Fatty Acids — 4 gm/daily (Vascepa, Lovaza, or DHA/EPA)
 - Atorvastatin — 40 mg daily
 - Melatonin — 2–10 mg nightly, start with low dose, increase as tolerated in absence of sleep disturbance.
- Additional Supplement*
- Vitamin D3 — 2,000–4,000 IU daily

If presenting with neurologic symptoms, i.e. poor concentration, forgetfulness, mood disturbance:

FLUVOXAMINE

50 mg – twice daily for 15 days.
Reduce dose or discontinue if side effects develop. Doses as low as 9 mg twice daily have shown efficacy.
Monitor closely as some patients may respond poorly. Some individuals can experience acute anxiety; monitor and treat carefully to prevent rare escalation to suicidal or violent behavior.

If symptoms still unresolved or recur after Ivermectin and corticosteroid regimens:

TREATMENT OF SUSPECTED MAST CELL ACTIVATION

Choose a Type I and a Type II antihistamine along with a mast cell stabilizer – for example, Loratadine, Famotidine, and Rupatadine. Change medicines if poor response. United States FDA approved doses of many of the below medicines are once daily but can use up to three times daily with caution and close monitoring if poor response or side effects.

First-line Therapy

- Low histamine diet
- *Type I antihistamines:* Loratadine 10 mg, or Cetirizine 10 mg, or Fexofenadine 180 mg – three times daily as tolerated.
- *Type II antihistamines:* Famotidine 20 mg, or Nizatidine 150 mg – twice daily as tolerated.
- *Mast cells stabilizers:*
 - Rupatadine 10 mg – once daily, or Ketotifen 1 mg – once daily at night (increase as tolerated).
 - May add: Sodium Cromoglycate 200 mg – three times daily (increase slowly), or Quercetin 500 mg – three times daily.

Second-line Therapy

- Montelukast 10 mg (beware depression in some) – once daily.
- Low Dose Naltrexone (LDN) – start with 0.5 mg daily, increasing by 0.5 mg weekly up to 4.5 mg daily. Avoid if on opiates.
- Diazepam 0.5–1 mg twice daily.
- SSRIs.

If presenting with shortness of breath or low oxygen levels:

PULMONARY EVALUATION

Refer to lung specialist if available, otherwise perform chest imaging (CT preferred) to assess for secondary organizing Pneumonia (OP).
If findings consistent with secondary OP found, initiate **Corticosteroid Therapy** as below. May need to repeat or prolong course of treatment if symptoms or oxygen needs persist.

CT – computed tomography scan
OP – organizing pneumonia

PEDIATRIC PREVENTION/SUPPORT BASICS

A-Z Chewables
IQ Mega



\$39.50

On Guard Chewables
PB Assist Jr



\$16 \$24.50

Essential Oils
Frankincense
Lemon



\$68 \$12

PEDIATRIC PREVENTION/SUPPORT BASICS

Hydrotherapy



Diffuse Breathe



\$22

- Lots of outside time, direct sunlight
- No sugar, no processed foods, sweeten with monk fruit or fruit
- Diet rich in citrus fruits & green leafy vegetables

SUPPORT PROTOCOLS FOR COVID (+) PEDIATRIC, SUPPORTIVE THERAPIES



INFLAMMATORY PROTOCOL POST BATH: FRANKINCENSE, TEA TREE, AROMATOUCH, PEPPERMINT, COCONUT OIL

POST-VACCINATION SUPPORT BASICS

LLV



\$79.50

Zendocrine Complex Turmeric



\$24

\$35

Essential Oils
Zendocrine
Lemon



\$24

\$12

POST-VACCINATION SUPPORT: Bonus

Hydration



Liposomal Glutathione



NACPropolis



SUPPORT PROTOCOLS FOR POST VACCINATION

- Green juices containing cilantro, celery and foods with great binding capacity like wild organic blueberries, spirulina, wheat barley grass.
- Add doTERRA fiber 1 scoop daily to smoothie for additional binding capacity
- Epsom Salt Detox Baths

