5 June 2021

Treatments to Consider Based Upon the Best Available Evidence Research Results.

PROPOSED TREATMENT APPROACHES FOR PROPHYLAXIS, SARS-COV-2, COVID-19, AND POST-VACCINATION; **FOR YOU TO DISCUSS WITH YOUR PHYSICIAN**. THIS IS NOT A SERVICE, THE SALE, BUYING, OR MARKETING OF A PRODUCT, OR THE PRACTICING OF MEDICINE.

This document has been assembled following repeated requests for such information. Given the discordant dissemination of information and misinformation, it is clear that clinicians are receiving little guidance in the treatment of individuals infected with SARS-CoV-2; who have developed the InflammoThrombotic Response (ITR) disease of COVID-19; or who have undergone injection of a vaccine containing genetic material encoding the gain-of-function spike protein.

Consequently, pursuant to those requests, and the need to provide some level of guidance, I have assembled based upon the best available evidence research results, the following proposed treatment options to be considered by your doctor to address these various health problems and concerns[1].

Also included are potential options for treatment of Individuals infected with SARS-CoV-2 or have been injected with SARS-CoV-2 Vaccines, based upon mechanisms of action and the best available evidence research results.

These best available evidence research results and understood mechanisms of action are to be followed only under the care and supervision of your physician.

Nothing within this material should be considered as my providing you with medical care, a service, sale or advertisement of a product or medical advice.

I have no relationship to any of the companies that make any of these drug products.

Any care or treatment provided to you is the responsibility of your personal physician, as well as yourself, and should follow informed consent. There is no expressed U.S. Constitutional authority under Article I or II, for the Federal Government to direct, govern, or otherwise be involved in your personal Health Care. https://constitutioncenter.org/interactive-constitution/full-text

[1] This does not represent a “service.”

The fundamental expressed concerns people appear to have as a result of becoming infected with SARS-CoV-2 or having been vaccinated include:

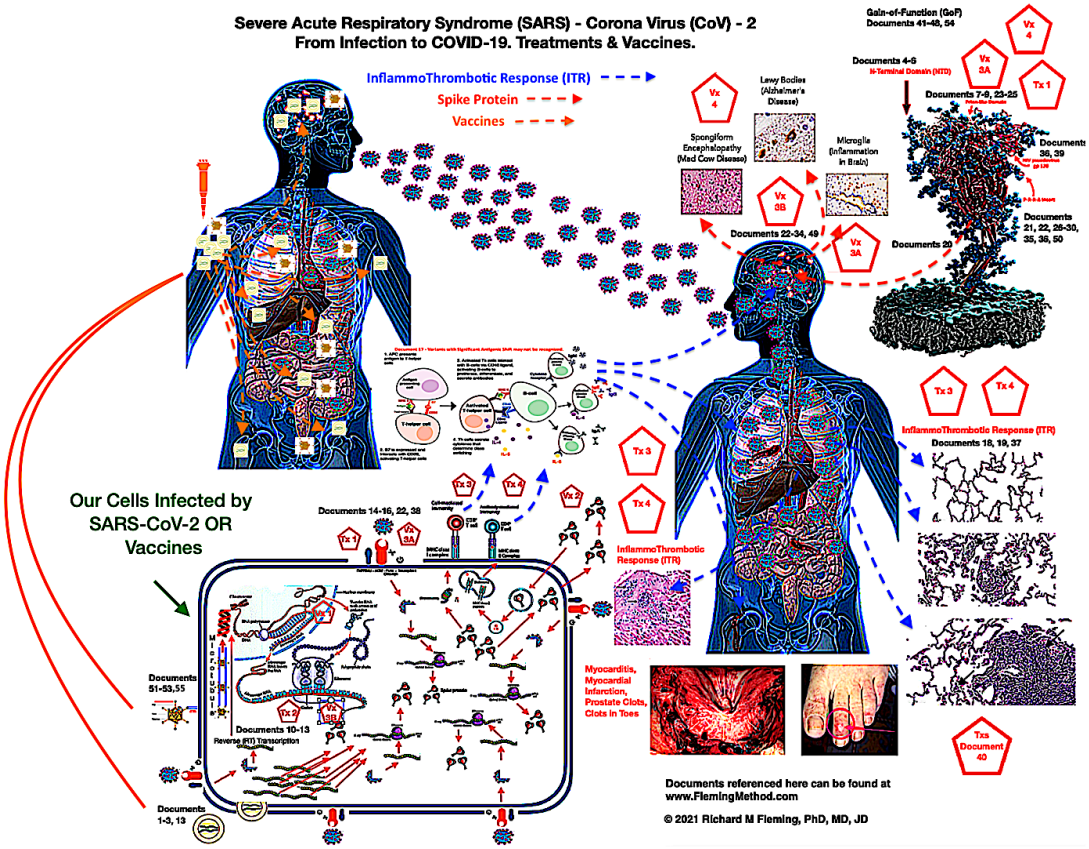
(1) The possible insertion of the genetic code sequence(s) found within the Drug Vaccines through Reverse Transcription (RT) into human DNA, potentially made possible as a result of either the RT capacities present within the SARS-CoV-2 virus itself (spike protein, nucleocapsid, envelope, or other genetic sequences); the Long Interspersed Nuclear Elements (LINE-1) found within approximately 18% of the human genome; or RT facilitated in CD-4 cells and platelets as previously demonstrated with Human Immunodeficiency Viruses (HIV); raise increased concerns about the potential of genetic material being inserted into the human genome, or replacing components of the human genome; particularly when coupled with Clustered Regularly Interspaced Short Palindromic Repeats (CRISPR).

(2) The circulation of the spike protein within the body, from the virus or drug vaccine with induced production of SARS-CoV-2 spike proteins, as well as other genetic material; needs to be neutralized to reduce the dissemination of this genetic material as well as prion-like domains found near the receptor binding domain (RBD) of the spike protein; either within the individual infected or injected, to minimize the InflammoThrombotic Response (ITR) resulting in the disease COVID-19; the potential development of amyloidal and prion diseases, occurring within the brain resulting from the prion-like domain at the Receptor Binding Site (RBS) of the spike protein as seen in animal models; and to minimize the shedding of this genetic and protein material that could be transmitted to others, resulting in further disease.

(3) The need to reduce, inhibit or prevent the viral or other non-native individual genetic material from being re-expressed at a later time – as seen with many viral diseases – through transcription and translation of viral or genetic material inserted into the human DNA through the above noted RT process, and

(4) The immediate and long treatment of potentially damaged human DNA, including but not limited to the potential short and long-term neurologic, cardiac, and prion-like diseases and sequela.

OVERVIEW OF THE SARS-CoV-2 PROCESS IN INFECTED AND VACCINATED PEOPLE INCLUDING THE INFLAMMOTHROMBOTIC RESPONSE (ITR) DISEASE COVID-19. https://www.flemingmethod.com/documentation



CURRENTLY SUGGESTED TREATMENTS BASED UPON BEST AVAILABLE EVIDENCE RESEARCH RESULTS PROPHYLAXIS FOR PEOPLE CONCERNED ABOUT SARS-CoV-2

As someone who has practiced clinically I am not a believer in the use of medications for prophylaxis when there is no disease yet to be treated. Just as treating an abnormal blood test without the presence of a disease to be treated makes it impossible to measure a treatment benefit – given no disease to measure – or treatment failure; the only potential measureable outcome is that of potential risks or complications resulting from the treatment. E.g. prophylaxis of cancer by having chemotherapy when there is no measureable evidence of cancer.

That being said, the following steps based upon best available evidence research results have been shown to reduce the development and progression of InflammoThrombotic Response (ITR) Diseases; including but not limited to aging, coronary artery disease, cancer, strokes, hypertension, diabetes, and obesity.

Modification of diet and lifestyle, to reduce risk factors for these chronic inflammatory diseases, as I and others have previously published and discussed [https://www.youtube.com/watch?v=OE6cnZFOBJ8] have been shown to reduce the risk of associated comorbidities associated with SARS-CoV-2 & COVID-19.

In addition, it has been the standard of care, that patients with respiratory problems, particularly those with compromised airway flow and reductions in acceptable oxygen levels within the arteries (viz. oxygen saturation), have received bronchodilator treatments and steroids when deemed medically appropriate.

Many researchers and clinicians would additionally advocate for sufficient dietary supplementation of vitamins and minerals to maximize overall immune response – particularly under "stressful" conditions.

Examples of these best available evidence research results include:

RESPIRATORY SUPPORT

1) Ipratropium bromide (Atrovent) inhaler treatment every 4-hours.

   Inhalers 2-puffs every 4 hours. Nebulizer 500 mcg every 4 hours (adults). Dose to be reduced accordingly for children.

THROMBOSIS REDUCTION

1) Either heparin 5000 units subcutaneously every 12 hours OR Enoxaparin 1mg/kg body weight subcutaneously every 12 hours. AND
2) Aspirin 325 mg tablets (once or twice daily as tolerated),
3) Equivalent given specifics of person.

IMMUNE SUPPORT

1) Folate (B9) 3 mg by mouth daily
2) Magnesium 400 mg by mouth daily
3) Calcium Carbonate 400 mg by mouth daily
4) Cobalamin (B12) 3 mg by mouth daily
5) Pyridoxine (B6) 30 mg by mouth daily
6) Dehydroepiandrosterone (DHEA) 50 mg by mouth twice daily
7) Ascorbic acid (C) 2000 mg by mouth daily
8) Zinc 10 mg by mouth daily, and
9) 1,25-dihydroxycholecalciferol (D3) 1500 IU by mouth daily.

Based upon best available evidence research results, viruses have been treated by focusing on viral attachment and replication. Given the InflammoThrombotic Response (ITR) to SARS-CoV-2, and the best available evidence research results, patients infected with the virus with adverse outcomes are developing ITRs. Currently suggested treatments based upon best available evidence research results include the following.

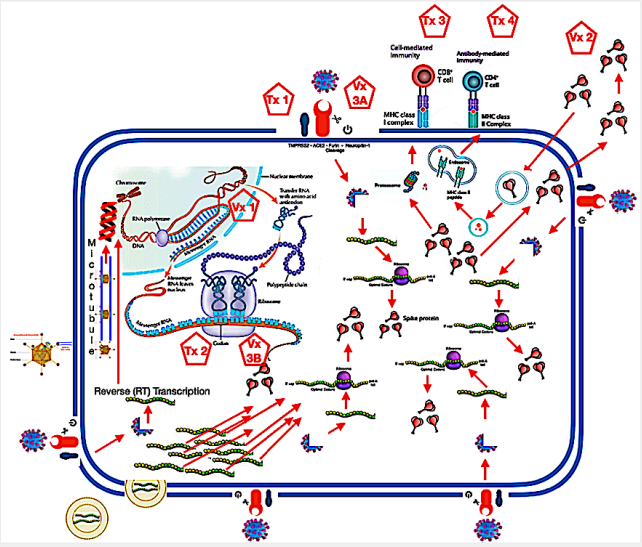
Inform

Is SARS-CoV-2 & COVID-19 Treatable?

Yes Treatment of SARS-CoV-2 & COVID-19 are Treatable by Using a Combination of Medicines to address

(1) Virus attachment & Entry into the cell.
(2) Virus replication once inside the cell.
(3) Reducing Inflammation & Blood Clotting associated with the T-Cell (Innate) response to the virus.
(4) Reducing Inflammation & Blood Clotting associated with the B-cell (Delayed Humoral) response to the virus.

It is also important to use Medicines that improve airflow in and out of the lungs, as well as Medications to reduce blood clotting, and assist controlled immune response.



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CURRENTLY SUGGESTED TREATMENTS BASED UPON BEST AVAILABLE EVIDENCE RESEARCH RESULTS FOR PEOPLE INFECTED BY SARS-CoV-2 WHO ARE NOT HOSPITALIZED

When Treatment was Started within 3-4 Days of Symptoms.

(1) 100% Effective

Primaquine 200 mg by mouth on day 1.

Clindamycin 150 mg by mouth every 6-hours for 7-days.

Hydroxychloroquine 200 mg by mouth every 8-hours for 10-days.

(2) 97.9% Effective

Hydroxychloroquine 200 mg by mouth every 8-hours for 10-days.

Clindamycin 150 mg by mouth every 6-hours for 7-days.

(3) 74.2% Effective

Hydroxychloroquine 200 mg by mouth every 8-hours for 10-days.

Azithromycin 500 mg by mouth on day 1, then 250 mg by mouth on days 2 through 5.

(4) 69.1% Effective

Hydroxychloroquine 200 mg by mouth every 8-hours for 10-days.

Doxycycline 100 mg by mouth every 12-hours for 10-days.

CURRENTLY SUGGESTED TREATMENTS BASED UPON BEST AVAILABLE EVIDENCE RESEARCH RESULTS FOR PEOPLE INFECTED BY SARS-CoV-2 WHO ARE HOSPITALIZED WITH COVID-19 (ITR to Virus)

(1) With prior Aminoquinoline Treatment begin

Methylprednisolone 125 mg IV every 6-hours for 3 days;

then 125 mg IV every 12-hours for 2 days;

then 125 mg IV daily for 2 days;

then 60 mg IV daily for 2 days [with each infusion given over 30-minutes];

then Solumedrol dose pack to taper off steroids).

(2) With prior Aminoquinoline Treatment begin

Tocilizumab 8-mg/kg [IBW; not to exceed 800 mg] not to exceed 800 mg intravenously infused over 1-hour.

May be repeated every 8-hours for a maximum of 4-doses; and

Interferon α-2β (5-million units per nebulizer every 12-hours for 7-days).

(3) Without prior Aminoquinoline Treatment

Primaquine 200 mg by mouth day 1;

Clindamycin 150 mg by mouth every 6-hours for 7-days; and

Tocilizumab and Interferon-α2β - using the same doses shown in (2) above.

CURRENTLY SUGGESTED TREATMENTS BASED UPON BEST AVAILABLE EVIDENCE RESEARCH RESULTS FROM PHYSICIANS REPORTING CLINICALLY SUCCESSFUL TREATMENTS

Clinicians Reporting Treatment Success.

- Dr. Vladimir Zelenko (Family Practice in New York) - treatment with hydroxychloroquine, azithromycin and zinc had an 84% reduction in hospitalization. [doi: 10.20944/preprints202007.0025.v1]
- Dr. Peter A. McCullough (Baylor Dallas) - nine studies reveal patients treated with hydroxychloroquine and other drugs like doxycycline had a greater than 60% reduction in death. [https://www.researchgate.net/publication/348946216]
- AAPS - Early Treatment Saves Lives [https://aapsonline.org/early-treatment-saves-lives/]
- Dr. Harvey Risch (Yale) - Hydroxychloroquine (HCQ) produced a 34% reduction in risk of death, while HCQ and azithromycin produced a 29% reduction in risk of death in hospitalized patients with COVID-19. [https://doi.org/10.1016/j.ijid.2020.06.099]
- Dr. Richard Bartlett (Budesonide Nasal Steroids) - reports 100% success rate when started early.
- Dr Eleftheria Atalla (Brown University, R.I.) - treatment of critically ill seniors in Long Term Care Facilities with anticoagulants who had elevated markers of inflammation were 84% less likely to die. [Pathogens 2021, 10, 8. https://dx.doi.org/10.3390/pathogens10010008]

CURRENT POTENTIAL TREATMENTS CONSIDERATIONS BASED UPON BEST AVAILABLE EVIDENCE RESEARCH RESULTS - FOCUSING ON SPECIFIC COMPONENTS - FOR PEOPLE WHO HAVE BEEN VACCINATED

Based upon the best available evidence currently being collected, the fundamental goals for treating potential complications from drug vaccine delivery of genetic material, includes first blocking the Nuclear Protein Complex (NPC), to minimize continued entry and re-entry of this genetic material into the cellular nuclear region where reverse transcription (RT) could occur; protecting the native human DNA.

The next step is to remove any circulation spike proteins, minimizing the potential harm they might cause including InflammoThrombotic Response (ITR) disease and Prion diseases. The next logical step would be to interfere with any reuptake of spike protein by host cells that could serve as potential new sources of prions, mRNA or DNA, with potential RT, or any other potential sources of SARS-CoV-2 genetic material or any other genetic or non-genetic material circulating from the injected drug vaccines.

The fourth goal is to minimize any potential damage caused by the prion-like domains (PLDs) including reducing the potential longer term neurologic, cardiac, and other organ tissue damage.

This sequence of steps will hopefully reduce the genetic load introduced into the body by these drug vaccines. By interfering with the entry and re-entry of this genetic material through the NPC through this series of steps, this will hopefully provide adequate time for sufficient glycosylase enzyme removal of genetic bases or nucleotide excision - repair mechanisms - of any damaged DNA; through continued encouragement of transcription of the viral – and other – genetic material, increasing the potential for these DNA repairs to occur.

In essence, by reducing the active viral or spike protein load through these steps, the increased transcription required for maintenance of the genetic code or protein products, will increase the potential for DNA excision repair and exhaust or at a minimum fatigue the viral genetic load.

Step 1: Stop the Reverse Transcriptase (RT) – Block the Nuclear Protein Complex (NPC)

(A) **Ivermectin** 0.2-0.4 mg/kg body weight by mouth (PO) every two weeks.

Step 2: Remove Spike Protein in circulation that could cause ITR or prion-like initiated amyloid or equivalent plaquing.

(A) **Casirivimab** 1200 mg & **Imdevimab** 1200 mg provided intravenously together as a single infusion over a minimum of 60-minutes.

Step 3A: Reduce further uptake of Spike protein by cells throughout the body including transmission across the Blood Brain Barrier (BBB).

(A) **Primaquine** 200 mg orally given once – Targets ACE2 receptor.

(B) **Clindamycin** 150 mg orally every 6-hours for 7-days – Targets transmembrane protease serine 2 (TMPRSS2) receptor.

(C) **Hydroxychloroquine** 200 mg orally twice a week – Targets ACE2 receptor.

Step 3B: Reduce further translation of mRNA to spike protein.

(A) The **Primaquine** from 3A also inhibits viral protein translation (production of spike protein from mRNA).

(B) The **Clindamycin** from 3A also inhibits viral protein translation; reduces ITR by reducing tissue necrosis factor – alpha (TNF-α) and interleukin-1 beta (IL-1β).

(C) The **Hydroxychloroquine** from 3A enhances zinc entry through the zinc ionophore; enhances the production of type 1 interferons, interferes with ribosomal translation of the spike protein, reduces interleukin-6 (IL-6) levels;

increases cellular pH thereby decreasing viral antigen (mRNA or spike protein) major histocompatability complex (MHC) presentation of the spike protein to B-cells reducing antibody formation and ITR.

(D) **Zinc** 10 mg orally (po) daily. While this may also interfere with the ACE2 receptor, it also interferes with RNA dependent RNA polymerase (RdRP).

(E) **Ascorbic Acid** (Vitamin C) 2000 mg orally (po) daily to reduce ITR.

(F) **1,25-dihydroxycholecalciferol** (Vitamin D3) 1500 IU orally (po) daily to reduce ITR.

Step 4: Address potential amyloid production and neurologic sequlae resulting from prion-like domains on spike protein.

(A) Either heparin 5000 units subcutaneously every 12 hours OR Enoxaparin 1mg/kg body weight subcutaneously every 12 hours. AND
(B) Aspirin 325 mg tablets (once or twice daily as tolerated),
(C) Treat ApoE through **dietary** and **lifestyle** factors; **HMG CoA-reductase inhibitors** or **Probucol** [An ATP-binding transporter A1 (ABCA1)].
(D) **Niacin** (Vitamin B3) 15 mg twice daily.

FURTHER INFORMATION WILL BE MADE AVAILABLE BASED UPON BEST AVAILABLE EVIDENCE RESEARCH RESULTS.

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