

COVID Treatment Options.com

Our free, clean, non-commercial website provides information that we've collected and report on from world leading virologists, epidemiologists and successful front line treating physicians, regarding prevention and treatment of COVID-19. The embedded links that follow direct the reader to subjects covered in the covid-19forum.org.

Ever since March talented, dedicated, clinicians have met with success in treatment of up to 100% of their elderly and high-risk patients in the early outpatient setting. One such therapy includes Ivermectin which is a safe, cheap, 45-year old off-patent generic drug, that has been prescribed for use in humans for over 30 years to combat parasites, and is **safe enough to be administered in mass treatment including when repurposed for COVID-19**. While the NIH would not recommend ivermectin outside of clinical trials, the Peruvian government approved the use of Ivermectin by decree, on May 8. Below left is a graph of the death rate of people over 60 years of age in 8 Peruvian states, before and after widespread distribution of Ivermectin beginning on May 24th, as compared to Lima (in red) which did not:

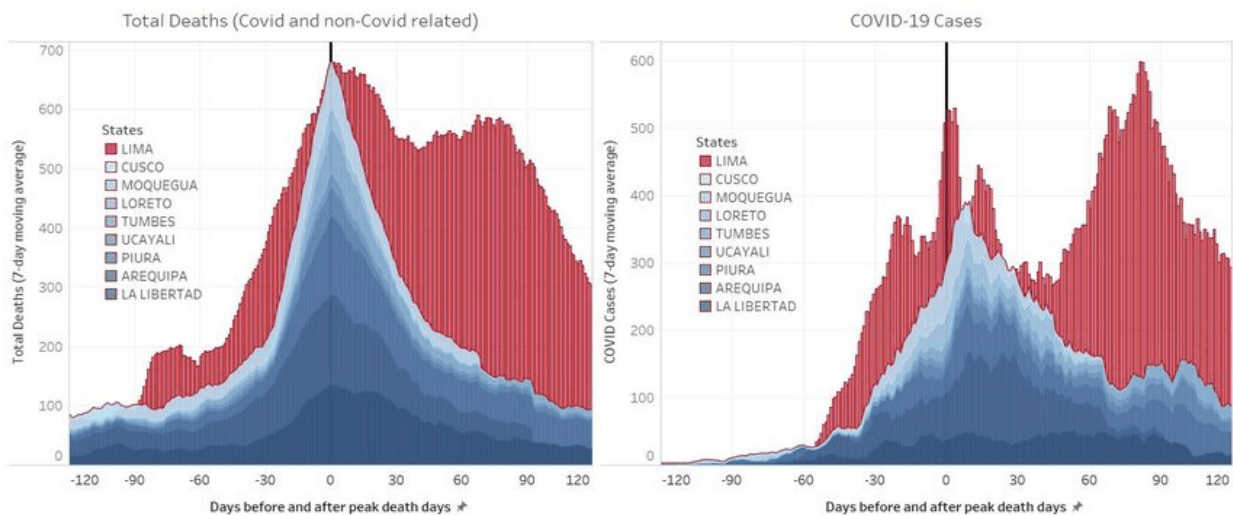
https://www.researchgate.net/publication/344469305_Real-World_Evidence_The_Case_of_Peru_Causality_between_Ivermectin_and_COVID-19_Infection_Fatality_Rate

COVID-19 in Peru in people older than 60 years

Total deaths and detected Covid cases before and after peak death days

Lima vs. Eight Peruvian States (data combined)

Source: www.datosabiertos.gob.pe
Data Analyst: Juan Chamie @jjchamie



Ivermectin has also demonstrated itself to be a highly effective pre-exposure prophylaxis for the SARS-CoV-2 virus, or as Dr. Pierre Kory put it: **"If you are taking Ivermectin you will not contract COVID-19"**.

Access has been blocked to ICU pulmonary care specialist Dr. Pierre Kory's potentially life saving video on YouTube (below). Fortunately it can be accessed on BitChute at this link: <https://www.bitchute.com/video/oKd6wrjER8Lc/>

Ivermectin has also demonstrated itself to be up to 100% effective in early outpatient treatment of COVID-19 with a very impressive ability to rapidly reduce the viral load. Ivermectin has demonstrated its value in the hospitalized inpatient setting as well: **"The blood oxygen level of the first patient treated in early April was 70%, and dropped to just 50% within hours. After receiving the ivermectin, the patient stabilized within 24 hours and was discharged from the hospital in one week."** For treatment it is prescribed along with doxycyclene or azithromycin, zinc and quercetin, as well as vitamins and other supplements.

The world renowned Zelenko Protocol (or "COVID Cocktail") is another **\$20 COVID remedy**, that employs hydroxychloroquine (HCQ) taken along with a zinc supplement and Azithromycin or doxycyclene and **is effective up to 100% of the time when administered immediately upon the presentation of symptoms or clinical suspicion of COVID-19.** Hydroxychloroquine has a 65-year record of safety that the AAPS suggests demonstrates it to be safer than aspirin, Tylenol or Benadryl. **It is taken every day by millions of Americans - some over decades - for Lupus and rheumatoid arthritis, in the same dosage that the Zelenko Protocol prescribes over just seven days.** It is available over the counter in many countries, as it was in France for over 50 years, as it should be here in the U.S.

Both of the above mentioned under \$20 treatment protocols consist of pills that may be consumed at home, that are available and affordable around the world, and when taken on a timely basis are far superior in efficacy to expensive experimental new patented drugs.

Intravenously administered \$3,100-\$5,700 Remdesivir/Veklury (Gilead's material cost perhaps under \$10) for example, **is impractical outside of a monitored hospital setting, has questionable efficacy, and may be associated with negative side effects on the kidneys, liver and heart,** while the long term side effects are yet to be realized. **On November 20th the WHO issued a conditional recommendation against the use of Remdesivir,** then unsurprisingly just two days later the FDA did the opposite and formally approved it, even as the FDA continues to discourage the use of safe, proven, 99+% effective hydroxychloroquine or Ivermectin, as COVID remedies.

If you are counting on your doctor to treat you as compassionately and ethically as the doctors in the videos above you can pretty much forget that, so it's a good idea to inquire, plan and prepare ahead of time to assure **early treatment at home** to reduce the odds of winding up in the hospital, particularly since FAIR Health suggests **the average hospital bill** stuck to a COVID-19 patient **is around \$73,300.**

As of fall/winter the U.S. is experiencing a rise in deaths from COVID-19 (as well as flu), yet fatalities from COVID could likely be reduced by 90% or more, if our health care community took the ethical and humane (but less profitable) approach of effective early outpatient treatment with cheap, generic, up to 100% effective, off-patent drugs. Indeed if we adopted an immediate national obsession, of risk stratification and early treatment with proven protocols, we could theoretically reduce the number of COVID deaths by 95-100% within a few weeks.

Measures can be taken in advance of infection by the SARS-CoV-2 virus to better prepare our immune systems to inhibit its progression into COVID-19 disease. Zinc can equip our cells to

more effectively inhibit viral replication, and supplementation is of particular importance for the elderly who tend to be zinc deficient (which may be taken along with a zinc ionophore like quercetin or HCQ, plus vitamin C), while **vitamin D deficiency** is often associated with **poor COVID outcomes**. Researchers at Oregon State University estimate that **94% of people older than 4** in the United States **have less-than-adequate levels of vitamin D**. Ivermectin has demonstrated its value as a safe and effective prophylaxis for high-risk individuals. In the case of COVID-19, an ounce of prevention is worth a ton of cure, and could even determine the difference between life and death. Or, \$20 worth of prevention or outpatient treatment, is worth \$73,300 worth of iffy, dangerous and often partial, cure. There is a category in the forum dedicated to preparation and prevention at this link.

Why not compare treatment options and decide on your own preferences *in advance of infection*, then ask your doctor what he would prescribe and when he would prescribe it, if you or your elderly loved ones were to become symptomatic? The last thing you need is to be let down by a CYA doctor's tepid "standard of care" treatment proposal, and wind up having to doctor shop after you or your loved one gets sick, because **every day of delay reduces the chances of an anti-viral medication being its most effective**. For this same reason, it is ill-advised to wait for the result of an unreliable COVID test, before beginning treatment.

To "go home and isolate" is not a plan of action as much as a highway to hospitalization, while delays in treatment exponentially decrease the odds of survival, at least in the case of elderly or high-risk individuals. Even Tamiflu instructions say it needs to be taken within 2 days of the onset of symptoms. Humane physicians that are actually concerned about the welfare of their patients, model their care after competent clinicians like Dr. Zev Zelenko and Dr. Paul Marik of the I-MASK+ and MATH+ Protocols. Dr. Brian Tyson treated 1,700 elderly and high-risk patients with the "COVID Cocktail" - as early as possible after the onset of symptoms or clinical suspicion of COVID-19 - and enjoyed an outcome of zero deaths and only one hospitalization of four days, over those 1,700 patients.

The COVID-19 forum is a collection of video interviews and articles by *treating physicians* that detail their experiences in treating COVID-19 patients ever since February. There are also published works included, by and about world renowned microbiologists, virologists and epidemiologists, as well as studies that illustrate the effectiveness of various treatments. The information is presented to help the viewer decide on a personal plan of action and prepare their immune system in advance of infection to better cope with the SARS-CoV-2 virus, as well as to become familiar with treatments for COVID-19 that can best help their - particularly elderly or high-risk - loved ones.

Since we are not health care professionals or scientists we do not offer treatment advice, however we do look forward to meeting with you in the forum and directing you toward information from those who are and do, that may help with any questions you develop. Additionally we are more than open to and indeed would very much appreciate, correction and constructive criticism, down to the smallest detail of this page or any post in the covid-19forum.org.