

EXCERPS FROM THE INTERNET REGARDING THE TIMING OF SYMPTOMS RELATED TO COVID-19

According to experts, days 5 to 10 of your COVID isolation period can shed light on the likelihood of the complications you may suffer post COVID.

Initially, the first part (week 1) of the infection is a viral reaction, and hence, feels like a viral infection for most people. Only in the second phase (mostly week 2) does the inflammatory aspect kick into action.

Days 5-10 may be the time when most people suffer from a 'second wave' of symptoms, which can be more severe. In fact, what doctors are now observing is that more and more people are thronging hospitals with severe symptoms, pneumonia-like complications after taking the second week of infection casually.

However, for people who are likely to suffer from a nastier form of infection, days 5 to 10 are the ones when they will experience real problems. It can feel quite different from the initial days of infection. Doctors say, some patients can feel symptoms getting better, things balancing before they are hit by a wave of the second wave of symptoms. Experts are now warning patients to not be complacent in their recovery.

In some cases, younger patients who are likely to suffer from complications can see symptoms taking a turn for the worse after 12-14 days' time.

COVID isolation period should be treated with utmost caution. As in the initial days of infection, important vitals such as fever, pulse, oxygen saturation should be constantly monitored in the later days also. For those with a history of BP or diabetes, any flare-ups in the blood sugar and pressure levels should be checked as well.

Where we need to focus attention is that, in general, shortness of breath takes time to develop. As soon as someone starts reporting 'I had this illness ... and now I have new shortness of breath,' start watching their symptoms over the next 72 hours.

A person may have mild symptoms for about one week, then worsen rapidly. Let your doctor know if your symptoms quickly worsen over a short period of time.

From Edie: Of course, it is best to keep your body healthy all the time. Many of the below mentioned supplements should be taken regularly in order to maintain good health, not just crammed into the body when it falls into an infected state. As always, it is imperative to be sure to drink plenty of water (most suggest half your body weight in fluid ounces of good, clean water), rest plenty, eat whole, healthy foods. (limit processed foods, sugar and junk)

General Considerations

It is always best to check your Vitamin D levels as soon as possible. Underdosing and overdosing are both undesirable. In the meantime, the suggestions below can be considered.

Consider using a HEPA filter in the room with the sick individual and/or get fresh air in the room as much as possible.

Consider purchasing a volumetric exerciser to train breathing if needed. It also allows you to track lung function on the patient.

Consider purchasing a nebulizer for home use. There is a lot of info on the internet regarding the use of a food grade hydrogen peroxide solution, colloidal silver and other natural remedies to assist the body in clearing infection. Use your best discretion when seeking these websites.

Consider finding an MD who will prescribe Hydroxychloroquine, Ivermectin, or other proven antiviral. Both have been shown to help zinc enter the cell. Zinc inhibits RNA dependent RNA polymerase in vitro against SARS-CoV-2 virus. Natural products that help zinc enter cells are quercetin, flavonoids found in green tea and the antioxidant resveratrol.

In symptomatic patients, monitoring with home pulse oximetry is recommended (due to asymptomatic hypoxia). Multiple readings should be taken over the course of the day, and a downward trend should be regarded as ominous. Baseline or ambulatory desaturation < 94% should prompt hospital admission. Use the index or middle finger. Observe readings for 30–60 seconds to identify the most common value. Remove nail polish from the finger on which measurements are made. Warm cold extremities prior to measurement.

I included some information on the I-MASK+ Protocol at the end of this document. I have bolded and enlarged the vitamins in the article. There are contraindications to most vitamins so please discuss your particular health situation with your health professional. Please note there are over the counter medicines and prescription medicines included. I am not endorsing their use but simply including them because they are a part of the I-MASK+ protocol. This protocol is not widely accepted yet, but I felt it was a good place to start the discussion. Please use good sense in using any of the below mentioned items. Generally lower doses are suggested for promotion of health/prevention of infection, and the higher doses in the protocol are for treating active infection.

Most of the vitamins mentioned are available for purchase at our office in addition to an array of traditional herbs and oriental herbs for prevention and treatment of COVID-19.

In addition to the recommendations below, it has been noted that NAC dosed at 600 – 900 mg bid is helpful for the viral and inflammatory aspects of Covid-19. As NAC is helpful with general health by helping to produce antioxidants, taking 600 mg per day can be considered even when not ill.

1) Prophylactic/Prevention (I-MASK+ Protocol)

- **Vitamin D3 1000–3000 IU/day.** Note RDA (Recommended Daily Allowance) is 800–1000 IU/day. The safe upper-dose daily limit is likely < 4000 IU/day. Vitamin D insufficiency has been associated with an increased risk of acquiring COVID-19 and from dying from the disease. Vitamin D supplementation may therefore prove to be an effective and cheap intervention to lessen the impact of this disease. It is likely that the greatest benefit from vitamin D supplementation will occur in vitamin D insufficient individuals who take vitamin D prophylactically; once vitamin D insufficient individuals develop COVID-19 the benefits will likely be significantly less. This concept is supported by a recent study which demonstrated that residents of a long-term care facility who took vitamin D supplementation had a much lower risk of dying from COVID-19.

- **Vitamin C 500 mg BID (twice daily) and Quercetin 250 mg daily.** Vitamin C has important anti-inflammatory, antioxidant, and immune enhancing properties, including increased synthesis of type I interferons. Quercetin has direct viricidal properties against a range of viruses, including SARS-CoV-2, and is a potent antioxidant and anti-inflammatory agent. It should be noted that in vitro studies have demonstrated that quercetin and other flavonoids interfere with thyroid hormone synthesis at multiple steps in the synthetic pathway. The use of quercetin has rarely been associated with hypothyroidism. The clinical impact of this association may be limited to those individuals with pre-existent thyroid disease or those with sub-clinical hypothyroidism. In women high consumption of soya was associated with elevated TSH concentrations. The effect on thyroid function may be dose dependent, hence for chronic prophylactic use we suggest that the lowest dose be taken. Quercetin should be used with caution in patients with hypothyroidism and TSH levels should be monitored. It should also be noted quercetin may have important drug-drug interactions; the most important drug-drug interaction is with cyclosporin and tacrolimus. In patients taking these drugs it is best to avoid quercetin; if quercetin is taken cyclosporin and tacrolimus levels must be closely monitored.

- **Melatonin (slow release): Begin with 0.3 mg and increase as tolerated to 2 mg at night.** Melatonin has anti-inflammatory, antioxidant, immunomodulating and metabolic effects that are likely important in the mitigation of COVID-19 disease. It is intriguing to recognize that bats, the natural reservoir of coronavirus, have exceptionally high levels of melatonin, which may protect these animals from developing symptomatic disease.

- **Zinc 30–50 mg/day (elemental zinc).** Zinc is essential for innate and adaptive immunity. In addition, Zinc inhibits RNA dependent RNA polymerase in vitro against SARSCoV-2 virus.

- **B complex vitamins**

- Ivermectin (a prescription drug) for postexposure prophylaxis.

2) Symptomatic patients at home (I-MASK+ EARLY Treatment Protocol)

- Vitamin C 500 mg BID and Quercetin 250–500 mg BID See description above.

- Zinc 75–100 mg/day (elemental zinc) See description above.

- Melatonin 10 mg at night (the optimal dose is unknown) See description above.

- Vitamin D3 2000–4000 IU/day. See description above.

- B complex vitamins

- Optional: Vascepa (Ethyl eicosapentaenoic acid) 4g daily or Lovaza (EPA/DHA) 4g daily; alternative DHA/EPA 4g daily. Helpful with inflammation.

- ASA (aspirin) 81–325 mg/day (unless contraindicated). ASA has anti-inflammatory, antithrombotic, immunomodulatory and antiviral effects. Platelet activation plays a major role in propagating the prothrombotic state associated with COVID-19.

- Ivermectin (a prescription medication).
- Optional: Famotidine 40 mg BID (reduce dose in patients with renal dysfunction).
- Optional: Interferon- α/β s/c, nasal spray or inhalation. It should be noted that Zinc potentiates the effects of interferon.