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COVID-19 Treatment Protocol for Prophylaxis, Outpatient Therapy and Rehabilitation

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The co-authors would like to share their outpatient prophylaxis and early treatment protocol with thoughts on the rehabilitation of COVID-19 patients, as it has proven itself in the last months in 2020 in Switzerland in the outpatient and rehabilitative area in the work with numerous patients.

There is a wide overlap with proposals of the Frontline COVID-19 Critical Care Alliance (FLCCC) and the co-authors support their efforts [1]. From their experience they are convinced that one particular drug being repurposed to treat COVID-19 has remained almost completely overseen and clearly deserves immediate and broad attention by mainstream researchers and clinicians: it is low dose Naltrexone (LDN, see section II) as an "immunmodulatory agent" [2].

In the outpatient area, it has fortunately been possible for the co-authors to prevent any hospital admissions of positively tested patients on the basis of these protocols. A complementary approach to tackle complex health problems can augment the scope of traditional medicine and can ideally be taken in close cooperation of traditional and complementary caregivers as outlined in recent publications [3,4].

The co-authors see the following advantages in these recommendations, which have been tested in practice:

1. to achieve an active relief for the strained situation of hospitals in many parts of the world
2. to propose a treatment protocol that has low risk of side effects, can be easily implemented and has a low cost profile
3. to choose drugs that are available in most parts of the world
4. to offer an ambulatory rational treatment option meanwhile the initiated vaccinations will not yet be accessible for many people in 2021/22 for e.g. logistical or financial reasons, or will not be an option for people for health or other reasons and for younger people who will not be vaccinated as a priority group
5. to contribute to a decreased disease burden and hence to a relief of the macroeconomic and societal impact of the pandemia
6. to influence the perception of COVID-19 as a treatable disease in the outpatient setting, which may reduce mental health burden.

The following recommendations represent a basic therapy that should be reviewed and individualized by the treating physician:

Prophylaxis protocol

1. Zinc gluconate 50 - 70 mg daily
2. Vitamin C 1000-4000 mg daily or alternatively Oligomeric proanthocyanidins (OPC) grape seed extract as a source of antioxidant polyphenols [5]
3. Vitamin D3 4000 IU daily for a limited time [6]
4. Meteoreisen/Phosphor/Quarz Glob. 20 globules in the morning
5. Bryonia/Stannum cp. Glob. 15 globules morning and evening
6. or Bryonia C30, 3 globules once per week with Gelsemium C30 , 3 globules once per week
7. Quercetin-containing preparations (as zinc ionophore), 250 mg 2x daily, or Progesterone 100 mg in the evening as zinc ionophore.

Early outpatient protocol after positive testing

1. Zinc gluconate 70-100 mg daily
2. Vitamin C 2000- 4000 mg daily or alternatively OPC grape seed extract as a source of antioxidant polyphenols
3. Vitamin D3 4000 IU daily
4. Kalium aceticum cp. D3 Trit. 3x1 knife tip or aspirin 100 to 325 mg daily (if no contraindications)
5. Bryonia/Stannum cp Glob., Meteoreisen/Phosphor/Quarz Glob. or Bryonia C30/ Gelsemium C30 3 globules daily
6. Quercetin (250 mg 2x daily) or progesterone 100-200 mg daily as zinc ionophores [7].
7. Low Dose Naltrexone (LDN) 1 mg to 4.5 mg in the evening
8. Especially in high-risk patients: Ivermectin 0.2 mg/kg (1st and 3rd day) [8,9]

The physician should add or adjust this protocol as needed.

Rehabilitation protocol

1. Continuation of vitamin D/vitamin C/OPC administration.
2. Continuation/start of zinc gluconate and quercetin/progesterone as zinc ionophores if necessary.
3. Continuation of Low Dose Naltrexone (LDN) in the evening for 3 months. Ozone autologous blood therapy intravenous infusion, if technically possible [10]

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Detailed treatment protocols have also been developed for outpatient and inpatient rehabilitation settings for subsequent prolonged symptomatic disease, such as:

1. recurrent cough, dyspnea, shortness of breath, sore throat
2. gastrointestinal symptoms (persistent diarrhea, indigestion)
3. headache, muscle pain
4. consequences of circulatory disorders, thrombosis, embolism
5. cardiovascular disorders
6. neurological problems: persistent taste/smell/hearing disorders
7. wake/sleep disorders, stress-related depressive developments

Competing Interests

The authors declare that they have no competing interests.

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