

The indications which are presented below are the guidelines which physicians working at IppocrateOrg Call Centre are currently referring to when treating Covid-19 patients.

We want to emphasise that drugs and supplements and their dosage are to be considered as a mere indication. The treating physician must determine and prescribe the appropriate therapy for each patient.

So NEVER without a doctor!

IMPORTANT NOTICE!!!

Covid-19 is a complex syndrome for which a specific treatment has not been identified yet.

Our therapeutical approach is a personalised treatment, based on the available scientific evidence, on the biological plausibility and on each patient situation. The only purpose of this publication is not to give guidelines or therapeutical indications, but to open a dialogue between physicians to get a better treatment of the patients involved in this current pandemic.

All the published indications are for practitioners only.

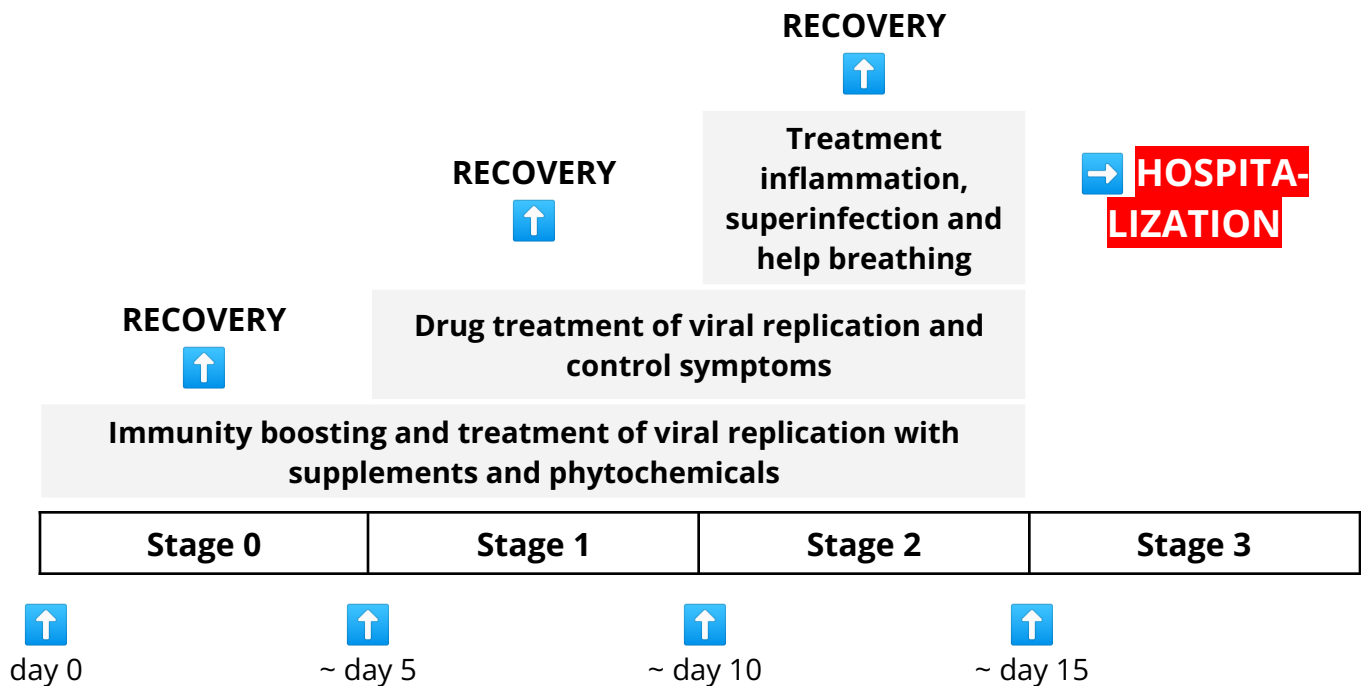
In order to get the best 'at home therapy' for outpatients, basic guidelines proposed (updated to 27th March 2021) by IppocrateOrg, consider the progression of the disease in 3 stages, as they are well known from the majority of clinicians:

STAGE	PATHOPHYSIOLOGY	CLINIC
STAGE 1 (Early Infection)	Virus replication	Flu-like symptoms (fever, joint and muscle pain, headache, weakness..)
STAGE 2 (Pulmonary Phase)	Lung complication	Cough, dyspnoea, polypnoea
		STAGE 2A W/out hypoxia
STAGE 3 (Hyperinflammation Phase)	Cytokine storm or hypercytokinemia	SARS, vasculitis, microembolism, microthrombosis, multi-organ failure

We define STAGE ZERO as a test-positive patient without symptoms. We suggest application of STAGE ZERO therapy to all close contacts.

The recovery from Covid is often very long. We propose the following treatments to shorten it.

Early treatment is the winning strategy



Contagion → PROGRESSION OF DISEASE

STAGE Zero

(Asymptomatic and test-positive patient)

DRUG	DOSAGE	CONTRAINDICATIONS
Vitamin D3	50.000 IU/day for 6 days (unless in prophylaxis) 10.000 IU./day for 6 days (unless in prophylaxis) And then 4.000 IU/day While eating a greasy meal (for example at lunch) Children: 200 IU/Kg/day (until negative test)	Severe Chronic Kidney Insufficiency (CKD) Hypercalcemia
Vitamin C	From 1 g/day, in consideration of formulation	Severe CKD, deficit G6PD
Zinc picolinate	30-50 mg/day	
Esperidine	100 mg/day	
Quercetin	Up to 250 mg x 2/day	
Lactoferrin	Up to 200 mg x 2/day	
Bromexine	8 mg x 3/day	
Pelargonium S.	> 12 y-o: 20 mg x 3/day for 7 days 6-12 y-o: 13 mg x 3/day for 7 days	Hemorrhagic diathesis F.E in patient in treatment with blood thinners
Suffumigation	3 times/day	
Hydrossitirosol and α-cyclodestrine	2-3 puffs x 3-4/day in the throat	

OTHER ACTIVE INGREDIENTS KNOWN FOR THEIR ANTIVIRAL ACTION

Vitamin A	Up to 30.000 IU/day	Pregnancy
Resveratrol	Up to 1000 mg/day	

The proper combination of medications from the list will be prescribed by the physician, according to the patient's needs and characteristics.

Our indication - in any case - is to prescribe:

- ✓ Vitamin D
- ✓ Zinc
- ✓ Vitamin C

which we recommend to be prescribed even in severe stages of the disease.

Hence if the patient is treated in stage 1 or 2, do not forget about prescribing these supplements in conjunction with the other drugs.



STAGE 1

(flu-like symptoms)

DRUG	DOSAGE	CONTRAINDICATIONS
ASA	Up to 100 mg/day till asymptomatic	
Ivermectine	0,2 mg/Kg of Body weight, maximum PC 18 mg 2 ^a dose after 48 hours 3 ^a dose (eventually) 48 hours after	
Hydroxychloroquine (HCQ)	200 mg x 2/day for 7 days	Arrhythmias, Retinopathy Def. G6PDH
Azithromycin OR Doxycycline	500 mg/day for 3 days, stop 2 days, then repeat 100 mg x 2/day for 7 days	LQTS
Colchicine	0.5 mg x 2/day for 14 days	Cardiac Insuff., CKD do not use with Clarithromicin



STAGE 2A

(lung complication without hypoxia)

DRUG	DOSAGE	CONTRAINDICATIONS
Montelukast	10 mg 2 hours after dinner for 14 days	
Amoxi/Clavulanic acid OR Other antibiotics	875 mg+125 mg x 3/day for 8-10 days In association with Azithromycin in case of superinfection	
Acetylcysteine	600 mg up to x 3/day fro 7 days	
Levodropropizine	60 mg as needed, up to x 3/day	

Enoxaparin	4.000 IU x 1-2/day for 10 days if weight < 70 Kg 6.000 IU x 1-2/day for 10 days if weight 70-100 Kg	Hemorrhagic diathesis Thrombocytopenia
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N.B.: Practitioner will evaluate if patient will need corticosteroid on therapy as in stage 2B.

It is advisable to do thoracic ecography and/or ct scan



STAGE 2B

(lung complication with hypoxia)

DRUG	DOSAGE	CONTRAINDICATIONS
O2-therapy	1-6 L/min if SpO2 < 92% in AA	
Enoxaparin	100 IU/Kg/12 hours	
Corticosteroids:	NEVER AT THE BEGINNING, but only at the end of the viral stage!! <ul style="list-style-type: none"> • for 6-7 days then diminish • better one morning dose • 2 doses if patient is suffering (always Deflazacort, for its fast action) 	Hypertension Hyperglycaemia ...
Dexamethasone OR Betamethasone OR Methylprednisolone OR Prednisone OR Deflazacort	6 mg/morning OR 3 mg x 2/day	<ul style="list-style-type: none"> • do not associate but use alternatively • associate gastroprot.
	8 mg/morning OR 4 mg x 2/day	
	32 mg/morning OR 16 mg x 2/day	
	40 mg/morning OR 20 mg x 2/day	
	30 mg x 2/day	
Antibiotics	According to practitioner's judgment	

In case **Oxygen > 6 L/min**

OR

SpO2 persistently < 92%



**HOSPITALISATION IS
MANDATORY**