Exhibit 113

COVID-19 Early Treatment: real-time analysis of 1,874 studies <u>https://c19early.com/</u>

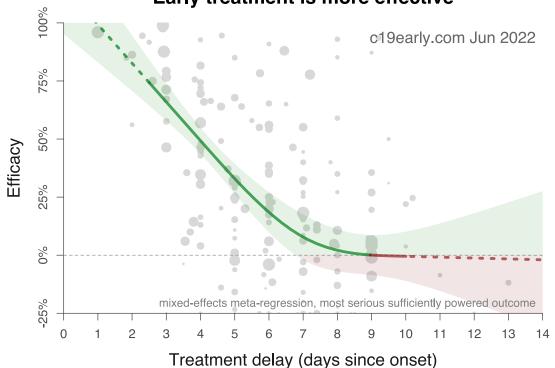
COVID-19 early treatment: real-time analysis of 1,874 studies

Analysis of 42 COVID early treatments, approvals in 72 countries, database of 841 treatments.

Search

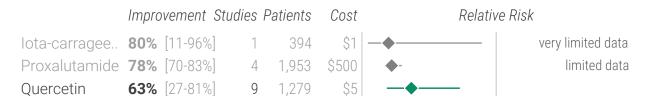
Treatments do not replace vaccines and other measures. All practical, effective, and safe means should be used. No treatment, vaccine, or intervention is 100% available and effective for all variants. Denying efficacy increases mortality, morbidity, and collateral damage.

RECENTLY ADDED	(MORE)
Alahmari	977 patients zinc late treatment: 30% shorter hospitalization [p<0.0001]
Botton	31,072,642 patients aspirin prophylaxis: 4% higher combined mortality/intubation
Li	Exercise meta analysis: 40% lower hospitalization [p<0.0001]
Mirahmadizade	h 261 patient ivermectin early treatment RCT: 67% lower ventilation [p=0.37], 46% lo
Karonova	110 patient vitamin D late treatment RCT: 86% lower ICU admission [p=0.11] and 7



Early treatment is more effective

All studies (pooled effects, all stages) c19early.com Jun 28, 2022



lvermectin	63%	- [54-70%]	88	132,948	\$1	-4	-			
Nigella Sativa	61 %	[40-75%]	7	1,977	\$5	-	—			
Casirivimab/i	60%	[42-73%]	21	47,101	\$2,100		▶—		variant dep	endent
Diet	59%	[38-73%]	10	585,652	\$0		♦—			
Bamlaniv/e	55%	[30-71%]	14	24,423	\$1,250	_	.		variant dep	endent
Povidone-lod	53 %	[37-65%]	13	2,749	\$1	-				
Vitamin A	50%	[-9-77%]	8	17,951	\$2		-			
Bromhexine	50%	[-8-77%]	6	684	\$5				— very limite	ed data
Melatonin	49 %	[33-62%]	16	14,009	\$1					
Paxlovid	49 %	[24-66%]	9	40,466	\$529	-		-	independent trial r	efused
Lactoferrin	48 %	[30-62%]	4	786	\$5		-			
Tixagev/c	47 %	[18-66%]	4	15,283	\$855	_			variant dep	endent
Ensitrelvir	45%	[19-63%]	1	28	\$500			_	very limite	ed data
Ensovibep	45%	[-276-92%]	2	400	\$2,100				very limite	d data
Curcumin	41 %	[32-49%]	18	1,858	\$5					
Exercise	40 %	[32-46%]	34	,464,632	\$0					
Budesonide	39 %	[23-52%]	8	9,951	\$4			-		
Vitamin D	38%	[31-45%]	82	114,052	\$1		•			
Colchicine	38%	[26-48%]	33	22,738	\$1					
Fluvoxamine	37 %	[-1-60%]	8	3,620	\$4					
Peg Lambda	35%	[-132-82%]	3	2,116	\$500				subcuta	aneous-
Sleep	35%	[20-48%]	7	1,636	\$0			_		
Nitazoxanide	34%	[-27-66%]	11	3,025	\$4	-				
Molnupiravir	32%	[5-52%]	11	14,747	\$707				mutagenic/terat	ogenic
Zinc	29 %	[16-40%]	32	35,459	\$1		-4	-		
Metformin	27 %	[20-33%]	39	118,536	\$10			•		
Favipiravir	26 %	[14-37%]	43	17,665	\$20		-	-		
Hydroxychlor	25 %	[21-29%]	347	458,192	\$1			•		
Antiandrogens	23%	[14-32%]	36	63,329	\$5			-		
N-acetylcys	23%	[11-33%]	13	24,349	\$1		_	—		
Probiotics	21 %	[10-31%]	16	17,535	\$5		-	—		
Vitamin C	19 %	[9-28%]	45	39,300	\$1			-		
Remdesivir	17%	[7-26%]	36	123,330	\$3,120			- •	intrav	venous
Sotrovimab	17%	[-71-59%]	б	9,729	\$2,100				variant dep	endent
Famotidine	15%	[4-25%]	23	76,267	\$5			-�-		
Aspirin	13 %	[7-19%]	47	129,616	\$1			•		
Conv. Plasma	-1%	[-15-12%]	14	15,607	\$5,000			-	•—	
Cannabidiol	-53%	[-616-68%]	3	1,153	\$25	_				ed data
Bebtelovimab	-151%	6014-90%] 1	380	\$1,200				intra	venous
					0	0.25	0.5 0.	75	1 1.25 1.5 1	.75 2+

Favors treatment Favors control

Random effects meta-analysis of all studies (pooled effects, all stages). Treatments with ≤3 studies with distinct authors or with <50 control events are shown in grey. Pooled results across all stages and outcomes depend on the distribution of stages and outcomes tested - for example late stage treatment may be less effective and if the majority of studies are late stage this may obscure the efficacy of early treatment. Please see the specific stage and outcome analyses. Protocols typically combine multiple treatments which may be complementary and synergistic, and the SOC in studies often includes other treatments.

Improvement Studies Patients Cost Relative Risk 400 \$2,100 -Ensovibep **89%** [-127-99%] 1 very limited data Nigella Sativa **83%** [51-94%] 4 967 \$5 limited data Budesonide **82%** [21-96%] very limited data 1 146 \$4 Bromhexine **79%** [28-94%] 2 \$5 very limited data 96 Vitamin A 79% [39-93%] 2 very limited data 240 \$2 Melatonin 78% [25-94%] 2 91 \$1 very limited data 1 \$5 very limited data Lactoferrin **76%** [-485-99%] 121 Remdesivir 76% [39-90%] 2 934 \$3,120 intravenous Vitamin D **74%** [45-88%] 7 16.914 \$1 Povidone-lod.. 72% [49-84%] \$1 limited data 8 1.078 Proxalutamide **71%** [-75-95%] very limited data 3 1.175 \$500 variant dependent Bamlaniv../e.. **69%** [40-84%] 17,980 \$1,250 8 2 357 \$5 very limited data Antiandrogens **68%** [41-83%] very limited data 1 \$1 Aspirin **67%** [-696-99%] Hydroxychlor.. 63% [53-70%] 38 56,773 \$1 Ivermectin **63%** [52-71%] 35 56,821 \$1 7inc 4 3,010 \$1 limited data **61%** [-16-87%] variant dependent Casirivimab/i.. 57% [32-73%] 15 31,102 \$2,100 55 \$5 -very limited data Famotidine **48%** [-32-80%] 1 Independent trial refused Paxlovid **47%** [11-68%] 7 33.552 \$529

Early treatment studies (pooled effects) c19early.com Jun 28, 2022

Curcumin

Ensitrelvir

Quaraatin

Molnupiravir

Fluvoxamine

46% [14-66%]

45% [19-63%]

44% [0-69%]

39% [-64-78%]

20% [.0.65%]

8

1

7

4

2

771

3.944

876

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ĊБ

\$500 \$707 limited data

very limited data

very limited data

very limited data

mutagenic/teratogenic

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Sotrovimab	38% [-94-80%]	5	9,369	\$2,100	•	variant dependent
Favipiravir	37% [6-58%]	12	9,844	\$20	\	limited data
Peg Lambda	35% [-132-82%]	3	2,116	\$500	•	subcutaneous
Probiotics	34% [21-45%]	3	673	\$5		limited data
Nitazoxanide	33% [-78-75%]	7	2,469	\$4		
Metformin	27% [-94-72%]	1	418	\$10		very limited data
Vitamin C	22% [-78-65%]	4	445	\$1		
N-acetylcys	21% [1-37%]	2	416	\$1		very limited data
Tixagev/c	0% [-207-68%]	1	903	\$855		
Conv. Plasma	-93% [-687-53%]	3	716	\$5,000		very limited data-
Bebtelovimab	-151% [-6014-90%]	1	380	\$1,200		intravenous
				0	0.25 0.5 0.75 1	1.25 1.5 1.75 2+
				I	Favors treatment	Favors control

Random effects meta-analysis of early treatment studies (pooled effects). Treatments with ≤3 studies with distinct authors or with <50 control events are shown in grey. Pooled results across all outcomes are affected by the distribution of outcomes tested, please see detail pages for specific outcome analysis. Protocols typically combine multiple treatments which may be complementary and synergistic, and the SOC in studies often includes other treatments.

All mortal	ity results (c19early.com Jun 28, 2022			
	Improvement Stu	dies	Patients	Cost	Relative Risk
Ensovibep	89% [-127-99%]	1	400	\$2,100	- very limited data
Lactoferrin	79% [-48-97%]	1	547	\$5	
Nigella Sativa	79% [35-93%]	3	1,113	\$5	Iimited data
Proxalutamide	78% [70-83%]	4	1,953	\$500	◆- limited data
Bromhexine	77% [-39-96%]	3	550	\$5	
Povidone-lod	72% [8-92%]	2	872	\$1	
Peg Lambda	72% [-149-97%]	1	1,936	\$500	
Paxlovid	64% [7-86%]	5	8,173	\$529	
Vitamin A	63% [-246-96%]	4	267	\$2	→
Curcumin	61% [29-79%]	6	605	\$5	
Quercetin	59% [-55-89%]	4	683	\$5	limited data
Probiotics	59% [29-77%]	5	889	\$5	
Bamlaniv/e	56% [5-80%]	10	22,988	\$1,250	variant dependent
Melatonin	54% [26-72%]	8	1,828	\$1	

. .

Casirivimab/i	53% [15-74%]	8	32,929	\$2,100	
Tixagev/c	52% [-9-79%]	3	14,162	\$855	variant dependent
Ivermectin	51% [37-62%]	46	119,844	\$1	
Molnupiravir	46% [-74-83%]	4	12,413	\$707	
Exercise	44% [34-52%]	13	,437,929	\$0	
Sleep	43% [10-64%]	1	0	\$0	
Nitazoxanide	41% [-30-73%]	5	1,372	\$4	Iimited data
Colchicine	39% [26-51%]	28	21,010	\$1	
Budesonide	38% [20-53%]	6	2,786	\$4	
Fluvoxamine	38% [-17-67%]	4	2,744	\$4	
Vitamin D	37% [25-47%]	47	33,014	\$1	
Metformin	33% [25-40%]	31	74,262	\$10	· • -
Antiandrogens	31% [11-46%]	25	59,469	\$5	_\
N-acetylcys	29% [1-49%]	9	23,887	\$1	
Vitamin C	28% [12-41%]	29	19,267	\$1	
Zinc	27% [5-44%]	16	12,413	\$1	
Sotrovimab	25% [-39-60%]	5	8,801	\$2,100	
Diet	25% [-60-64%]	2	281,639	\$0	
Hydroxychlor	21% [16-26%]	213	326,057	\$1	•
Remdesivir	19% [10-27%]	33	122,149	\$3,120	- - intravenous
Famotidine	17% [4-29%]	16	70,199	\$5	-•-
Aspirin	13% [6-19%]	41	115,907	\$1	· •
Favipiravir	11% [-10-28%]	22	13,847	\$20	
Conv. Plasma	-1% [-15-12%]	14	15,607	\$5,000	
Bebtelovimab	-151% [-6014-90%] 1	380	\$1,200	intravenous
Cannabidiol	-181% [-6584%]	1	0	\$25	very limited data
				0	0.25 0.5 0.75 1 1.25 1.5 1.75 2+
				F	Favors treatment Favors control

Favors treatment Favors control

Random effects meta-analysis of all mortality results (all stages). Treatments with ≤3 studies with distinct authors or with <25 control events are shown in grey. Pooled results across all stages depend on the distribution of stages tested - for example late stage treatment may be less effective and if the majority of studies are late stage this may obscure the efficacy of early treatment. Please see the specific stage analyses. Protocols typically combine multiple treatments which may be complementary and synergistic, and the SOC in studies often includes other treatments.

Early treatment mortality results c19early.com Jun 28, 2022

	Improvement Stud	lies	Patients	Cost	Relative Risk
Bromhexine	91% [-59-99%]	1	78	\$5	- very limited data
Ensovibep	89% [-127-99%]	1	400	\$2,100	
Povidone-lod	88% [50-97%]	1	606	\$1	- very limited data
Nigella Sativa	87% [51-96%]	2	732	\$5	- limited data
Molnupiravir	86% [22-98%]	2	1,610	\$707	- mutagenic/teratogenic
Vitamin A	86% [39-97%]	1	140	\$2	- very limited data
Curcumin	84% [39-96%]	2	314	\$5	- ♦ ─── limited data
Quercetin	79% [-82-98%]	2	194	\$5	
Casirivimab/i	78% [8-95%]	5	19,991	\$2,100	→ variant dependent
Vitamin D	76% [37-91%]	4	16,466	\$1	limited data
Bamlaniv/e	72% [24-90%]	б	17,827	\$1,250	
Peg Lambda	72% [-149-97%]	1	1,936	\$500	
Hydroxychlor	72% [57-81%]	15	52,740	\$1	
Proxalutamide	71% [-75-95%]	3	1,175	\$500	
Paxlovid	68% [-71-94%]	4	3,230	\$529	
Sotrovimab	67% [-7-90%]	4	8,441	\$2,100	variant dependent
Probiotics	67% [-716-99%]	1	350	\$5	
Remdesivir	66% [4-88%]	1	372	\$3,120	
Zinc	55% [36-67%]	2	2,546	\$1	limited data
Favipiravir	45% [-48-79%]	3	8,678	\$20	Iimited data
Ivermectin	42% [14-60%]	13	54,284	\$1	
Nitazoxanide	41% [-1278-98%]	2	873	\$4	
Metformin	27% [-94-72%]	1	418	\$10	very limited data
Tixagev/c	0% [-207-68%]	1	903	\$855	
Conv. Plasma	-93% [-687-53%]	3	716	\$5,000	very limited data-
Bebtelovimab	-151% [-6014-90%]	1	380	\$1,200	intravenous
Vitamin C	-204% [-7189-87%]	1	98	\$1	very limited data
				C	0 0.25 0.5 0.75 1 1.25 1.5 1.75 2+
					Favors treatment Favors control

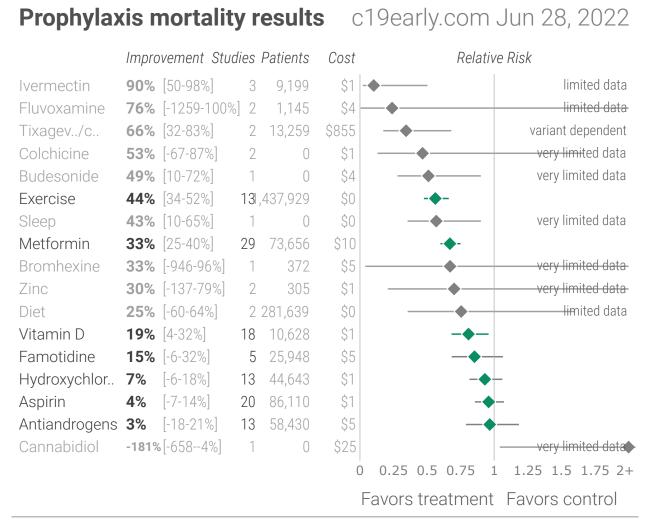
Random effects meta-analysis of early treatment mortality results. Treatments with \leq 3 studies with distinct authors or with <25 control events are shown in grey. Protocols typically combine multiple treatments which may be complementary and synergistic, and the SOC in studies often includes other treatments.

Prophylaxis studies (pooled effects) c19early.com Jun 28, 2022

	Improvement Stu	ıdies	Patients	Cost	Relative Risk
Quercetin	93% [73-98%]	3	346	\$5 ·	♦── very limited data
Casirivimab/i	93% [79-97%]	3	3,061	\$2,100	♦— variant dependent
Ivermectin	83% [74-89%]	16	19,365	\$1	· ◆ -
lota-carragee	80% [22-95%]	1	394	\$1	
Fluvoxamine	76% [-1259-100 [°]	%] 2	1,145	\$4 -	Iimited data
Bromhexine	65% [-212-96%]	2	422	\$5	
Diet	59% [38-73%]	10	585,652	\$0	-\equiv
Bamlaniv/e	57% [33-72%]	1	965	\$1,250	
Tixagev/c	51% [26-68%]	3	14,380	\$855	
Vitamin A	49% [1-73%]	3	17,584	\$2	Iimited data
Nigella Sativa	46% [-35-78%]	2	629	\$5	Iimited data
Povidone-lod	45% [20-62%]	1	1,354	\$1	
Curcumin	42% [-132-86%]	1	253	\$5	
Budesonide	41% [15-59%]	2	7,019	\$4	
Exercise	40% [32-46%]	34	,464,632	\$0	· • -
Melatonin	38% [-6-64%]	3	11,986	\$1	Iimited data
Paxlovid	37% [-0-60%]	1	1,971	\$529	independent trial refused
Zinc	36% [5-57%]	12	20,928	\$1	
Sleep	35% [20-48%]	7	1,636	\$0	-•
Hydroxychlor	31% [21-41%]	72	154,248	\$1	
Vitamin D	31% [22-39%]	45	90,800	\$1	
Probiotics	31% [-5-55%]	5	15,597	\$5	— •—
Metformin	26% [20-32%]	37	117,930	\$10	•••
N-acetylcys	26% [20-32%]	1	0	\$1	very limited data
Colchicine	26% [-166-79%]	3	1,278	\$1	very limited data
Famotidine	13% [0-24%]	9	28,827	\$5	-•-
Antiandrogens	8% [-1-17%]	20	61,661	\$5	
Aspirin	7% [-2-16%]	24	99,472	\$1	
Vitamin C	-3% [-22-13%]	8	19,347	\$1	
Cannabidiol	-12% [-503-79%]	2	1,062	\$25	limited data
				0	0.25 0.5 0.75 1 1.25 1.5 1.75 2+
				F	Favors treatment Favors control

Random effects meta-analysis of prophylaxis studies (pooled effects). Treatments with ≤3 studies with distinct authors or with <50 control events are shown in grey. Pooled results across all outcomes are affected by the distribution of outcomes tested, please

see detail pages for specific outcome analysis. Protocols typically combine multiple treatments which may be complementary and synergistic, and the SOC in studies often includes other treatments.



Random effects meta-analysis of prophylaxis mortality results. Treatments with ≤3 studies with distinct authors or with <25 control events are shown in grey. Protocols typically combine multiple treatments which may be complementary and synergistic, and the SOC in studies often includes other treatments.

LATE TREATMENT								
Location	Patients	Hospitalization		Mortality				
Brazil	2,200	38.6% (850)	Ref.	2.5% (54)	Ref.			
EARLY TREATMENT - 32 physicians/teams								
Location	Patients	Hospitalization	Improvement	Mortality	Improvemen			
	Brazil EARLY TREATM	Brazil 2,200 EARLY TREATMENT - 32 p	Brazil 2,200 38.6% (850) EARLY TREATMENT - 32 physicians/teams	Brazil2,20038.6% (850)Ref.EARLY TREATMENT - 32 physicians/teams	Brazil 2,200 38.6% (850) Ref. 2.5% (54) EARLY TREATMENT - 32 physicians/teams			

Dr. Roberto Alfonso Accinelli 0/360 deaths for treatment within 3 days	Peru	1,265			0.6% (7)	77.5%
Dr. Mohammed Tarek Alam patients up to 84 years old	Bangladesh	100			0.0% (0)	100.0%
Dr. Oluwagbenga Alonge	Nigeria	310			0.0% (0)	100.0%
Dr. Raja Bhattacharya up to 88yo, 81% comorbidities	India	148			1.4% (2)	44.9%
Dr. Flavio Cadegiani	Brazil	3,450	0.1% (4)	99.7%	0.0% (0)	100.0%
Dr. Alessandro Capucci	Italy	350	4.6% (16)	88.2%		
Dr. Shankara Chetty	South Africa	8,000			0.0% (0)	100.0%
Dr. Deborah Chisholm	USA	100			0.0% (0)	100.0%
Dr. Ryan Cole	USA	400	0.0% (0)	100.0%	0.0% (0)	100.0%
Dr. Marco Cosentino vs. 3-3.8% mortality during period; earlier treatment better	Italy	392	6.4% (25)	83.5%	0.3% (1)	89.6%
Dr. Jeff Davis	USA	6,000			0.0% (0)	100.0%
Dr. Dhanajay	India	500			0.0% (0)	100.0%
Dr. Bryan Tyson & Dr. George Fareed	USA	4,375	0.2% (9)	99.5%	0.1% (3)	97.2%
Dr. Heather Gessling	USA	1,500			0.1% (1)	97.3%
Dr. Ellen Guimarães	Brazil	500	1.6% (8)	95.9%	0.4% (2)	83.7%
Dr. Syed Haider	USA	4,000	0.1% (5)	99.7%	0.0% (0)	100.0%
Dr. Mark Hancock	USA	24			0.0% (0)	100.0%
Dr. Mollie James	USA	3,500	1.1% (40)	97.0%	0.0% (1)	98.8%
Dr. Roberta Lacerda	Brazil	550	1.5% (8)	96.2%	0.4% (2)	85.2%
Dr. Ben Marble	USA	150,000			0.0% (4)	99.9%
Dr. Edimilson Migowski	Brazil	2,000	0.3% (7)	99.1%	0.1% (2)	95.9%
Dr. Abdulrahman Mohana	Saudi Arabia	2,733			0.0% (0)	100.0%
Dr. Carlos Nigro	Brazil	5,000	0.9% (45)	97.7%	0.5% (23)	81.3%
Dr. Benoit Ochs	Luxembourg	800			0.0% (0)	100.0%
Dr. Valerio Pascua one death for a patient presenting on the 5th day in need of supplemental oxygen	Honduras	415	6.3% (26)	83.8%	0.2% (1)	90.2%
Dr. Brian Proctor	USA	869	2.3% (20)	94.0%	0.2% (2)	90.6%
Dr. Anastacio Queiroz	Brazil	700			0.0% (0)	100.0%
Dr. Didier Raoult	France	8,315	2.6% (214)	93.3%	0.1% (5)	97.6%
Dr. Karin Ried up to 99yo, 73% comorbidities, av. age 63	Turkey	237			0.4% (1)	82.8%
Dr. Roman Rozencwaig patients up to 86 years old	Canada	80			0.0% (0)	100.0%

Dr. Vipul Shah	India	8,000			0.1% (5)	97.5%
Dr. Vladimir Zelenko	USA	2,200	0.5% (12)	98.6%	0.1% (2)	96.3%
Mean improvement with early treatment protocols		219,013	Hospitalization	95.1%	Mortality	93.7%

Physician results with early treatment protocols compared to no early treatment. A more detailed analysis requires information on the patient populations, however results are consistent with the extensive controlled trial evidence that shows a significant reduction in risk with many early treatments, and improved results with the use of multiple treatments in combination.

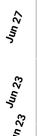
Treatment	lmprovement (early)	Studies (early) China India USA USA Pakistan Pakistan Bangladesh Russia Bangladesh Russia Philippines Egypt Vietnam DR Congo Germany Iran Thailand United Kingdom France
Budesonide	82%	1
Remdesivir	76%	2
Vitamin D	74%	7
Proxalutamide	71%	3
Bamlaniv/e	69%	8
Hydroxychlor	63%	38
Ivermectin	63%	35
Zinc	61%	4
Casirivimab/i	57%	15
Paxlovid	47%	7
Molnupiravir	44%	7
Fluvoxamine	39%	4
Sotrovimab	38%	5
Favipiravir	37%	12
Vitamin C	22%	4

Early treatments approved by >2 countries. 72 countries have officially approved treatments. Details.

ZINC	
Alahmari	977 patients late treatment: 30% shorter hospitalization [p<0.0001]
Stambouli	115 patient prophylaxis RCT: 68% fewer symptomatic cases [p=0.36], 5% f
Kumar	192 patient early treatment RCT: 89% improved recovery [p=0.05]
ASPIRIN	
Botton	31,072,642 patients prophylaxis: 4% higher combined mortality/intubation
Santoro	7,824 patients late treatment PSM: 38% lower mortality [p=0.02]
Formiga	20,641 patients prophylaxis PSM: 3% higher mortality [p=0.48], 3% higher v
EXERCISE	
Li	Meta analysis: 40% lower hospitalization [p<0.0001]

MERIMERAUNIzad Popp Rezai Rezai Williams Naggie	261 patient early treatment RCT: 67% lower ventilation [p=0.37], 46% lower Incorrect meta analysis. Authors originally wrote a highly biased meta anal 609 patient late treatment RCT: 31% lower mortality [p=0.36], 50% lower v 549 patient early treatment RCT: 9% higher ICU admission [p=0.95], 36% hi <i>In Vitro</i> analysis of ivermectin from 11 different sources showing highly va 1,591 patient late treatment RCT: 5% higher hospitalization [p=1], 68% low					
VITAMIN D						
Karonova	110 patient late treatment RCT: 86% lower ICU admission [p=0.11] and 7% \ldots					
FAVIPIRAVIR						
McMahon	199 patient early treatment RCT: 1% higher need for oxygen therapy $[p=1]$					
Sirijatuphat	93 patient early treatment RCT: 64% faster improvement [p=0.0005], 43% I					
SOTROVIMAB						
Aggarwal	30,247 patients early treatment: 38% lower mortality [p=0.62], 18% lower h					
PAXLOVID						
Dryden-Peters	30,322 patients early treatment: 45% lower hospitalization [p=0.002]					
Pfizer	1,145 patient early treatment RCT: 86% lower ICU admission [p=0.12] and					
Najjar-Debbiny 180,351 patients early treatment: 46% lower severe cases [p=0.000						
Arbel	109,213 patients early treatment: 81% lower mortality [p=0.02] and 67% lo					
DIET						
Jagielski	95 patients: 82% fewer cases [p=0.005]					
TIXAGEVIMAB/CILG	TIXAGEVIMAB/CILGAVIMAB					
Montgomery	903 patient early treatment RCT: no change in mortality [p=1], 50% lower s					
CURCUMIN						
Askari	Small RCT 46 outpatients in Iran, 23 treated with curcimin-piperine, showi					
HCQ						
Tu	180 patients late treatment: 17% lower mortality [p=0.81]					

Recent studies (see the individual treatment pages for all studies):



LateAlahmari et al., ...hosp. time, \$\$\fractors Associated with Length of Hospital St...DetailsRetrospective 977 hospitalized patients in Saudi Arabia, showing significantly shorter hospit...

MetaLi et al., medRxi...hosp., 140.0%, p<0.0C</th>Association of physical activity and the risk of ...DetailsMeta analysis of 17 studies, showing a dose-response relationship with higher levels of phy...

٩	Early Details	<i>Mirahmadizad</i> ventilation, 166.9%, p <i>Efficacy of single-dose and double-dose iverm</i> RCT with 131 24mg ivermectin, 130 12mg ivermectin, and 130 placebo patients, showing no	
Jun 23	Late Details	Karonova et al.,ICU, 185.9%, p=0.11Effect of Cholecalciferol Supplementation on tRCT with 56 cholecalciferol and 54 control hospitalized patients with vitamin D insufficiency	
Jun 22	Late Details	Santoro et al., J death, 138.0%, p=0.02 Aspirin Therapy on Prophylactic Anticoagulatio HOPE-COVID-19 PSM retrospective 7,824 patients, comparing prophylactic anticoagulation	
Jun 21	Meta Details	Popp et al., Cocmeta-analysisIvermectin for preventing and treating COVID-19Incorrect meta analysis. Authors originally wrote a highly biased meta analysis that avoided	
Jun 78	Early Details	Aggarwal et al.,death, \$38.0%, p=0.62Change in Effectiveness of Sotrovimab for PreRetrospective 30,247 outpatients in the USA, showing no significant differences with sotrovi	
<1 unr	PrEP Details	Botton et al., R death/int., 14.0% , p=0 No association of low-dose aspirin with severe Retrospective 31 million people without cardiovascular disease in France, showing no signifi	
LL UN	PrEP Details	Stambouli et alsymp. case, 168.4%, COVID-19 prophylaxis with Doxycycline and ZiProphylaxis RCT with 59 zinc + doxycycline, 56 doxycycline, and 57 placebo healthcare work	
9L UN	Early Details	Dryden-Peterso hosp., 145.0% , p=0.0(<i>Nirmatrelvir plus ritonavir for early COVID-19 a</i> IPW retrospective 30,322 age 50+ outpatients in the USA, showing lower hospitalization with	
Jun 76	Early Details	Rezai et al., Fro death, 14.9% , p=1.00 Non-effectiveness of Ivermectin on Inpatients RCT 549 low risk outpatients in Iran. Reported outcomes are very different from the pre-spe	
Jun 14	Early Details	McMahon et al oxygen, 1.0% , p=1.0(<i>Favipiravir in Early Symptomatic COVID-19, A R</i> RCT with 99 favipiravir and 100 placebo patients in Australia, all except one being outpatient	
Jun 14	In Vit Details	Williams, T., DoIn VitroNot All Ivermectin Is Created Equal: ComparingIn Vitro analysis of ivermectin from 11 different sources showing highly variable antiparasiti	
Jun 74	Early Details	<i>Pfizer Press Re</i> death, ↓66.8%, p=0.5(<i>Pfizer announces additional phase 2/3 study r</i> EPIC-SR update reporting that the primary endpoint was not met. Minimal details are provid	
2L UN	Late Details	Naggie, S., meddeath, \uparrow 194.7%, p=1.(Ivermectin for Treatment of Mild-to-ModerateRCT low-risk outpatients with very late treatment (median 6 days, 25% \geq 8 days) in the USA,	
21 nn 12	Early Details	Angkasekwinai et al., Antibiotics, doi:10 Safety and Efficacy of Ivermectin for the Preve Low-risk RCT in Thailand with zero mortality, reporting no significant differences with the ad	
C			

JL,	News Details	<i>Cadegiani</i> , F. (N Details on the censors	news ship of .	Frontiers Fraudulent Retraction
Jun 8	Early Details	<i>Sirijatuphat</i> et RCT 93 patients in Th		Early Treatment of Favipiravir in COVID-19 Pati antly faster clinical improvement with favipiravir
Jun >	Early Details	<i>Montgomery</i> et RCT 910 outpatients i	-	Efficacy and safety of intramuscular administr with tixagevimab/cilgavimab, showing significa
Jun 6	Early Details	<i>Askari</i> et al., Tri Small RCT 46 outpatio		The efficacy of curcumin-piperine co-suppleme vith curcimin-piperine, showing no significant di
2 Un	Early Details	Najjar-Debbiny Retrospective 180,35		Effectiveness of Paxlovid in Reducing Severe C 7 treated with paxlovid, showing significantly lo
Jun 2	Late Details	<i>Cecconi</i> et al., RCT 240 hospitalized		Efficacy of short-course colchicine treatment i pneumonia, mean 9 days from the onset of sy
Jun 1	Early Details	<i>Arbel</i> et al., Res Retrospective 109,213		Oral Nirmatrelvir and Severe Covid-19 Outcom I treated with nirmatrelvir, showing lower mort
May 37	Early Details	Annweiler et al RCT comparing single		High-dose versus standard-dose vitamin D sup ngle dose 50,000IU vitamin D in France, showin
May 30	Early Details	<i>Kumar</i> et al., C RCT 260 patients in Ir		Efficacy and Safety of Aspirin, Promethazine, a pirin, promethazine, vitamin C, D, B3, zinc, and
May 29	PrEP Details	<i>Young-Xu</i> et al., PSM retrospective 1,8		Tixagevimab/Cilgavimab for Prevention of CO ed patients given tixagevimab/cilgavimab prop

We aim to cover the most promising early treatments for COVID-19. We use pre-specified effect extraction criteria that prioritizes more serious outcomes, for details see <u>methods</u>. For specific outcomes and different treatment stages see the individual pages. Not all treatments are covered here, effectiveness has been reported for <u>many other treatments in studies</u>. Of the 1,874 studies, 1,259 present results comparing with a control group, 1,133 are treatment studies, and 126 analyze outcomes based on serum levels. There are 25 animal studies, 52 *in silico* studies, 101 *in vitro* studies, and 99 meta analyses.