

# **DR VLADIMIR ZELENKO**

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## **TREATMENT PROTOCOL**

### **Fundamental Principles**

Treat patients based on clinical suspicion as soon as possible, preferably within the first 5 days of symptoms. Perform PCR testing, but do not withhold treatment pending results.

### **Risk Stratify Patients**

- Low risk patient - Younger than 45, no comorbidities, and clinically stable
- High risk patient - Older than 45, younger than 45 with comorbidities, or clinically unstable

### **Treatment Options**

#### **Low risk patients**

- Supportive care with fluids, fever control, and rest
- Elemental Zinc 50mg 1 time a day for 7 days
- Vitamin C 1000mg 1 time a day for 7 days
- Vitamin D3 5000iu 1 time a day for 7 days

#### **Optional over the counter options**

- Quercetin 500mg 2 times a day for 7 days or
- Epigallocatechin-gallate (EGCG) 400mg 1 time a day for 7 days

#### **Moderate / High risk patients**

- Elemental Zinc 50-100mg once a day for 7 days
- Vitamin C 1000mg 1 time a day for 7 days
- Vitamin D3 10000iu once a day for 7 days or 50000iu once a day for 1-2 days
- Azithromycin 500mg 1 time a day for 5 days or
- Doxycycline 100mg 2 times a day for 7 days
- Hydroxychloroquine (HCQ) 200mg 2 times a day for 5-7 days and/or
- Ivermectin 0.4-0.5mg/kg/day for 5-7 days Either or both HCQ and IVM can be used, and if one only, the second agent may be added after about 2 days of treatment if obvious recovery has not yet been observed etc.

#### **Treatment Options**

- Dexamethasone 6-12mg 1 time a day for 7 days or
- Prednisone 20mg twice a day for 7 days, taper as needed
- Budesonide 1mg/2cc solution via nebulizer twice a day for 7 days
- Blood thinners (i.e. Lovenox, Eliquis, Xarelto, Pradaxa, Aspirin)
- Colchicine 0.6mg 2-3 times a day for 5-7 days
- Monoclonal antibodies
- Home IV fluids and oxygen

## **TRY TO KEEP PATIENTS OUT OF THE HOSPITAL**

- <https://www.sciencedirect.com/science/article/pii/S0924857920304258>
- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7365891/>
- <https://pubs.acs.org/doi/10.1021/jf5014633>
- <https://vdm-meta.com/>
- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7318306/>
- <https://pubs.acs.org/doi/10.1021/jf5014633>
- <https://www.sciencedirect.com/science/article/pii/S0924857920304258>
- <https://ivm-meta.com/>
- <https://www.nejm.org/doi/full/10.1056/NEJMoa2021436>
- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7392554/>
- <https://www.medrxiv.org/content/10.1101/2021.01.26.21250494v1>

### **PROPHYLAXIS PROTOCOL**

Prophylaxis is an action taken to prevent or protect against a specified disease. Greek in origin, from the word "phylax", meaning "to guard" and "watching."

#### **Low Risk Patients**

Young healthy people do not need prophylaxis against Covid 19. In young and healthy people, this infection causes mild cold-like symptoms. It is advantageous for these patients to be exposed to Covid-19, build up their antibodies and have their immune system clear the virus. This will facilitate the development of herd immunity and help prevent future Covid-19 pandemics. However, if these patients desire prophylaxis against Covid-19, then they should take the protocol noted below.

#### **High Risk Patients**

Patients are considered high risk if they are over the age of 45, or if they are younger than 45 but they have comorbidities, that is, they have other health conditions that put them at risk. These patients have between a 5 to 10% mortality rate if they are infected with Covid-19. These patients should be strongly encouraged to take prophylaxis against Covid-19 in accordance with the protocol noted below.

#### **Protocol for Low and Moderate Risk Patients:**

Elemental Zinc 25mg 1 time a day Vitamin D3 5000iu 1 time a day Vitamin C 1000mg 1 time a day Quercetin 500mg 1 time a day until a safe and efficacious vaccine becomes available If Quercetin is unavailable, then use Epigallocatechin-gallate (EGCG) 400mg 1 time a day.

#### **Protocol for High Risk Patients:**

Elemental Zinc 25mg once a day Vitamin D3 5000iu 1 time a day Hydroxychloroquine (HCQ) 200mg 1 time a day for 5 days, then 1 time a week until a safe and efficacious vaccine becomes available If HCQ is unavailable, then use the Protocol for Low and Moderate Risk Patients.

- <https://Www.Ncbi.Nlm.Nih.Gov/Pmc/Articles/PMC7365891/>
- <https://Www.Ncbi.Nlm.Nih.Gov/Pmc/Articles/PMC7318306/>
- <https://Pubs.Acs.Org/Doi/10.1021/Jf5014633>
- <https://Www.Preprints.Org/Manuscript/202007.0025/V1>