

## DR CHETTY'S 8TH DAY THERAPY FOR COVID-19

This one-pager summarizes the therapy adopted by Dr Shankara Chetty, from South Africa, to help prevent COVID-19 from progressing towards severe disease. The document focuses on the 8th day onwards of COVID-19, i.e. the inflammatory phase. It does not cover the initial viral phase, for which early treatment protocols already exist and can be prescribed before. The document is for information only, not for therapeutic advice. If you catch COVID-19, please seek immediate medical help.

The 8th Day Therapy aims at mitigating a possible hypersensitivity reaction, that can trigger an inappropriate immune response, including a possible subsequent cytokine storm. This transition from the initial viral phase typically occurs on Day 8 after the first symptoms. It's essential for the treating physician to establish as precisely as possible the first day of symptoms, to alert the patient of the date when a possible sudden aggravation of symptoms may occur. Shortness of breath is typically associated with this aggravation.

The 8th Day Therapy encompasses 4 distinct interventions. They sometimes follow a previously prescribed early treatment protocol. Possible drug interactions need to be carefully assessed.

### **Intervention #1: Corticosteroids**

**Goal:** To stop the hypersensitivity reaction, to stop the release of mediators and to prevent an inappropriate immune response, including a possible subsequent cytokine storm.

**Medication:** Prednisone 80mg dly x 1 week.

*Note: Increase dose rapidly to get symptomatic relief quickly. CRP and IL6 values must show quick decline. Dose will vary according to variants and severity of reaction. Can go as high as 100mg tds for first few days. Wean off cautiously when CRP and IL6 are normal or patient is well for a few days. Those with prolonged reactions are difficult to wean, so consider adding Azathioprine 50mg dly to decrease steroid requirements.*

### **Intervention #2: Anti-histamines**

**Goal:** To clear the histamines that have been released.

**Medications:**

H1: Promethazine 25mg tds x 5 days or Levocetirizine 5mg bd x 1 month to follow Promethazine

H2: Cimetidine 400mg x 1 month or another H2 blocker

Other anti-histamine drugs can be suitable

### **Intervention #3: Anti-leukotrienes**

**Goal:** To clear the leukotrienes that have been released.

**Medication:** Montelukast 10mg bd x 5 days then dly x 1 month

### **Intervention #4: Blood Thinners**

**Goal:** to clear platelet activating factors

**Medications:**

Aspirin 325 mg dly x 1 month.

Add Xarelto 15 mg bd if D.Dimer is raised; decrease to 15 mg dly x 1 month once D.Dimer is normal

### **Optional Interventions**

- Add appropriate antibiotics for those with fever, bacterial co-infection or raised Procalcitonin levels
- Add Venteze syrup PRN for those suffering from asthma
- Add Ivermectin 12 mg dly x 5 days in those with cough, dyspnea or decreased oxygen saturation
- Fluvoxamine may be a suitable drug, yet Dr Chetty has so far no experience with it.

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