

The Fleming [FMTVDM] Directed CoVid-19 Treatment Protocol (FMTVDM).

Begins with Stabilizing the Immune Response & Opening Airways to Improve Oxygenation.

- Immune Support:
 - Folate (B9) 3 mg by mouth daily,
 - Magnesium 400 mg by mouth daily,
 - Calcium Carbonate 400 mg by mouth daily,
 - Cobalamin (B12) 3 mg by mouth daily,
 - Pyridoxine (B6) 30 mg by mouth daily,
 - Dehydroepiandrosterone (DHEA) 50 mg by mouth twice daily,
 - Ascorbic acid (C) 2000 mg by mouth daily,
 - Zinc 10 mg by mouth daily, and
 - 1,25-dihydroxycholecalciferol (D3) 1500 IU by mouth daily.
- Respiratory Support:
 - Atrovent Nebulizer Treatment or Inhaler ii puffs every 4-hours.

Third Component of Treatment Includes Aminoquinolines & Antibiotics in the Outpatient Setting.

- Aminoquinolines and Antibiotics that reduce viral attachment to cells & reduce viral replication - not to reduce potential for secondary bacterial infection. Slides 14 & 14.
- (1) 100% Effective
 - Primaquine 200 mg by mouth on day 1.
 - Clindamycin 150 mg by mouth every 6-hours for 7-days.
 - Hydroxychloroquine 200 mg by mouth every 8-hours for 10-days.
- (2) 97.9% Effective
 - Hydroxychloroquine 200 mg by mouth every 8-hours for 10-days.
 - Clindamycin 150 mg by mouth every 6-hours for 7-days.
- (3) 74.2% Effective
 - Hydroxychloroquine 200 mg by mouth every 8-hours for 10-days.
 - Azithromycin 500 mg by mouth on day 1, then 250 mg by mouth on days 2 through 5.
- (4) 69.1% Effective
 - Hydroxychloroquine 200 mg by mouth every 8-hours for 10-days.
 - Doxycycline 100 mg by mouth every 12-hours for 10-days.

SARS-CoV-2 Etiology & Treatment

Or These Treatments for Hospitalized Patients.

- The Three Different Regimens:
 - (1) With prior Aminoquinoline Treatment begin
 - Methylprednisolone 125 mg IV every 6-hours for 3 days;
 - then 125 mg IV every 12-hours for 2 days;
 - then 125 mg IV daily for 2 days;
 - then 60 mg IV daily for 2 days [with each infusion given over 30-minutes];
 - then Solumedrol dose pack to taper off steroids).
 - (2) With prior Aminoquinoline Treatment begin
 - Tocilizumab 8-mg/kg [IBW; not to exceed 800 mg] not to exceed 800 mg intravenously infused over 1-hour.
 - May be repeated every 8-hours for a maximum of 4-doses; and
 - Interferon α -2 β (5-million units per nebulizer every 12-hours for 7-days).
 - (3) If no prior Aminoquinoline Treatment has been provided begin
 - Primaquine 200 mg by mouth day 1;
 - Clindamycin 150 mg by mouth every 6-hours for 7-days; and
 - Tocilizumab and Interferon- α 2 β - using the same doses shown in (2) above.