

# DR. MERCOLA<sup>®</sup>'s COVID Treatment Protocol



## Treat ASAP

It is vitally important to understand that time is of the essence when treating an upper respiratory infection. The more dangerous the infection the more important it is to start treatment immediately after the onset of symptoms (ideally within the first hour but certainly the first day). The longer you wait the less effective these recommendations will be.

## Vitamin D3

This is one of the most important parts of the treatment. You will want an optimal level of vitamin D in your blood well before you need it. If you haven't had your blood tested, you need to do it immediately. Your level should be 60-80 ng/ml (150-200 nmol/l). The typical dose for an adult that is needed (assuming no sun exposure) is 8,000 IU per day (even higher if you are overweight).



If you are treating an acute infection as you read this and you haven't had your vitamin D blood level tested in the past few months and have not been taking any oral supplements, then it would be wise to take a rescue dose of vitamin D (50,000 unit capsules) which are easily purchased online. This rescue dose may vary from 100,000 – 300,000 units based on your weight. All the capsules are taken at once (preferably with a fatty food).

- 0-50 lbs 2 caps
- 50-150 lbs 3 caps
- 150-200 lbs 4 caps
- 200-250 lbs 5 caps
- >250 lbs 6 caps

Evaluate three days later, if you are better at that point then no additional vitamin D is required (other than the typical daily maintenance dose of 8000 IU). If you still have symptoms, then take half as many capsules as above.

If you had your blood level tested and it was above 40 ng/ml then you should take ¼ the dose listed above. This is also the dose you can use if you had close contact with an infected person.

## Treatment for Low Risk or Not Seriously Ill

If you are symptomatic, younger than 45 and have no predisposing risk factors (like being overweight, diabetes, high blood pressure or other serious illnesses) and you're not seriously ill then this strategy is recommended until your symptoms improve or disappear.

**Vitamin D**  
Augmentation based on criteria in previous section



**Liposomal Vitamin C**  
1-2,000 mg 4-6 times per day



### N-Acetyl Cysteine

500 mg twice a day. This will help dissolve any blood clots. Alternatively, you can use fibrinolytic enzymes like lumbrokinase, Serrapeptidase, or nattokinase. Use 2-4 of these capsules 2 to 3 times a day. They must be taken on an empty stomach though as if they are taken with food they will digest the food rather than any blood clots

**Zinc**  
25 mg (elemental) twice a day only take this high dose of zinc for three days as higher doses are not better and can lead to copper deficiency



**Quercetin**  
500 mg twice a day with the zinc as it will help drive the zinc inside the cell where it will help halt replication of the virus

### Nebulized Saline

5ml of nebulized peroxide (0.1%) dissolved in 0.9% normal saline with one drop of Lugul's iodine for 10 minutes every two hours

For more information visit:  
<https://www.bitchute.com/channel/mercola/>



## Treatment for the Seriously Ill

Please make sure you are using all seven agents above. In addition to those please use following:

One of the most effective treatments would be IV Ozone. This must be administered by a licensed clinician.

You can find them at:

- [http://www.oxygenhealingtherapies.com/my\\_ozone\\_doctor.com.html](http://www.oxygenhealingtherapies.com/my_ozone_doctor.com.html)
- <https://aaot.us/search/>
- <https://drrowendrsu.com/trainees/>

Another option (although not as effective) would be IV vitamin C. The Marik MATH+ Protocol calls for only 1.5 grams IV but that is only because of logistical reasons and the fact that if it is started very early in the disease (such a low dose works). Later in the disease much higher doses are needed (typically in the range of 25 grams or higher).

If oxygen saturation levels are 88-94% (or even lower by pulse oximeter), or there is shortness of breath it would be best to start on prednisone or methylprednisolone 1 mg/kg daily for 5 days, followed by slow taper or escalation depending on the response. When using the pulse oximeter be sure to take measurements on the index or middle finger and that no nail polish is present. If extremities are cold it is best to warm them prior to measurement.

Consider finding a doctor to prescribe hydroxychloroquine or Ivermectin or monoclonal antibodies.