

FIELD MEDICINE PROTOCOLS FOR COVID19

Phytotherapeutics

Sanitization Procedure

Abstract

The Nature of the Covid19 pandemic taking place globally is unprecedented in scale, pace of the spread, and very high mortality rate.

The Covid19 pandemic is not only proving challenging for medical research, with teams searching for vaccines and clinical treatments using the latest genomic approaches but also, and especially for emergency medicine.

Increasing numbers of people showing Covid19 infection symptoms have been approaching ER departments worldwide, shortages in diagnostic kits as well as in treatment medications facilities are contributing to growing mortality rates

Mixed with political spats, disinformation, censorship and hyper surveillance, the current situation triggered by Covid19 has become a matter of global security well exceeding the medical emergency.

By combining experiences in clinical field practice and phytotherapy, this Communication article intends to share a first responder's approach to treating patients showing mild to moderate and severe symptoms, using widely available materials and equipment, in the absence of medications and clinical facilities

Modern medicine, thanks also to genomics, sequencing and targeting can offer extremely precise, rapid remedies for many ailments, but as this article is being written, this is not yet the case and fatalities are mounting

At this stage the priority is to decrease patient discomfort, increase survival rate, maximise survival chances

Herbalism is now widely accepted in modern pharmacopeia, which is increasingly becoming the subject of clinical research and evaluation especially in the European Union (see references)

This article shares, as a matter of urgency, three protocols already published (prococol.io) for the purpose of dissemination, consisting of non invasive, low risk administration of herbal extracts and traditional care remedies, with the intent to trigger clinical research into the effectiveness of such protocols , clinical trials and possibly the synthetization and standardization of one or more compounds based on widely available substances extracted from plants, and that can be administered intravenously for faster results.

EMERGENCY MEDICINE

EM does not have a good name in the scientific community, as it sometimes resorts to draconian, relatively risky unorthodox measures to solve a medical emergency (like the famous case of performing emergency tracheotomy using drinking straws as respiratory canule)

But in situations when a simple incision can result in the difference between life and death, it is up to individual to take the risk of performing a surgery, even in the absence of equipment or materials, using makeshift tools and substances.

FIELD CLINIC RESEARCH

A mixture of first response and ER, a field clinic is often the first point of call for an emergengy, tasked with identifying the risks, and in case of risk to life, to identify the shortest path to risk aversion.

PHYTOTHERAPY

Many medical drugs are based on lab versions of natural compounds. Much modern medicine, including aspirin and penicillin, are based on active principles extracted from plants.

This emergency medicine treatment adopts a complementary therapy approach and consists of two phases:

1. Intensive treatment - application of the antiviral substances appropriate diluted through a medium once an hour, in rotation
2. Maintenance treatment - after the patient condition improves or normalises, apply 3xday for 5-7 days after the patient health has improved

It is supplied based on anecdotal evidence that it alleviates symptoms and as a last resort in the absence of clinically approved, standardized methods to cure Covid 19 patients.

Introduction

In the absence of adequate medical care due to shortage of staff and facilities, as the spread of Covid19 virus claims reaches unprecedented spread rate and death toll, medical facilities and staff are not adequate to supply the necessary care to the wider population

Extreme measures are necessary to avoid the loss of life among the elderly and those who do not have access to adequate care facilities and medications

These EM protocols adopt antiviral and anti-inflammatory remedies used in Traditional Medicine worldwide, it is being released for general adoption.

A clinical trial based on this protocol initiated.

Clinical references are provided. Although the effectiveness of this protocol so far is sporadic and anecdotal, the treatments it contains come with no known serious

contraindications, If not successful, it will not be harmful (unless patients have specific allergies or adverse reactions or aggravating conditions to the natural compounds in the treatment)

The protocol is intended to serve as interim measure until a vaccine is found or professional medical care is available

SUMMARY PROTOCOL

- Keep the patient comfortable and warm, apply heat packs to lungs and upper back
- If high fever is present, apply cold compress/wet towel to forehead and change every 10 minutes
- Apply hot poultice to dilate the vessels in the lungs and facilitate expulsion of phlegm
- Apply antiviral compounds listed below orally, topically and as inhalation
- Apply hydrogen peroxide solution as aerosol/nebulizer or as vapour using hot water and a towel over the patient head
- Discontinue immediately if the patient suffers discomfort
- If symptoms improve, continue until the normal condition is reached, and continue the treatment on a maintenance regime (3xday instead of 1xhour)

SITUATION

During Covid19, no access to medication or medical facilities with respirators, Patient starts showing critical symptoms of possible Covid 19 infection, including fever and shortness of breath.

PATIENT CONDITION:

Early, mild or serious Covid19 symptoms

Fever (above 38)

Shortness of breath

Extreme weakness

Pulmonary failure
Loss of consciousness

SUBSTANCES: See below for a list of antiviral substances available over the counter in most countries

ADMINISTRATION: In appropriate dilution rotate the administration of the substances orally, topically and inhaled.

ACTION: Place the patient lying down on the side, in a ventilated room.

Administer antiviral compounds orally, topically and with inhaler/aerosol or vaporisation (intensive treatment)

Treatment includes hot poultice or heat compress and aerosol/inhalation until medical care can be given.

PRECAUTIONS/WARNING

Natural antiviral compounds and hydrogen peroxide prescribed in this EM protocol are safe if administered with the right precautions, but can be **toxic and possibly lethal if not suitably handled or administered undiluted or in excessive quantity.** Always dilute the compounds to the lowest possible concentration, and administer often (once an hour). Monitor the improvement, If no improvement is recorded within 48 hours, discontinue the treatment.

DOSAGE and FREQUENCY

Adapt the treatment based on what substance is available

Dilute the herbal extracts, colloidal minerals and hydrogen peroxide for inhalations as directed

If one or two substances from the list below are available use in combination, ensuring the total amount of the extracts does not exceed the amount for safe consumption

If all the substances listed in this protocol are all available, rotate their administration (once an hour each for all, then repeat)

RATIOS

General safe ratio for herbal extracts is 1/10-15 (one part extract, ten or fifteen parts medium - honey glucose or any edible oil)

Note that if eucalyptus extract is used, the safe ratio is no more than 1/100 (one part eucalyptus extract, diluted in 100 parts other edible oils or honey)

Nigella sativa extract (Unani Medicine)

Colloidal silver, colloidal gold and colloidal copper (Max 30 ppm)

Camphor (extract, camphor oil) 10 mg

Thymol (tincture, essential oil) 3 mg

Propolis (tincture or other extract) 10 mg

To be dissolved in 30 cc of glucose, sugar or honey and administered orally and topically and inhaled with vaporization

Once an hour, until symptoms improve

ALTERNATIVE ANTIVIRAL PLANT EXTRACTS

Clove Extract/Tincture/Essential Oil

Eucalyptus Tincture/Extract/Essential Oil

Melaleuca alternifolia (tea tree) extract/oil

Clinical/Medical references:

Camphor

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6194496/>

Propolis antiviral properties (oral administration)

www.ncbi.nlm.nih.gov/pubmed/19472427

Propolis (Inhaled)

<https://www.ncbi.nlm.nih.gov/pubmed/1266406>

Nigella Sativa

https://www.researchgate.net/publication/308598203_Protective_and_antiviral_activities_of_Nigella_sativa_against_avian_influenza_H9N2_in_turkeys

Thymol

https://www.ema.europa.eu/en/documents/herbal-report/final-assessment-report-thymus-vulgaris-l-vulgaris-zygis-l-herba_en.pdf

Clove

<https://aem.asm.org/content/80/16/4898>

Eucalyptus

<https://www.tandfonline.com/doi/full/10.1080/02786826.2012.708948>

Tea tree (Melaluca)

<https://www.ncbi.nlm.nih.gov/pubmed/21095205>

Colloidal silver

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6264685/>

Colloidal gold

<https://actu.epfl.ch/news/using-gold-nanoparticles-to-destroy-viruses/>

Colloidal copper

<https://www.sciencedaily.com/releases/2015/11/151110102147.htm>

TO IMPROVE BREATHING

Induce the expulsion of phlegm from the lungs by applying to the chest a poultice made of linen seed cooked in boiling water for 5 minutes. In the absence of linen seed apply hot compresses to upper chest (hot stones, hot sand, hot rice bags).

Also: diluted linseed oil (1/10) can be applied directly to chest

This will induce the fluidification and expulsion of the phlegm that is preventing the pulmonary absorption of oxygen.

RESPIRATORY FAILURE

In the absence of mechanical respiratory support devices, attempt the increase of oxygen concentration by administering water as aerosol solution increased with hydrogen.

Using an aerosol dispenser/vaporizer make a solution of hydrogen peroxide (any volume below 5%) with water and inhale. If solution is concentrated at higher volume of Hydrogen (say above 3%) increase the amount of water accordingly (dilute the hydrogen to less than 3%)

<https://clinicaltrials.gov/ct2/show/NCT02765295>

www.sciencedaily.com/releases/2011/05/110516141546.htm

In the absence of aerosols, inhale vapors from a vessel of steaming water and hydrogen peroxide solution (10:3).

ADDITIONAL MEASURE

Use nebulizers with a solution of H₂O₂ (Hydrogen Peroxide) in rooms/wards where patients are recovered

SAPONIN Internal administration

Covid19 has been proven to be highly susceptible to common soap.

<https://scitechdaily.com/does-soap-actually-kill-the-coronavirus-heres-the-chemistry-video/>

The soap dissolves the coating of the virus molecules and destroys the virus, thus being the most effective, fastest and least expensive way to decontaminate by washing hands

In patients already affected by the virus however, where it has spread to their bloodstream and lungs, require effective ways of using a comparative method like washing hands to their internal organs

This protocol lists herbs which naturally contain saponin. Saponin is the active compound in common soap. It is found in nature, and although its direct consumption is not advised, in appropriate dilution, it does not generally have harmful effects

WARNINGS

Before administering saponin from natural sources, always check specific intolerances to other components in the source, and safe dosage - Keep dosage to a minimum and increase if well tolerated

Discontinue if discomfort arises or no benefit/relief is noted after 24/48 hours

MATERIALS

Natural/herbal sources of saponin

Note: many plants are a natural source of saponin Below a list of species which are documented uses in medicine

- Sapindu Murokossi (soapnut)
http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0036-46652012000500007
- Dioscorea villosa (Wild Yam)
<https://www.medicalnewstoday.com/articles/322423>
- Panax ginseng (Chinese or Korean Ginseng)
(well documented)
- Glycyrrhiza glabra (Licorice) (well documented)
- Aesculus hippocastanum (Horsechestnut)
://www.webmd.com/vitamins/ai/ingredientmono-1055/horse-chestnut
- Medicago sativa (Alfalfa)
- Smilax sp. (Sarsaparilla)
- Convallaria majalis (Lily of the Valley)
http://www.ema.europa.eu/ema/index.jsp?curl=pages/includes/document/document_detail.jsp?webContentId=WC500013008&murl=menus/regulations/regulations.jsp&mid=WC0b01ac058006488e
- oemmnadbldboiebfnladdacbfmadadm/https://www3.epa.gov/pesticides/chem_search/reg_actions/registration/decision_PC-097095_11-Sep-09.pdf

METHODS

ORAL INTAKE: Make a decoction/infusion 1 part herb 15 parts water, sweeten as needed, sip sparingly no more than 1 cup/3 hours

TOPICAL: apply as poultice to lungs

INHALATION: Make a strong decoction (2-3 parts herb 10 parts water) and inhale through aerosol/vaporizer/boiling pot

REFERENCES

<https://thenaturopathicherbalist.com/plant-constituents/saponins/>

DISCLAIMER

This protocol is safe based on experimental and anecdotal use
It is shared openly for research purposes during COVID 19 Medical Emergency
The author does not accept any liability should the adoption of the protocol not be successful or should the patients adopting it suffer adverse consequences from its incorrect application or due to underlying conditions

SANITIZATION PROCEDURE OF PPE

During Covid19 emergency, there is a shortage of PPE and items which would normally be single use/disposable may have to be utilized over a prolonged period of time

This protocol prescribes simple steps for the sterilization of masks, gloves and other PPE that should be sanitized after each use to minimise contamination

AFTER EACH USE OF SINGLE USE/DISPOSABLE PPE:

1. Exposure to hydrogen peroxide - If the material is waterproof, ie if the material to be sanitized is not going to be damaged by contact with dampness, it can be sprayed or immersed in hydrogen peroxide solution - 5-10 minutes
<https://www.genengnews.com/magazine/253/hydrogen-peroxide-vapor-sterilization/>
2. Boiling and Chlorination - make a solution of water and common chlorine, expose the items to chlorine vapours
<http://www.oas.org/DSD/publications/Unit/oea59e/ch23.htm>
3. Microwave - expose the items to be sanitized to microwaves - common microwave oven is OK - 30-60 seconds @ 1000 W

<http://www.ijmm.org/article.asp?issn=0255-0857;year=2007;volume=25;issue=4;spage=428;epage=429;aulast=Cardoso>

WARNINGS:

Fumes of vaporized sanitizers can be dangerous if inhaled directly, only use this method in a container

The effectiveness of some protective materials used in ppe can be damaged by contact with water/fluid/damp, choose the appropriate sanitization method accordingly

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The AGREE Reporting Checklist: a tool to improve reporting of clinical practice guidelines. BMJ 2016;352:i1152. doi: 10.1136/bmj.i1152.