Executive Summary – Effective Treatments

- ***"Science is being suppressed for political and financial gain. Covid-19 has unleashed state corruption on a grand scale, and it is harmful to public health…When good science is suppressed by the medical-political complex, people die."*** - Kamran Abbasi, executive editor of the British Medical Journal https://www.bmj.com/content/371/bmj.m4425

- The overwhelming evidence obtained through the analysis of federally funded and published National Health and Nutrition Examination Survey (NHANES) data indicates that a significant percentage of the U.S. population is clinically deficient in essential micronutrients—vitamins A, C, D, E, and zinc. NHANES data should not be ignored and excluded from clinical application during a national health crisis.

NHANES NUTRITIONAL ANALYSIS STUDIES - SUMMARY

Nutrient	RDA/EAR/ODI	Adults 2005-2016	Nutritional Deficit For Minimum Requirements	% US Population Deficient*
Vitamin A	2,333-3,000 IU	2,130 IU	870 IU	35-45%
Vitamin C	75-200 mg	83 mg	117 mg	37-46%
Vitamin D	600-800 IU	188 IU	612 IU	65-95%
Vitamin E	22-200 IU	13 IU	187 IU	60-84%
Zinc	8-30 mg	12 mg	18 mg	11-15%

Data Source - NVSS Published By CDC - https://www.cdc.gov/nchs/nhanes/index.htm

*Low End Of Range Adjusted For Supplemental Nutrient Intake Plus Dietary Intake - Reider, C. A., Chung, R.-Y., Devarshi, P. P., Grant, R. W., & Hazels Mitmesser, S. (2020). Inadequacy of Immune Health Nutrients: Intakes in US Adults, the 2005–2016 NHANES. Nutrients, 12(6), 1735. doi:10.3390/nu12061735

- An overwhelming body of evidence-based studies exists to support the use of foundational nutritional guidelines that drastically reduce hospital burden and disease severity while enhancing and expediting recovery from COVID-19.

- One study used vitamin A (100,000 IU/day), vitamin C (1,000mg/hour during waking), vitamin D (50,000 IU/day), and Lugol's Iodine (25mg). **One hundred seven out of 107 patients fully recovered within seven days of treatment.**

- A Chinese hospital treated 50 cases of moderate to severe COVID-19 infection with intravenous ascorbic acid (IVAA). The dose strategy was 100% effective at successful management of cytokine storms. There were no side effects reported from any patients in the IVAA group. Although COVID-19 patients had a 30-day hospital stay on average, COVID-19 patients who received IVAA had a hospital stay that was three to five days shorter compared to the non IVAA treated patients. **All 50 patients who received IVAA recovered, and no mortality was reported in the IVAA group.**

- Vitamin D3 has been shown to significantly reduce ICU admission rates as well as reduce the severity of COVID-19 disease. Of the 50 total patients who received vitamin D3, one was admitted to the ICU (2%). Of the 26 patients who were not administered vitamin D3, 13 were admitted to the ICU (50%). **Of the 50 patients treated with vitamin D3, zero deaths occurred, and all 50 patients were discharged without complications.**

- Vitamin D deficiency was associated with increased hospitalizations (OR = 1.81, 95% CI = 1.41–2.21), and increased mortality (OR = 1.82, 95% CI = 1.06–2.58). Individuals with severe cases of COVID-19 were 64% more likely to be vitamin D deficient than those with mild cases of COVID-19 (OR = 1.64; 95% CI = 1.30–2.09). Among critically ill populations, **vitamin D deficiency is associated with higher infection rates, increased incidence of sepsis, and increased mortality risk.**

- In another study, 57% of COVID-19 patients were zinc deficient. These patients had ***"higher rates of complications (p = 0.009), acute respiratory distress syndrome (18.5% vs 0%, p = 0.06), corticosteroid therapy (p = 0.02), prolonged hospital stay (p = 0.05), and increased mortality (18.5% vs 0%, p = 0.06)."***
- Ivermectin – ***"Viral clearance was treatment dose- and duration-dependent. In six randomized trials of moderate or severe infection, there was a 75% reduction in mortality (Relative Risk=0.25 [95%CI 0.12-0.52]; p=0.0002); 14/650 (2.1%) deaths on ivermectin; 57/597 (9.5%) deaths in controls) with favorable clinical recovery and reduced hospitalization."***
- **Hydroxychloroquine (HCQ)** – A meta-analysis of 192 studies concluded that HCQ is effective when used early. Early treatment is most successful, with 100% of studies reporting a positive effect and an estimated reduction of 67% in the effect measured (e.g., death, hospitalization, etc.) using a random effects meta-analysis (RR 0.33 [0.25-0.43]).
- The inclusion of evidence-based nutritional research must become an integral component of modern medical practice. **Effective natural and pharmaceutical treatments for COVID-19 exist and have been withheld from people in need throughout this crisis, which raises the question of willful misconduct.**

Our Proposal for Safe and Effective Nutritional Guidance

Seniors, Adults, and Teens

KEY NUTRIENTS	THERAPEUTIC RANGE	RDA
VITAMIN A (Beta-Carotene)	5,000 IU	1,500-2,167 IU
VITAMIN C	3000-5000 mg	65-125 mg
VITAMIN D3	10,000 IU (14-Days) 5,000 IU (After)	600-800 IU
VITAMIN E	200-600 IU	22-28 IU
ZINC	25-40 mg (min 30mg for High-Risk)	8-11 mg

Children Ages 5 to 12

KEY NUTRIENTS	THERAPEUTIC RANGE	RDA
VITAMIN A (Beta-Carotene)	5,000 IU	1,000-2,000 IU
VITAMIN C	2,000-4,000 mg	25-45 mg
VITAMIN D3	5,000 IU (14-Days) 2,000 IU (After)	200 IU
VITAMIN E	100 IU	10-17 IU
ZINC	25 mg	8 mg

Children Ages 1 to 4

KEY NUTRIENTS	THERAPEUTIC RANGE	RDA
VITAMIN A (Beta-Carotene)	2,000 IU	1,000-1,500 IU
VITAMIN C	500-1,000 mg	15-50 mg
VITAMIN D3	1,000-2,000 IU	200 IU
VITAMIN E	50 IU	6-9 IU
ZINC	10 mg	3 mg