FIGHTING BACK AGAINST COVID19 (Novel Coronavirus)



Preventing infection: Antivirus coating for masks you can make at home using easy-to-obtain ingredients.

For those with an active COVID19 infection: High dose vitamin C appears to help reduce the runaway inflammation triggered by COVID19 that kills some infected people

By

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Link to my Google Scholar Profile/Page

There are self-care measures that may reduce your chances of getting infected with the COVID-19 virus and reduce disease severity in those battling the virus. What I have to share is free no strings attached how to do it yourself information. No sign ups, no "join an email list", no gimmicks, no "get more details" by paying me or anyone I work with or for anything.

First off, I am **not** a virologist or infectious disease expert. What I have been doing for over 30 years now is come up with novel ways or angles to remediate (and in some cases reverse) certain chronic health challenges. MDs, DOs and various labs and companies have paid me to do this sort of thing. Much of what I created that worked or pointed the way to things likely to were attributed to those who retained my services (Ditto much of what I wrote, both professional and popular works, as well as many nutraceuticals and phytomedicines I researched or had a hand in creating). This was something I readily agreed to as I pretty much always cherished the role of behind-the-scenes helpmate to being center stage.

Anyone who has labored as an inventor, bench researcher, clinical scientist, biomedical theorist or such knows that pet ideas, designs, treatment angles and hypotheses often bomb out when put to the acid test (i.e., evaluated in experiments or clinical studies that rely on validated, dependable methods, controls and tools to determine what is working or doing as predicted and what is not).

This brings me to the measures outlined herein. Both the antivirus mask coating and the use of high dose C to dampen runaway inflammation in people with an active COVID-19 infection are not proven in the hard science sense. The antivirus mask coating is based largely on bench top work (cell culture & animal models) while the use of mega-dose C to reduce tissue (especially lung) wrecking inflammation is predicated on anecdotal evidence (case histories), bench top (lab) experiments and human studies that have varied in quality and outcomes.

With this said, both are basically low risk, low cost self-care approaches that very well could save many lives, particularly those most vulnerable to developing symptoms that they cannot readily overcome which

at this point-in-time appears to include folks over age 60 (especially those with heart or lung issues or who are immunocompromised in some way) and possibly men over 50 who smoke.

THE ANTIVIRUS COATING FOR PROTECTIVE COTTON MASKS

Here is a link to the make-it-yourself at home antivirus coating for cotton masks: https://ncimexico.com/antiviral-mask-coating-you-can-make-at-home-covid-19-influenza-others/

I created this coating formula based on published research including that of Dr. Hyo-Jick Choi and his bioengineering team at the University of Alberta which indicates that certain nontoxic compounds including sodium chloride (NaCl – table salt) and potassium chloride (KCl – often sold as a salt substitute) rapidly kills airborne viruses on contact..

My first experiments with this super salty brew began with the onset of the 2019-2020 flu season in Japan (I lived and taught there from 1999-2003 and visit there as often as I can as I consider it my 2nd home. My wife is Japanese born and bred). Former students of mine made up suitable quantities of the coating liquid and then sprayed this on disposable cotton masks, let them dry and began wearing them. Those who wore them on a consistent basis did not get the flu while their colleagues, friends and family who donned uncoated masks often did.

I now have volunteers of all ages (Tokyo, Nagoya area, Izu peninsula) creating and wearing coated masks. One of these "let me have a go of it" souls is a former student of mine who has been an RN at Keio University Hospital in Shinjuku (Tokyo) for 11 years now.

Most of these volunteers live in areas impacted by the COVID-19 virus. I anticipate few if any of them who religiously don a coated mask while circulating in public will come down with an active COVID-19 infection.

Of course, I could be wrong but sincerely hope not. Only formal human studies will determine if the salty coating prevents airborne viruses from surviving once they land on it or embed in it. Until these are done the mask coating's ability to kill viruses and prevent infections is unproven.

HIGH DOSE VITAMIN C BY MOUTH OR INTRAVENOUS INFUSION TO QUIET THE INTERNAL "CYTOKINE STORM" UNLEASED BY THE COVID19 VIRUS

One of the ways the COVID-19 virus kills infected people is by triggering the release of inflammatory compounds and such ("cytokine storm") in their bodies which sometimes results in their developing pneumonia as well as other insidious medical challenges.

One way to shut off this inflammatory cascade might lie in the use of high dose ascorbic acid (Vitamin C). It is something that is plausible given what is known about vitamin C's anti-inflammatory properties.

In US hospitals some patients get infections that lead to their developing sepsis and multiple organ failure. The CDC website notes this about sepsis:

Each year, at least 1.7 million adults in America develop sepsis.

Nearly 270,000 Americans die as a result of sepsis.

1 in 3 patients who die in a hospital have sepsis.

Given this, it should come as no surprise that many doctors and others have entertained the thought that vitamin C might help patients with sepsis. Then, in 2019, Dr. Paul Marik, chief of pulmonary and critical care at Eastern Virginia Medical School, made headlines across the world when he announced that intravenous infusions of a combination of vitamin C, thiamine and hydrocortisone had produced quick turnarounds in hundreds of patients with sepsis. You can read about this here.

Subsequent clinical studies using what became known as "The Marik Protocol" produced varied outcomes. Some physicians lined up in favor of the treatment while others opposed it as this 2019 article illustrates.

As many of you have likely surmised, scientific studies are actually wrong more often times than they are right! This is something beautifully laid out by <u>Harriet Hall, MD</u> in this article posted on the popular Science Based Medicine blog site: <u>Pitfalls in Research: Why Studies Are More Often Wrong than Right</u>

So vitamin C may or may not counter inflammation in sepsis and other infection-spawned conditions including COVID-19. Only time and the results obtained from many rigorously designed and carefully executed clinical trials will enable members of the scientific and medical communities to reach a consensus on this question.

For people who have an active COVID-19 infection, especially those who are older and who may also have a comorbid condition like diabetes 2 or some form of lung disease like COPD, they may not have time to wait for consensus statements on the use of vitamin C in sepsis or other life-threatening infections to be issued by major scientific organizations or institutions. Given the fact short-term high dose vitamin C by mouth or intravenous infusion appears to be safe, who can fault them for giving it a try?

Is taking high dose C on a short-term basis to combat an active COVID-19 infection "flying blind" or "taking a shot in the dark"? From the hard science evidence perspective, yes. But even so there are some tantalizing hints that mega-dosing with vitamin C by people with active COVID-19 infections may produce tangible benefits. I am talking about anecdotal evidence (case histories) which, though they carry little weight in science, do sometimes reveal mechanisms or forms of intervention or such worth formally testing.

One such case history was recently shared by <u>Richard Cheng, MD, PhD</u> in this video recorded account posted to his channel on YouTube:

https://www.youtube.com/watch?v=6-

<u>elCYFhqJs&feature=youtu.be&fbclid=IwAR2ksVLrtCy714gqUY5mq6pcW_4jZIBGeVGkFGMjZr5BZ0DK5</u> <u>DG9LO6NHJU</u> – VIDEO CASE REPORT (13m:41s) by Richard Cheng, MD, PhD. **Daughter's Story: family saved from COVID-19 virus with Vit C in Wuhan**

In addition, China now has three (3) approved clinical studies underway involving intravenous vitamin C to treat COVID-19 disease: https://www.globalresearch.ca/three-intravenous-vitamin-c-research-studies-approved-treating-covid-19/5705405

What Dr. Cheng recommends dose-wise (from his video – link above) is 1.5 grams of vitamin C per kilogram of body weight. A 170 lb. man = ~77 kilograms x 1.5 grams = 115 grams total intake per day. If taken in divided doses, say six daily this would be 19.25 grams per dose (Ascorbic acid powder in water or juice. I can't imagine that many people reading this would want to try to swallow 19 one gram tablets or capsules of vitamin C six times daily!)

This is a hefty dose per day which I gather applies mainly to people with an active COVID-19 infection or who are in contact with or are caring for a person or persons with COVID-19 disease.

I asked a handful of physicians experienced in giving vitamin C both orally and by IV to treat various acute and chronic medical conditions if there was a way patients with an active viral infection could determine a best or optimal oral dose to help battle their condition. Most said that patients battling a viral infection should take oral vitamin C in ever escalating doses to "bowel tolerance". This means the patient takes a low to moderate dose of C initially and if he or she does not experience any bowel disturbance especially diarrhea, he or she bumps this up by a gram or more. If the higher dose does not produce the

runs, bump it up again. This continues until the patient begins having loose stool or diarrhea. He or she then drops to dose back to the last dose that was handled without any problems.

Apparently people with acute infections handle more vitamin C than normal because their body needs more and more of it to (among other things) keep up production of antimicrobial compounds and to counter inflammation.

For those interested in doing vitamin C IVs to treat an active COVID-19 infection: The protocol being followed in the Chinese COVID-19 clinical studies mentioned above involves intravenous infusions of vitamin C in doses that run from 12.5g to 25g (12,500 - 25,000 mg) given twice daily for 2 to 5 straight days.

For those healthy, uninfected people who are keenly interested in just getting "the right amount of vitamin C each day", see this blog entry of mine: <u>How much vitamin C should one take?</u>

CONCLUDING REMARKS

Until a safe, effective COVID-19 vaccine or drug is approved by the FDA, readers should focus on infection prevention including the measures and guidelines issued by the CDC and their primary care physician (MD or DO).

For those who elect to try one or both of the self-care measures contained in this article, let me know how it or they panned out for you (This includes not just successful outcomes, but also failures, setbacks, problems. complications or the like). My email address is nativescienceguy at gmail dot com.

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Individuals who'd would like to contribute to my ongoing quest to discover, uncover or otherwise bring to light self-help (and other) techniques, devices and such: You can gift me \$5, \$10, whatever-\$ using PayPal (Button below). I am not a nonprofit so if you only give money to get a tax deduction, then you must pass me by. For those who do contribute you will have my eternal gratitude and, unless you signal otherwise, I will email you periodically to update you on what I ferret out, create or devise (Most in the realm of biomedicine with forays into self-sustaining off-the-grid technologies, housing and food production, and other goodies meant to advance the human condition).



ADDITIONAL READING & RESOURCES

Centers for Disease Control and Prevention (CDCP) COVID-19 webpage

https://www.cdc.gov/coronavirus/2019-ncov/index.html

Vitamin C powder - budget friendly online retail sources

One very economically priced vitamin C power is sold through Walmart for \$12.99 (1 lb). Check it out: https://www.walmart.com/ip/Best-Naturals-Vitamin-C-Powder-1-lb/190821596

Other economical retail sources:

https://www.pipingrock.com/vitamin-c-powder?keywords=vitamin%20c%20powder&qid=1583552551

https://www.swansonvitamins.com/q?kw=vitamin+C+powder

https://www.vitacost.com/productsearch.aspx?ss=1&t=vitamin%20c%20powder

Reading room

https://www.smithsonianmag.com/science-nature/could-deadly-infections-be-cured-vitamin-c-180963843/
- Could Vitamin C Be the Cure for Deadly Infections? (Smithsonian)

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5996765/pdf/nihms936852.pdf - Kuhn SO, Meissner K, Mayes LM, Bartels K. **Vitamin C in sepsis**. *Curr Opin Anaesthesiol*. 2018;31(1):55–60. doi:10.1097/ACO.00000000000000049

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https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6521194/ - Hemilä H, Chalker E. Vitamin C Can Shorten the Length of Stay in the ICU: A Meta-Analysis. *Nutrients*. 2019;11(4):708. Published 2019 Mar 27. doi:10.3390/nu11040708

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6265973/ - Marik PE. Hydrocortisone, Ascorbic Acid and Thiamine (HAT Therapy) for the Treatment of Sepsis. Focus on Ascorbic Acid. *Nutrients*. 2018;10(11):1762. Published 2018 Nov 14. doi:10.3390/nu10111762

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6206928/ - Moskowitz A, Andersen LW, Huang DT, et al. Ascorbic acid, corticosteroids, and thiamine in sepsis: a review of the biologic rationale and the present state of clinical evaluation. *Crit Care*. 2018;22(1):283. Published 2018 Oct 29. doi:10.1186/s13054-018-2217-4

https://lpi.oregonstate.edu/mic/health-disease/inflammation Inflammation: Oregon State University, Linus Pauling Institute, Micronutrient Information Center

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