COASTAL INTEGRATIVE MEDICINE
ANSWERS TO THE MOST ASKED COVID COOTIES QUESTIONS

YES PREVENTION ALWAYS TRUMPS CHASING TO TREAT

* Social Distancing

* Masking with proper mask and position. A mask not covering the nose is a mask not worn.

* Self Quarantining when sick for the benefit of others which should be the Good Human default

* Avoiding Unnecessary High Risk Exposures

* Don't do a deep dive in your nose and / or lick your fingers until they have been sanitized

* Spray Cool Mint Listerine or Store equivalent and other Cootie Killers / Cell Entry Blockers into each nostril twice a day every day. Clean your nasal spray device each time with alcohol and no sharing nasal sprays. If you are allergic to Aspirin find an alternative to Cool Mint Nasal Spray.

*Vaccination when the benefit outweighs the risk which is not specific to Covid Vaccines.

Vaccines do NOT keep pathogens out of your nose. Vaccines do NOT trap pathogens in your nose for the purpose of preventing transmission. If you are vaccinated and have a high risk exposure to Covid you may not develop clinical symptoms but you are still able to take out multiple humans by refusing to accept the inconvenient sounds of science.

* I recommend to patients that they use the supplement / OTC med regimen below for 1 week prior to and 2-4 weeks after depending on risk for inflammatory response.

* If you have a personal or family history of a blood clotting disorder, ITP, TTP, ATP etc I would not get the J&J vaccine. This is especially true for women of childbearing age and these disorders as they are the most at risk demographic.

*If you are allergic to PEG / Polysorbate Hold on all vaccines and consider the Evusheld. See below.

* If you have Hereditary Alpha Tryptasemia / HATS do not receive any vaccine without consulting with a provider (preferably yours) about your risk. Same applies to anyone with any variation of Mast Cell Activation, Angioedema, Environmental / Food allergies, Autoimmune disorder, Immune system Dysregulation, personal / family history of Guillain-Barre syndrome or other known post vaccination disorder, PANDAS / PANS, Mitochondrial Disorders, etc

*Adverse reactions to vaccination may not present for weeks after the fact depending on the mechanism of injury.

*EVUSHELD:
This is the newest MAB infusion given every 6 months as part of a preventive regimen for immune suppressed / compromised patients who are not likely to mount an effective immune response to vaccination and for those at high risk who are unable to be vaccinated due to allergic responses to vaccine components. There may be additional qualifying demographics. This does require a provider referral and I do not know if it is offered yet in this area. Per the state run site the answer is no but there may be private providers who are offering it locally. For more info you can contact AstraZeneca directly.

WHAT SHOULD I DO WHEN PREVENTION FAILS:

*If you are high risk access MAB ASAP after initial symptoms present, you test positive for Covid or you have a high risk exposure. The further out from the initial symptom the less effective the infusion. Use the www.patientportalfl.com site to access MAB infusions AFTER making an account. Endless supplies of MAB are no longer endless which may prevent you from accessing during the window of time when most effective. This site has links to infusion sites outside the state run facilities.

* There were / are concerns regarding decreased effectiveness of MAB against the Omicron Variant. As far as I know based on feedback from patients who have received a MAB infusion in the past 2 weeks within the appropriate time frame it has provided benefits which may or may not be the case in a few weeks.

* There are and always have been limited supplies of Regeneron and other similar products and now there will be limited supplies of the oral antiviral Paxlovid. Don't use the MAB infusion as a $1250 substitute for a little inconvenience and $0.005 mask.

* Be a Good Human and Self Quarantine for the appropriate amount of time.

* All patients regardless of risk level or vaccination status should begin the following supplements / OTC med regimen below (as in way below) as soon as they know or suspect that they have Covid unless contraindicated by allergies, medical condition, medication interaction or age. This is the case with Aspirin which should not be used in children under the age of 12 without consulting with a healthcare provider.

NONE I repeat NONE of the following compounds will provide any benefit for the symptoms of an Acute Covid Infection. Whatever symptom you have it will NOT be made better by any of the products listed below. For immediate symptom relief look to Motrin, OTC / Natural cold / cough meds, Rx inhalers, etc. This is a very important detail that needs to be understood by more than a handful of people if I am to avoid spending time in Jail.
The recommendations below are FOR THE PURPOSE OF PROVIDING IMMUNE SUPPORT AND PREVENTING OR AT LEAST BLUNTING THE COVID CYTOKINE STORM WHICH TENDS TO PRESENT DAY 7-10. Most people will NOT ever experience this hyperinflammatory

response BUT given that this protocol is equivalent to spitting in the wind if implemented AFTER the onset of the Cytokine Storm the intelligent / commonsense approach would be to recommend that everyone within reason implement ASAP (given the benign nature of the compounds) with the understanding that while it is unnecessary for most it is of benefit to many. Due to the potential for a delayed Hyperinflammatory response (especially in patients younger than 25) I suggest using it for 4 weeks from the day of the initial symptom / known exposure / positive test. All of the compounds below can be found locally and / or ordered online.

VITAMIN C:
500 -1000 mg every 12 hours. You can take more. You can take less. You can take Liposomal or not. Just take some and stop with the Vitamin C mental masturbation.

VITAMIN D3:
5000 to 10,000 IU daily taken with some fat to increase absorption. If you have no clue as to your Vitamin D level presume you are deficient and take the higher dose. Sunshine and Cows milk are not a substitute for Vitamin D supplementation. Ditto for Vitamin D mental masturbation.

ZINC:
15 mg Every 12 hours

HISTAMINE 1 BLOCKER:
Choose a 24 hour non-sedating option like Xyzal, Zyrtec, Claritin, Allegra, Clariex or a sedating option like Benadryl that needs to be dosed every 6 hours. These are all available OTC and will have an inexpensive store brand option in tablets and / or liquid form.

HISTAMINE 2 BLOCKER:
The only option at this point is Plain Pepcid (generic Famotidine) NOT Pepcid AC dosed at 20 to 40 mg every 12 hours with the Vitamin C. It does not matter that you do NOT have Acid Reflux as it is NOT being used for that purpose. As the name implies it is being used to block HISTAMINE which is one of several trouble making inflammatory mediators common to Mast Cell Activation Disorders and the Covid Cytokine storm. Pepcid is NOT a PPI (which it is incorrectly called in some well known Covid Protocols) and taking a PPI like Nexium, Prilosec, Prevacid is NOT an equivalent or effective alternative to Pepcid.

ASPIRIN: SHOULD NOT BE USED IN CHILDREN UNDER THE AGE OF TWELVE
325 mg daily or 2 Baby Aspirin every 12 Hours as long as not allergic / contraindicated for the purpose of preventing blood clots which is the calling card of Covid. You can use more than this if needed to control pain/ fever (max daily dose of aspirin close to 4000 day) or you can use your NSAID of choice as long as combined use is not contraindicated by medical condition, concomitant medication or stomach upset - which will be somewhat mitigated by the Pepcid.

*QUERCETIN:
500 mg every 12 hours for the purpose of stabilizing mast cells

*MELATONIN:
6 mg q hs or 3 mg every 12 hours. Feel free to take more if also using it for the purpose of sleep as opposed to its beneficial effects on the inflammatory response.

*N ACETYL CYSTEINE:
250 to 500 mg every 12 hours for the purpose of ensuring adequate levels of glutathione

* AHIFLOWER OIL:
Omega 3 products are generally recommended and are appropriate to use but I prefer AhiFlower oil for several reasons. It is extracted from a non-animal source that is sustainably grown and managed at this point AND it has the highest rate of conversion to DHA / EPA of an vegetarian oil source (4 grams a day of Ahiflower will allow for conversion of up to 1 gram each) AND it has a fatty acid that is of benefit to the gut microbiome AND It has a unique fatty acid that mimics the effects of Singulair which is of benefit in allergies / asthma / MCAD/ Chronic Urticaria / Neurodegenerative disorders like AD and potentially for Covid pulmonary and cognitive effects AND it is incredibly light in texture and taste making a good choice for topicals and custom blended cannabinoid tinctures.

- The products marked with * provide benefits and are routinely recommended by me for use. I do however realize that the larger and less familiar a list the less likely it is to be used at all so I consider the products listed AFTER Aspirin to be very useful add ons to the more important ones that precede.

* Monitor your Oxygen Sats AM and PM and any other time you feel the need with the device you purchased from a local store or online for less than $30 dollars BEFORE catching Covid Cooties. Because you purchased your device before it was needed you were able to determine your baseline Oxygen Saturation against which you will compare your daily sats since this data point (which you can collect yourself from home) is the one of the most useful prognostic indicators of pulmonary function and impending cytokine storm / Hyperinflammatory response. This typically happens between day 7-10 so those who have not yet resolved need to be sure to watch their sats closely during this period of time. If you make it to 14 days and sats have not dropped below 94% they most likely will not.

For those whose baseline saturations are 99-100% a saturation that drops and stays below 94% is a cry for help and high dose oral steroids that should NEVER be missed by a medical provider. Because the time from dropping oxygen saturation to bilateral lung white out varies from short to shorter I start steroids if there is clear evidence of declining sats even if still above 94%. For those with pre-existing pulmonary / cardiac issues the issue is more complex which is why it should be discussed with your provider BEFORE it becomes relevant. Because this is an Inflammatory NOT Infectious process Antibiotics are rarely required in the outpatient setting. In the olden days I used to refer patients with Sats below 94% to the Hospital per established Covid Guidelines but I rarely ever resort to this exercise in futility and frustration any more.

* Covid is a very steroid responsive disease for the purpose of controlling the inflammatory state BUT they should NOT be used early in the clinical infection for the purpose of prevention (as they may facilitate the process) AND they need to be used at a high enough dose to be effective.They should be started when the oxygen saturation drops and stays below 94% or even better as soon as it is clear that the sats are moving in the wrong direction even if still above 94%.

Dexamethasone / Decadron is typically used as it is the most anti-inflammatory of all the steroids. Per established guidelines the dose is typically 6 mg (equivalent to 40 mg of Prednisone) daily times 10 days. Within my practice Steroids and the MAB have been the most effective interventions by far. Steroid dosing for younger patients will need to be calculated on a per patient basis. Inhaled steroids by way of nebulizer and / or inhaler are also of benefit and can be used with the oral steroids. Steroids can have negative effects on glucose levels, blood pressure, sleep, mood, appetite etc. If these are pre-existing problems expect them to get temporarily worse during the process of keeping you alive and / or preventing permanent pulmonary fibrosis.

*INADEQUATE VIRAL SUPPRESSION:

If you go into a Covid infection with inadequate viral suppression of the herpes viruses (EBV, CMV, HSV1, HSV2, Varicella, HHV6 etc) to which you have been exposed over your lifetime you are at an increased risk for a more serious Acute Covid infection and Post Acute Covid Problems. Easy to access lab tests that can be ordered by your primary can provide information as to how well or not your immune system has been protecting you from the long term consequences of inadequate viral suppression. If you have even one cold sore / genital outbreak a year that is real world evidence of inadequate suppression. Viral suppression by way of a once a day dose (for some people more frequent dosing is needed) of Acyclovir / Valtrex resolves a relevant resource allocation issue within the immune system and allows for a more effective response to new threats. Not to mention the fact that viral particles are constantly being shed in bodily fluids which allows for transmission to another without any visible skin lesions.This is the mechanism by which parents pass the virus that keeps on giving to their children in the years before the parental displays of affection become taboo.

Pharmaceutical Viral Suppression is the mechanism by which patients living with HIV are able to live a lifetime. We do not cure HIV. We suppress the hell out of it to prevent progression to AIDS. Given the triumph of science over this virus by way of pharmaceutical viral suppression, resistance to doing the same on a much smaller scale for the purpose of suppressing herpes viruses continues to confound and confuse me. If you take steroids whether low or high dose and you have inadequate viral suppression you may find yourself dealing with a cold sore, genital outbreak or Shingles on top of whatever problem led to the use of steroids. There is no natural alternative that even comes close to being as effective as the Rx Antiviral medication, says the provider who always prefers the non Rx option if available and effective.

*THAT'S ALL FOR NOW FOLKS:

There are plenty of other supplements / repurposed drugs with the potential for benefit that I have used and /or am currently trialing with the goal of finding additional effective products for the purpose of preventing and treating acute covid infections as well as for the purpose of preventing a family member's Persistent Post Acute Covid Pulmonary Inflammation from becoming a progressive process that results in irreversible pulmonary fibrosis.

There is not plenty or even one additional recommendation I can make for using any of the many repurposed drugs that have completed or are in the process of completing clinical trials desperately seeking signs of significant efficacy sans serious side effects.

I did my due diligence and more long before covid cooties transitioned from a medical problem to be solved to a political weapon to be wielded. As a result of my early research I had stash of Alinia, HCQ and Ivermectin in my house before HCQ became all the rage. After additional and more detailed research into their use I chose not to use any of my pharmaceutical stash despite 2 Covid lockdowns of the Rankin household within 6 months. The one exception is my husband's trial of use in July 2021 when he had the delta variant. Because you can't stand in the Winner's circle if you can't stand alone, my husband's Ivermectin trial was as a stand alone intervention (starting on day 2 using the current high dose regimens) which is the only way to prove Ivermectin's efficacy as a treatment for Covid with a favorable risk to benefit ratio. The day After my husband's 4th dose of Ivermectin 28 mg he could have passed for a man ten years older with a dual diagnosis of Parkinson's and Alzheimer's. His Day of Dementia by way of Ivermectin resolved 48 hours after his LAST ever dose of Ivermectin. The 4 days of Ivermectin 28 mg had provided no benefit against the Covid Cooties and he continued to decline. It was not until several days into his 10 days of high dose steroids that he began to resolve. I qualified for the MAB and was able to access it within 18 hours of the onset of my initial symptom. Within 48 hours of symptom onset I was 100% resolved while My Ivermectin using husband was out of commission for a total of 4 weeks.

It is very true that there is decades of evidence in support of Ivermectin's safety when used at pre-covid doses and dosing schedules. Given that the current larger than ever used before Ivermectin doses recommended in current Covid protocols have been in use for less than a year by default, commonsense and math there cannot be decades of evidence proving safety of use. Ivermectin is very safe when used at 3 mg twice a day for 5 days or 15 mg times one dose which are typical dosing regimens BUT it is NOT effective against Covid at those doses. It may or may not be effective against Covid at much higher doses but there is no data to support its safety at those doses at this time. Anyone finding decades of evidence in 12 months of use should consider a career in politics.

While Fluvoxamine seems to show some beneficial effect this is useless as far as I am concerned as it is an SSRI like Prozac and the regimen that showed benefit is equivalent to taking a 10 mg dose of Prozac every 12 hours for ten days. At no point in time is dosing

unnecessary psychotropic medication in a regimen too crazy for psychiatry ever a good idea although it would make for good people watching. I will do my best to keep this post as updated as possible as new information becomes available.

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Potentially useful links below.

https://us.fullscript.com/protocols/lrankin-covid-8-0

The above is the link to the Fullscript online supplement dispensary and the Covid Protocol

www.patientportalfl.com

The above is the link to the state run MAB infusion centers. You must make an account to schedule an infusion.