



# Viruses: we are not at the Mercy

**Doepp Manfred\***

Holistic Center 13 Haupt. St., Abtwil 9030, Switzerland

\*Corresponding author: Doepp Manfred, Holistic Center 13 Haupt. St., Abtwil 9030, Switzerland

To Cite This Article: Doepp Manfred. Viruses: we are not at the Mercy. Am J Biomed Sci & Res. 2021 - 14(3). AJBSR.MS.ID.001999.

DOI: [10.34297/AJBSR.2021.14.001999](https://doi.org/10.34297/AJBSR.2021.14.001999).

Received: 📅 October 05, 2021; Published: 📅 October 11, 2021

## Introduction

### What can we do?

In the mass media, much is written about vaccinations, masks, quarantine and lockdowns. However, one reads almost nothing about prevention, immune strengthening and prophylaxis. Immunostrengthening by means of micronutrients and natural remedies, which actually seems logical, is practically not discussed. Finally, there would be virustatics from the plant kingdom such as *Cystus incanus*, the Cape Pelargonium, there would be antioxidants or also disinfectants such as chlorine, iodine, hydrogen peroxide and likewise UV light. For spike proteins you can employ a mixture of dandelion leaves, grapefruit peels, pomegranate peels, pine needles and licorice. Virtually none of this is recommended.

### Ivermectin

However, Ivermectin is in discussion. Concerning the efficacy: Ivermectin is a medication uniquely suited to treat COVID-19 given its now well-described, potent anti viral and anti-inflammatory properties. Efficacy of Ivermectin in the prevention of COVID-19 disease is based on a series of 13 randomized and observational controlled trials which consistently find that single or repeated ivermectin use strongly reduces the risk of contracting COVID-19.

The efficacy of ivermectin in treatment is based on dozens of trials reporting large reductions in time to recovery, hospitalizations and death. Further, increasing numbers of health ministries have initiated mass treatment and/or distribution programs that have led to population-wide decreases in hospitalizations and death.

The FLCCC Alliance published a narrative review paper which summarized the evidence base as of January 2021 in

the *American Journal of Therapeutics*: [www.journals.lww.com/americantherapeutics/Fulltext/2021/06000/Review\\_of\\_the\\_Emerging\\_Evidence\\_Demonstrating\\_the.4.aspx](http://www.journals.lww.com/americantherapeutics/Fulltext/2021/06000/Review_of_the_Emerging_Evidence_Demonstrating_the.4.aspx)

The doses are: Chronic Prevention, 0.2 mg/kg per dose (take with or after a meal) — twice a week for as long as disease risk is elevated in your community. Post COVID-19 Exposure, 0.4 mg/kg per dose — one dose today, repeat after 48 hours.

### Additionally

Severe acute respiratory syndrome coronavirus (SARS-CoV-2) is preferentially spread by aerosols in enclosed spaces where temperature and humidity are regulated. The lower the air exchange, the more dangerous the situation. Entry sites are especially the eyes. Therefore, mouth-nose masks are of little use. The danger is not outside, but inside buildings. Thus, exit restrictions of the population are contraindicated. Approximately 10 percent of those infected with SARS-CoV-2 develop COVID-19 disease.

A paper has now appeared in a scientific journal on nutrition [1] in which an international team of researchers has demonstrated that a dietary supplement (Citexivir®, [www.citozeatec.ch](http://www.citozeatec.ch)) has a clear positive effect in Covid 19 patients. This would also enable infection prophylaxis, as well as prevention of post-COVID syndrome with its long-term damage. Also, the type of mutant of the virus would not be significant.

Of these, some require hospitalization. Persons over 65 years of age and those with obesity, diabetes, asthma, immunocompromised cancer patients, etc., are at higher risk for hospitalization and death from COVID-19. Healthy persons younger than 40 years of age rarely die from COVID-19, they die more often from mRNA-vaccinations

(reasons are micro-embolizations and autoaggressions against microsomes and mitochondria after blockages of the ACE-2 receptors). Estimates of COVID-19 mortality rates vary because the definition of COVID-19-related deaths varies. Countries that include only patients in whom COVID-19 was the primary cause of death and not a cofactor have low mortality rates.

Patients with COVID-19 may be at risk for malnutrition because of reduced food intake and mobility as a result of hospitalization. Optimal nutritional intake, coupled with life-sustaining therapy, has the potential to improve the outcome of patients with this disease. However, the nutrition in most hospitals is poor or bad.

### Overview of a New Study

Insofar as the coronavirus pandemic of 2019 (COVID-19) is spreading, there is an urgent need to identify clinical and laboratory predictors of progression to severe and fatal forms of this disease. In this study, we investigated the ability of a dietary supplement to help normalize certain hematologic, biochemical, and immunologic biomarkers in COVID-19 patients.

Micronutrients - such as nutritionally important vitamins and minerals - influence and support every step of immune responses. This study was conducted by administering a dietary supplement rich in calciferol (vitamin D3), ascorbic acid (vitamin C), folic acid (vitamin B9), pantothenic acid (vitamin B5), and intracellular enzyme substrates to patients for 120 days.

All components are essential elements for a complete physiological enzyme process. In the study, scheduled administration

of the dietary supplement Citexivir® to asymptomatic and mild-to-moderate COVID-19 patients resulted in normalization of levels of several critical biochemical and immunological parameters that were primarily pathological.

### Conclusions

The levels of several biochemical parameters in the blood of asymptomatic (AST) and symptomatic (ST) patients infected with COVID-19 are significantly altered, triggering the release of inflammatory mediators and leading to immune damage in the lungs and other organs. Therefore, suppressing the excessive inflammation and regulating the imbalance of the immune system should be an important aspect in the treatment of COVID-19 patients. Prednisolone should always be added, and Ivermectin, too. Instead of high dose oxygen from oxygen cylinders (which may produce a lung fibrosis) an oxygen-concentrator should be used.

Research has made it possible, by means of a nutritional supplement (Citexivir®), to restore the biochemical, hematological and inflammatory parameters of patients infected with COVID-19 and improve their quality of life. The results are statistically significant.

### References

1. Ferorelli Pasquale, Antonelli Francesco, Shevchenko Anna, Doepp Manfred, Lenzi Stefano, et al. (2021) Beneficial Effects of Oral Administration of a Nutritional Supplement in Asymptomatic and Symptomatic COVID-19-Patients. *Journal of Food and Nutrition Sciences* 2021; 9(2): 41-47.