



# COVID-19 V

## A Message of Hope

By: Gary E Foresman, MD

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First, some clarifications from last newsletter: probably due to my “fat fingers”, the ACEI ramipril (Altace) was accidentally left off the last newsletter and has since been corrected. Thank you to the person who pointed that out. Next, as I am sure most of you are aware, most American Medical Societies have come out against switching off the medicines I listed. I knew this would happen as these societies are owned by Big Pharma and would fight the clear evidence that they worsen outcomes in COVID-19, and in a strange, reassuring way let me know that getting off these medicines is the right recommendation. However, always consult with your private physician, monitor your own blood pressure from home, and don't do anything you are not comfortable with!

Covering one other controversy regarding drug antivirals: Do not take chloroquine! However, hydroxychloroquine (Plaquenil), at ultra-low dosages, has therapeutic potential (*if you can find it*). Due to an amazingly long plasma half-life of 22 days, and three active metabolites, as well as extensive tissue uptake (that extend the activity to 40-50 days!), two 200 mg pills at the onset of symptoms and one 200mg pill in one week should have acceptable safety with reasonable efficacy in the treatment of people with symptoms of COVID-19. This drug interacts with *almost every drug*, not just antiarrhythmics, antidepressants and narcotics, such that the potential danger of this drug precludes its usage at higher dosages without direct physician supervision. Hydroxychloroquine is routinely used in treating autoimmune disease at 400mg daily, but this is mostly in much younger people than would be targeted for treatment of COVID-19. Combining this drug with azithromycin has the ability to improve its efficacy in a hospital setting. Azithromycin has the potential to be a fatal combination with hydroxychloroquine, please do not do this on your own! Interestingly Vitamin D improves tissue levels of hydroxychloroquine, meaning I believe the acute viral protocol with at most 3-200mg pills total of hydroxychloroquine has the ability to prevent COVID-19 from becoming life-threatening, and allow vastly more people to be treated with limited supplies!

Above all, do no harm (Primum non nocere -truly, first, do no harm), but do something damn it! I believe that was Hippocrates. If you have never read my article from 2014 called “[Evidence Based Medicine](#)”, please do. Western Medicine kills 440,000 people per year using our own evidence-based approach, yet people still think the only thing that can save them is a drug or a vaccine! True public health will never come from a poison-first approach. “All medicines are poisons” from the father of pharmacology, Paracelsus, who expressed the classic toxicology maxim, “**All things are poison**, and nothing is without **poison**, the dosage alone makes it so a thing is not a **poison**.” This is often condensed to: “The dose makes the **poison**” or in Latin, “Sola dosis facit venenum”. In bringing this point up, more is not always better! The dosage of hydroxychloroquine described above you will find nowhere else. You will never see a study using that dosage, as more money is only made by prescribing more. However, if you look at tissue level obtained and half-lives combined with safety profiles, I find it to be the best dosage regimen I can come up with in a world so dependent on

pharmacological “solutions”. Be clear, we cannot find this medicine anywhere, at local pharmacies or compounding pharmacies we know, so I will only be able to prescribe it should it become available again. In the hospital setting, physicians will, and should, use higher doses. The use of intravenous immunoglobulins from COVID-19 recoverees remains the most promising therapy.

Many people fear... do I really need a qualifier here? The economic slowdown vs saving people’s lives has been raised as if it’s not possible to change an economy into one that saves lives, the environment, the Earth. “We can't solve problems by using the same kind of thinking we used when we created them.” – Einstein. This virus will hopefully bring us together in a way nothing else has. The gift of people learning a new way of being, self-care, and social solidarity found in necessity, and yes, social distancing; I am truly excited for our future, even as we face turbulent times.

“We don't read and write poetry because it's cute. We read and write poetry because we are members of the human race. And the human race is filled with passion. So, medicine, law, business, engineering... these are noble pursuits and necessary to sustain life. But poetry, beauty, romance, love... these are what we stay alive for.”

– Walt Whitman, Leaves of Grass

Live poetically, beautifully, romantically, and lovingly, use this time to reclaim true humanity, and let go of the machinations of human pursuit.

Let me end this newsletter by reassuring you that we will do all we can to keep you informed on breakthroughs in testing, updated orthomolecular approaches, and ways to expand lovingkindness in turbulent times. Each day I dedicate myself to expanding my integral knowledgebase to provide service to all. I find myself more humbled, each and every day, by the magnitude of what I don’t know. Therein lies the charm, the magic and the privilege of becoming a physician, after 33 years, realizing how magnificent, how incredible the challenge!

Your Journey to Health and Healing,

Gary E Foresman MD