Corona 2020

Considerations by
Dietrich Klinghardt MD, PhD
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The number of new cases follows biological laws
There may be a natural end to the pandemic before the vaccine is here....
A few tips for the practitioner

1. Most cases go by unnoticed, maybe with a little unexplained tiredness
2. Mild cases may have a stuffy nose, sore throat or a mild fever
3. At any stage the illness may advance – or disappear. Be watchful!
4. When the illness advances, the dry cough starts
   - If the temperature rises over 38.4 degrees Celsius, be on alert!
   - If the illness starts with new abdominal symptoms, a more difficult course is predicted
5. When the patient or practitioner gets nervous:
   - Get a ferritin level! When and if the illness progresses and the viruses start to invade the tissues deeper, the ferritin level and the temperature shoot up. Don’t miss that! Mehta, P., McAuley, D. F., Brown, M., Sanchez, E., Tattersall, R. S., & Manson, J. J. (2020). COVID-19: consider cytokine storm syndromes and immunosuppression. The Lancet.
   - Its also time to get a chest x-ray or as recommended a CT of the lung - looking for infiltrates (Bogoch II, Watts A, Thomas-Bachli A, Huber C, Kraemer MUG, Khan K. Pneumonia of Unknown Etiology in Wuhan, China: Potential for International Spread Via Commercial Air Travel. J Travel Med
   - How about the old forgotten art to actually listen to the chest?
Tips for the earlier stages

- It is helpful to recognize what phase of the illness the client is in.
- Asymptomatic: assume the client is infected and a silent carrier. Our tools: Cistus tea (6-8 cups per day) and propolis both prevent the attachment of the virus to any cell or membrane. We encourage the client to frequently use the oral propolis spray and tincture (source of cistus and propolis: www.biopureUS.com).
- Mild case: drink and also gargle with Cistus every hour.
- Moderate – when you start to be concerned: now we urgently recommend using the special inhalation device for organic propolis (www.kiScience.com). A number of trusted clients who experienced the more severe condition with significant lung involvement have reported that the cough stopped within minutes of starting the inhalation. Has to be done 3 times/day for 20 minutes.
- Propolis should be sprayed at the back of the throat and the roof of the mouth – hourly (special inhaler for children and different for adults (KiScience)).
- Nose and eyes should be spayed with isotonic stabilized HOCL frequently (SophiaNutrition).
- HOCL is sprayed on all surfaces, desktop, cellphone, door handles, table-top, hands, eyes etc. - frequently.

Abstract : This study was designed to evaluate whether an ethanolic extract of green propolis (EEP) can interfere with production of specific antibodies after immunization against parvovirus (CPV) and canine coronavirus (CCoV). Mice were vaccinated with CPV and CCoV (0.75, 1.5 and $3 \times 10^6$ TCID$_{50}$) with or without 400 µg/dose of the EEP. Twenty one days after the third dose was measured serum IgG. The co-administration of the EEP significantly enhanced serum specific IgG responses to CPV in animals inoculated with the highest concentration of the antigen, and had no influence on levels of antibodies to CCoV. The results indicate that the EEP has immunomodulatory action closely dependent on the type and concentration of antigen used, being able to increase the levels of antibodies to CPV.
The ANK Basic Therapy (many of the recommendation come from the work with SARS)

**A. Preventing viral attachment** to nose, throat and eyes:

**Propolis** Throat spray (SophiaNutrition). First signs of lung involvement: Propolis Inhalation. In addition frequent use of Propolis tincture (BioPureUS) (Ferreira, L. das N., et al. "Effect of the ethanolic extract from green propolis on production of antibodies after immunization against canine parvovirus (CPV) and canine coronavirus (CCoV)." Brazilian Journal of Veterinary Research and Animal Science 49.2 (2012): 116-121)


**B. Anti-Viral Remedies:**


**Zinc**: Intracellular zinc is a strong anti-corona medication (Te Velthuis, Aartjan JW, et al. "Zn2+ inhibits coronavirus and arterivirus RNA polymerase activity in vitro and zinc ionophores block the replication of these viruses in cell culture." PLoS pathogens 6.11 (2010). We prefer the supplement Core-S for this use (BioPureUS)


In the more serious stage of the illness we titrate additional oral pure ascorbic acid to bowel tolerance and include i.v. Vit C 25-75 gms – given over several hours (the more it is stretched out, the better)

Abstract:

The outbreak of SARS warrants the search for antiviral compounds to treat the disease. At present, no specific treatment has been identified for SARS-associated coronavirus infection. We assessed the antiviral potential of ribavirin, 6-azauridine, pyrazofurin, mycophenolic acid, and glycyrrhizin against two clinical isolates of coronavirus (FFM-1 and FFM-2) from patients with SARS admitted to the clinical centre of Frankfurt University, Germany. Of all the compounds, glycyrrhizin was the most active in inhibiting replication of the SARS-associated virus. Our findings suggest that glycyrrhizin should be assessed for treatment of SARS.
When it gets more serious: cough, fever and ferritin start to increase

**Vit A** in high doses *(Zhang, Lei, and Yunhui Liu. "Potential interventions for novel coronavirus in China: A systematic review." Journal of medical virology (2020).)* Consider: 100000 iu 4 times per day for 2-3 days, then 100 000 iu once a day till crisis is over

**Thymosin Alpha** *(ibidem)*- Sophia Health Institute

**Potassium**: as soon as the lung symptoms start, the client starts to excrete super-physiological amounts of potassium. Monitor (electrolytes in serum) and replace!! *(Li, X., Hu, C., Su, F., & Dai, J. (2020). Hypokalemia and Clinical Implications in Patients with Coronavirus Disease 2019 (COVID-19). medRxiv.)*

**Lung Surfactant** has a crucial role to prevent viral entry into the alveoli cells. Bile has a positive effect on quality and amount of surfactant. We observed instant improvements in shortness of breath, when bile was added to our regime

1. **Urso** – 250 mg with each meal or better with each dose of fat-soluble nutrients: Vit A, Vit D, Omega-3, etc.). Urso is a prescription item. Alternative: ox-bile in capsules *(Sophia Nutrition.com)*
2. **Andrographis** - also called “king of the bitters”, increases bile production and flow significantly. We suggest the alcoholic tincture: 2 dropperfull before each meal *(BiopureUS.com)*
3. **Propolis** naturally contains surfactant which might explain the rapid relief of the cough with propolis inhalation – which our patients have reported *(Chen, C. R., Lee, Y. N., Chang, C. M. J., Lee, M. R., & Wei, I. C. (2007). Hot-pressurized fluid extraction of flavonoids and phenolic acids from Brazilian propolis and their cytotoxic assay in vitro. Journal of the Chinese Institute of Chemical Engineers, 3.)*


- Always use a binder 90 minutes after this powerful anti-viral cocktail (BioPure Chlorella 250 mg tbl: 15-20 tbl 3 times/day; zeolite: ½ tsp 3 times/day (both from BiopureUS.com). This organic herbal mix is available from BioPure.eu under the name "NoCoV".)
The Medical Research and Treatment: Chloroquin, Azithromycin, Zinc, Heparin

The “in-vitro studies” which discovered the blessings of chloroquine (also Nitzoxanide, Remdesivir, recently Ivermectin)


• Yao, Xueting, et al. "In vitro antiviral activity and projection of optimized dosing design of hydroxychloroquine for the treatment of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)." _Clinical Infectious Diseases_ (March 9, 2020)


The in-vivo studies


The “Reviews”


Physicians world-wide have reported sensational results with the treatment using Hydroxy-Chloroquin, Azithromycin and zinc.
Our friends, who work successfully in ICU environments in Asia, and have the longest real-life experience, use versions of this protocol. The earlier the protocol is used, the more successful. Here I give also the alternatives which have worked in less dramatic environments.

The “Recipe”

1. **Hydroxy-Chloroquin**: Day 1 400 mg twice daily (i.e. Plaquenil)  
   Day 2-6 200 mg twice daily.  
   Chloroquin is a Zn++ ionophor and carries zinc into the cell. Xue, Jing, et al. "Chloroquine is a zinc ionophore." PloS one 9.10 (2014)  
   When the hydroxy-form of chloroquine is not available, the phosphate form has worked just fine!  
   **Alternative**: Broccoli sprouts (=Quercitin as zinc ionophor) and RetroV (epigallokatechin as zinc ionophor): 2 tsp each twice daily (Broccoli sprouts from BioPureUS, RetroV from BioPure.eu)

2. **Zink**: given at the same time  
   I strongly recommend zinc in the form of Core-S: 2 caps with each dose of chloroquine (BioPureUS)

3. **Azithromycin**: Day 1: 500 mg one-time dose, day 2-5 (or 6) 250 mg/day (Prescription)  
   **Alternative**: Cocktail tincture: 2-3 dropperful 4 times/day for 10 days (BioPureUS)

4. **Heparin** 5000 i.u twice daily s.c. (Prescription)  
   **Alternative**: high dose fibrinolytic enzymes (lumbro-kinase, nattokinase, serrapeptase)  
5. “Doctor, I can breathe - but I am starving of air”:
When the exchange of our vital gases in the lung doesn’t work anymore (Solaimanzadeh, Isaac. "Acetazolamide, nifedipine and phosphodiesterase inhibitors: rationale for their utilization as adjunctive countermeasures in the treatment of coronavirus disease 2019 (COVID-19)." *Cureus* 12.3 (2020))

**Abstract**

Effective treatments for Coronavirus Disease 2019 (COVID-19) outbreak are urgently needed. While anti-viral approaches and vaccines are being considered immediate countermeasures are unavailable. The aim of this article is to outline a perspective on the pathophysiology of COVID-19 in the context of the currently available clinical data published in the literature. This article appreciates clinical data published on COVID-19 in the context of another respiratory illness - **high altitude pulmonary edema (HAPE)**. Both conditions have significant similarities that portend pathophysiologic trajectories. Following this potential treatment options emerge.

It appears that COVID-19 and HAPE both discretely converge on ARDS. In light of this, a countermeasure that has been shown to be effective in the analogous condition of HAPE is Acetazolamide. Acetazolamide has a myriad of effects on different organ systems, potently reduces hypoxic pulmonary vasoconstriction, improves minute ventilation and expired vital capacity. Other therapeutics to consider that are also directed towards decreased pulmonary pressure include Nifedipine and Phosphodiesterase inhibitors.

**ANK Recommendation:**
- use a portable oxygen concentrator
- **Acetazolamide** 250 mg every 12 hours
- Nifedipine 30 mg extended release every 12 hours
The emerging role of i.v. Ozone therapy

There is an increasing number of clients who report being taken off the ventilator after dramatic improvement from a single intravenous ozone injection. In the US there is currently a total block on research using ozone for the treatment of covid-19.


Abstract Many viruses require reduced sulfhydryl groups for cell fusion and entry. Corona viruses, including SARS-CoV-2 (the cause of the condition now named coronavirus disease 2019 or COVID-19), are rich in cysteine, which residues must be intact for viral activity. Sulfhydryl groups are vulnerable to oxidation. Ozone therapy, a very inexpensive and safe modality may safely exploit this critical vulnerability in many viruses, inclusive of SARS-CoV-2. Keywords Antiviral, Antimicrobial, Ozone therapy, Coronavirus, Immune modulation.


The rapid spread of COVID-19 results in a pandemic throughout the world, however, there are currently no specific treatments available. We report the first case of ozonated autohemotherapy for a critically ill patient with COVID-19. The patient was diagnosed with severe acute respiratory distress syndrome (ARDS) and life-threatening refractory hypoxemia within 72 hours of the intensive-care unit (ICU) admission. To improve the oxygen delivery, the ozonated autohemotherapy was performed with 40 µg/ml of ozone in 100 ml of blood for 5 days on this patient, who then recovered from ARDS uneventfully and discharged from hospital after viral clearance. This case suggests ozonated autohemotherapy might be an alternative non-invasive medical treatment for critically ill COVID-19 patients.
The Cytokine storm: treatments that have worked

The SARS-CoV 2 virus gets activated by our own furin enzyme in the cell wall, which can be blocked with **Andrographis**. The virus enters the lung cells via the angiotensin II receptors, which can be blocked with **Angiotensin II receptor blockers**. If the virus enters the cell, the NLRP inflammasome is activated. Now pro-inflammatory cytokines are released (**interleukin 1β (IL-1β)** and **interleukin 18 (IL-18)**) and the perfect storm (cytokine strom) is unleashed (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4061751)

The following measures have worked consistently to soothe the NLRP Inflammasome:

1. **Melatonin** (we may use 400 mg as a suppository at bedtime and 250 mg as transdermal cream during the day)


2. **Vitamin C** (intra venously: 25-50 gms given over several hours)

ARBs (Angiotensin Rezeptor Blocker) vs. ACE Inhibitoren

The SARS-CoV-2 virus uses the angiotensin II receptor as an entry portal into the lung-cell (Gurwitz D. Angiotensin receptor blockers as tentative SARS-CoV-2 therapeutics. Drug Dev Res. 2020 Mar 4. doi: 10.1002/ddr.21656. [Epub ahead of print]

• Dimitrov, D. S. The secret life of ACE2 as a receptor for the SARS virus. Cell, 2003; 115(6), 652–653”

**Angiotensin Rezeptor Blockers** (ARBs) make the doors difficult to pass through. Their generic name ends on “Tarsan” (losartan (Cozaar), candesartan (Atacand), telmisartan (Micardis), and valsartan (Diovan), fimasartan (Kanarb).

**ACE Inhibitors** are often fatally mistaken for the above. They are a different class of chemicals and dangerous for the Covid Patient. They block the formation of angiotensin II. In response the alveoli express (=create) more ACE II receptors and the virus gains far easier access to invade. Don’t do it! Don’t allow it! ACE inhibitors are older and less expensive – many health plans have forced our patients to use them instead of the ARBs (Fang, Lei, George Karakiulakis, and Michael Roth. "Are patients with hypertension and diabetes mellitus at increased risk for COVID-19 infection?" The Lancet Respiratory Medicine (2020).

The “forbidden” drugs. Their generic name ends on “Pril”: captopril, lisinopril, benazepril, zofenopril, perindopril, trandolapril, enalapril and ramipril.
Taming the Cytokine storm: soothe the Inflammasome!


Brokkoli Sprossen (Querztin, Luteolin):


Anti-Furin effect (our own furins in the cell wall are misused to activate SARS-CoV-2): Andrographis 2 dropperful every 2 hours (Basak, Ajoy. "Inhibitors of proprotein convertases." *Journal of molecular medicine* 83.11 (2005): 844-855)

Organic herbal extract sources: www.BiopureUS.com
The total body burden of **toxins** makes us vulnerable towards Covid-19 and the unleashing of the inflammasome (agrochemicals, heavy and light metals, petrochemicals)


**Solution:** brokkoli sprouts, cilantro, chlorella, curcumin

**Dental** caries, untreated gum infection and jaw bone cavitations activate the inflammasome:


**Solution:** biological dentistry

**Chronic stress** activates the inflammasome:


**Solution:** psychokinesiology, trauma therapy, MFT, family constellation work

**5G** stress:

**Solution:** drink “hydrogen water” (also good to inhale)


Covid-19 blocks the **Porphyrin synthesis** (=our hemoglobin loses the ability to carry oxygen):

Liu, Wenzhong, and Hualan Li. "COVID-19: Attacks the 1-Beta Chain of Hemoglobin and Captures the Porphyrin to Inhibit Human Heme Metabolism." W Liu, H Li - chemrxiv.org

**Solution:** Core-S 2 caps 2-3 times/day with food (BioPureUS), oxygen therapies, ozone therapy
3 different ways to deal with a pandemic

1. **Mass quarantine** (this system was already used with limited success in 1918 against the flu pandemic). The need for isolation is justified if there is no other effective treatment. However, the fact is, that we already have an effective treatment. But it is inconvenient to the same forces that gave us glyphosate in our food, aluminium in the air we breathe and retroviruses in the vaccines we are forced to take.

   Questions: Why are the effective treatments denied? Why do “they” need a total breakdown of our economy? How will they take advantage? Why is Mr. Fauci, a speaker for that group, in charge of our health? Isn’t it like making the fox the keeper of the hen house? Who is whispering in the ears of our president?

2. **Vaccination**: it is likely, that the vaccine against Covid-19 already existed before the outbreak happened. It will come as soon as we, the people, cry out for it. Anyone like myself, who has treated autistic children for over 30 years is very worried about the upcoming vaccine program for a variety of reasons. However, it seems unwise to talk about it.

   Question: why do we need an unproven vaccine (by the way, none of the current vaccines have ever been proven to be safe or effective), if we already have a safe and effective treatment, the ingredients of which have been proven to be safe for over 30 years?

3. The 3rd way of dealing with a pandemic is to let it happen, but to provide everyone with a protocol that protects against the more severe form of the illness in question (Vit D, vit A, vit C, herbs, regular liver flushing, etc.). It would also require to have an effective treatment on board for the more severe form - if it happens. In this case: hydroxychloroquine, ozone, etc. It would also require to have a post-treatment on board to prevent viral flare-ups - if the client had undertreated hiding places in their body. This scenario would most likely leave behind herd immunity and stop the virus-spread at a certain point. It would leave the population stronger and more resilient.
Other arguments for gaining “herd immunity” in reasonable ways

- A new French study in the Journal of Antimicrobial Agents, titled SARS-CoV-2: fear versus data, concludes that “the problem of SARS-CoV-2 is probably overestimated”, since “the mortality rate for SARS-CoV-2 is not significantly different from that for common coronaviruses identified at the study hospital in France”. [https://www.sciencedirect.com/science/article/pii/S0924857920300972](https://www.sciencedirect.com/science/article/pii/S0924857920300972)

- An Italian study of August 2019 found that flu deaths in Italy were between 7,000 and 25,000 in recent years. This value is higher than in most other European countries due to the large elderly population in Italy, and much higher than anything attributed to Covid-19 so far. [https://www.ijidonline.com/article/S1201-9712(19)30328-5/fulltext](https://www.ijidonline.com/article/S1201-9712(19)30328-5/fulltext)

- In a new fact sheet, the World Health Organization WHO reports that Covid-19 is in fact spreading slower, not faster, than influenza by a factor of about 50%. Moreover, pre-symptomatic transmission appears to be much lower with Covid-19 than with influenza. [https://www.who.int/news-room/q-a-detail/q-a-similarities-and-differences-covid-19-and-influenza](https://www.who.int/news-room/q-a-detail/q-a-similarities-and-differences-covid-19-and-influenza)

- A leading Italian doctor reports that “strange cases of pneumonia” were seen in the Lombardy region already in November 2019, raising again the question if they were caused by the new virus (which officially only appeared in Italy in February 2020), or by other factors, such as the dangerously high smog levels in Northern Italy. [https://www.thelocal.it/20170131/our-lungs-are-breaking-smog-levels-way-above-safe-limits-in-northern-italy][https://www.scmp.com/news/china/society/article/3076334/coronavirus-strange-pneumonia-seen-lombardy-november-leading]

- Danish researcher Peter Gøtzsche, founder of the renowned Cochrane Medical Collaboration, writes that Corona is “an epidemic of mass panic” and “logic was one of the first victims.” [https://www.deadlymedicines.dk/corona-an-epidemic-of-mass-panic/](https://www.deadlymedicines.dk/corona-an-epidemic-of-mass-panic/)

- Former Israeli Health Minister, Professor Yoram Lass, says that the new coronavirus is “less dangerous than the flu” and lockdown measures “will kill more people than the virus”. He adds that “the numbers do not match the panic” and “psychology is prevailing over science”. He also notes that “Italy is known for its enormous morbidity in respiratory problems, more than three times any other European country.” [https://en.globes.co.il/en/article-lockdown-lunacy-1001322696](https://en.globes.co.il/en/article-lockdown-lunacy-1001322696)

- Pietro Vernazza, a Swiss infectious disease specialist, argues that many of the imposed measures are not based on science and should be reversed. According to Vernazza, mass testing makes no sense because 90% of the population will see no symptoms, and lockdowns and closing schools are even „counterproductive“. He recommends protecting only risk groups while keeping the economy and society at large undisturbed. [https://infekt.ch/2020/03/neues-verstaendnis-der-covid-19-epidemie/](https://infekt.ch/2020/03/neues-verstaendnis-der-covid-19-epidemie/)


- Switzerland: Despite media panic, excess mortality still at or near zero: the latest testpositive “victims” were a 96yo in palliative care and a 97yo with pre-existing conditions. [https://www.bluewin.ch/de/newsregional/zuernich/1068-bestatigte-corona-falle-und-funf-todesfalle-im-kanton-zuehref-371873.html](https://www.bluewin.ch/de/newsregional/zuernich/1068-bestatigte-corona-falle-und-funf-todesfalle-im-kanton-zuehref-371873.html)

I wanted to take a minute to THANK YOU for the extraordinary support you, Dr Klinghardt and your team offer to your community. Your passion, knowledge, dedication, commitment is clear.

In addition, on behalf of my 83 y/o mother who contracted Covid-19 in Vancouver, B.C. Canada, she wanted you to know, both the preventative and acute protocol from Sophia Hi and Dr Klinghardt saved her life. She did it as prescribed, except she did much much lower doses of Vit A and she added in greens and green drinks with the high dose of Vit D. She did not have Lomatium as we are unable to find it.

God Bless YOU, Dr Schaffner, Dr Klinghardt, Dr Wilms and the rest of your dedicated team.