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UNION OF MEDICAL SCHOLARS FORMULATE COVID TREATMENT PROTOCOL WITH PROVEN SURVIVAL RATE



June 24, 2020- Months into the CoronaVirus pandemic, the tally of efforts expended by government health agencies and professionals worldwide has been noted to significantly exceed any global campaign in history. Economists tend to use war terms to help put the pandemic's containment efforts and collateral damage in perspective. IMF's chief

economist Gita Gopinath, (in an April 15 news conference) stated that "the best case scenario, the world is likely to lose a cumulative \$9 trillion in output over two years"- making this a global war 3x the fiscal size of World War II.

As with past wars, alliances were formed, industries were committed to task and scientists worldwide have united by sharing information toward this single directive. The Department of Global Communications (U.N.) announced their drive to mobilize global cooperation in science-based COVID-19 responses, "The United Nations is mobilizing international cooperation to harness the power of science to tackle the coronavirus pandemic, while also working with partners to explore innovative crisis response tools."

Epidemiology

Unlike the early months of the year, the second quarter showed the front lines to finally "catching up to the war efforts" with installments of these comprehensive containment measures:

- a dedicated testing strategy & global data tracking
- ample access to Covid tests and antibody testing
- policy enforced education about preventive and safety guidelines
- ample manufacturing of medical equipment and medicines
- consistent PPE supply & distribution chains
- trained critical care response personnel
- lab research for therapeutics and vaccines

GLOBAL SOLIDARITY AGAINST THE PANDEMIC

"The COVID-19 pandemic has demonstrated the interconnected nature of our world – and that no one is safe until everyone is safe. Only by acting in solidarity can communities save lives and overcome the devastating socio-economic impacts of the virus. In partnership with the United Nations, people around the world are showing acts of humanity, inspiring hope for a better future." - United Nations



(L image) World medical conferences and international forums unite multidisciplinary experts to continue global info-sharing

This pandemic has clearly illustrated that "Scientists by nature do not see borders or politics - only solutions", states Dr. Robert Bard, cancer diagnostics expert (NYC). "The spirit of teamwork is alive and well with this community- especially in a crisis. Historically, medical and scientific people have always raced to the front lines - always at the ready to pool resources and collaborate. Like the domestic and international health associations, we continue to see some of the sharpest clinical minds in the world- including American teams that are now coming out with promising protocols to help end this pandemic. To contain and eliminate this human threat means UNITING WITH SCIENCE AND WORKING TOGETHER ON A COORDINATED GOAL."

M.A.T.H. + ESSENTIALS:

Recorded on April 5, 2020

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MATH+ COVID-19 Early Intervention Protocol

PROTOCOL TO CONTROL INFLAMMATION AND EXCESS CLOTTING

Front Line COVID-19 Critical Care Working Group

With a confirmed global count of 9.27+ Million cases and 470,000+ deaths, the world continues its desperate search for a treatment that will save the lives of COVID-19 patients who come into the ER or hospital with low oxygen levels or struggling to breathe. Where the more popular treatment for patients in ICU is the use of ventilators, a reported 80-

85% of Covid-19 patients on ventilators in New York end up dying (Associated Press and state and city officials).

A recent group of scholars and critical care/ER doctors developed what appears to be a working treatment formula proving remarkable success in hospitals that permit its use. According to the critical care physicians applying this formula, MATH+ manages the illness, sepsis, and acute respiratory distress syndrome (ARDS) known to arise from CoronaVirus infection. This protocol is designed to counter the

body's overwhelming inflammatory response to the virus as it is the hyper-inflammation, not the virus itself, that damages the lungs and other organs, and ultimately kills. (To view the complete video of the founding union of experts discuss the MATH+ protocol, visit: www.covid19criticalcare.com)

The corticosteroid Methylprednisolone is a key ingredient with many studies that have proven its effectiveness- and whose potency is significantly increased when administered intravenously with high doses of the antioxidant Ascorbic acid (Vitamin C). Thiamine (Vitamin B1) helps protect the heart and boost the immune system and the anticoagulant Heparin prevents (or breaks up) blood clots that may appear in advanced cases. The + represents other supportive treatments by the administering doctor for patients who present other pre-existing conditions (as needed). This also includes continued adjustments to the formula as new data emerges.



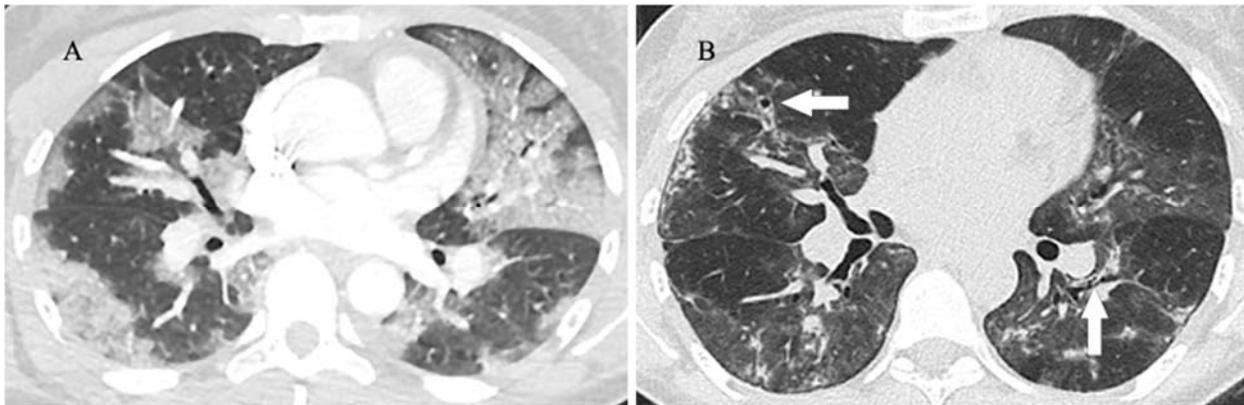
PROVEN SUCCESS FROM THE FRONT LINES

This segment is based on a recent interview with Dr. Joseph Varon, Chief of Clinical Care at the United Memorial Medical Center in Houston, TX. Dr. Varon introduces the MATH+ treatment solution from the Covid Unit of one of America's latest CoronaVirus epicenters.

THE JUNE COVID SPIKE OF HOUSTON

According to the Texas Medical Center data, Covid cases escalated from 267 in week 10 (5/31) to 962 in week 13 (6/21). "I've had the worst 48 hours of the last 84 days. I have received more patients over the last two weeks than in the last 10 weeks [totalled]. As the state opened up, people get crazy-- this includes Memorial day weekend and last week's protest and mass gatherings. Out of all this, my ward is getting a flood of patients. I have tested more than 55,000 people for Covid in the Houston metropolitan area-- and out of those 55,000, 10.5% are Covid+. And these numbers in Texas are still going up."

Dr. Varon attributes the current increase in case numbers to social mis-behaving of the general public as the state's lock-down is released. "I'm seeing more cases now than I have ever seen. So I have to trust our data based on all that work that we have done as a group. The problem is that (at least) in Texas, when people got told that they can go out to restaurants, they act as if CoronaVirus is over! There is no social distancing, no masks... nothing. The virus is very unique and what we're seeing now, the severity of illness for us is increasing from all these mass gatherings... but also the people-- they don't give too much attention to the virus. By the time they come to us, it's often too late. MATH+ works beautifully when you start early. So the sooner I can start you off, the better off you are!"



Before/After CT Scan Image of a Covid patient – Dr. Varon treated with MATH+

REPLACING THE VENTILATOR

Countless news reports and researchers are now showing a significant percentage (75-85%) of ventilated patients are ending in death. Interviews with medical experts state that patients who are ventilated typically have critical or dire conditions- whereby ventilators are not the cause of death.

According to the Journal of American Medical Assoc., "In (a) case series that included 5700 patients hospitalized with COVID-19 in the New York City area, the most common comorbidities were hypertension, obesity, and diabetes. Among patients who were discharged or died (n = 2634), 14.2% were treated in the intensive care unit, 12.2% received invasive mechanical ventilation, 3.2% were treated with kidney replacement therapy, and 21% died."



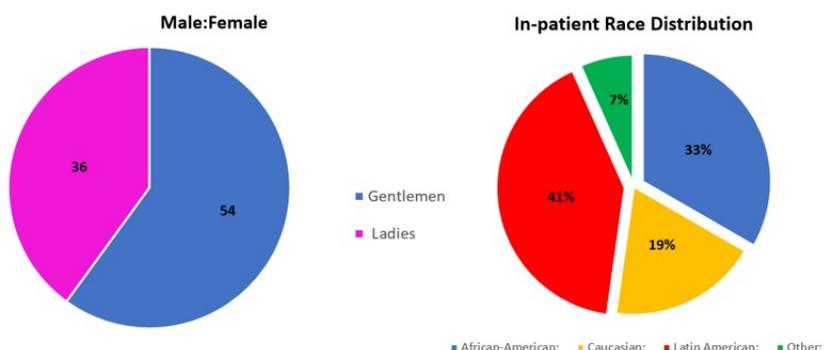
UMMC's COVID-19 In-Patient Situation Report #1 – June 19, 2020

Joseph Varon MD, Chief of Staff and Chief of Critical Care Services at United Memorial Medical Center

Total COVID-19 patients: 90
 Average age: 54 years
 Average hospital length of stay: 10 days
 Average PaO2:FiO2 ratio: 194
 Total patients who required a ventilator: 4 (4.4%)
 Total # deaths: 3 (3.3%)

UMMC's Survival rate: 96.7%

Latin American	37 (41%)
African-American	30 (33%)
Caucasian	17 (19%)
Other	6 (7%)
	Total = 90



(L chart) Medical data from UMMC Covid Patients Treated with MATH+

"When the pandemic started, my partner who owns a hospital was going crazy, trying to get ventilators. When we started working with MATH+, we actually changed the whole concept of treatment. Out of the last 70 patients that I've had with severe Covid, only two have required ventilators. Why? Because I can manage

most of the patients with high flow nasal cannula (HFNC), which are like special, extra oxygen supplies without having to put them on it on a respirator. Now this is not what's happening across the U.S. a lot of people are still using ventilators. A lot of people don't believe that when we tell them, once you put a patient on a mechanical ventilator, we're pretty much giving them more than 80% chance of dying. Information changes every day. In early March, I was probably thinking about ventilating a lot of people, but when I saw that MATH+ was working fabulously, that changed everything. And when we started to give them all these corticosteroids, ascorbic acid and the Heperin, , they get well!"

THE ROAD TO GLOBAL ACCEPTANCE By: Dr. Joseph Varon

Dr. Paul Marik and I have been working together for close to 30 years. Since the middle of 2017, we've been working very closely on the H.A.T. protocol, (Hydrocortisone, Ascorbic Acid and Thiamine) and we enrolled more than 1500 patients together. By the time the pandemic came around, that's when I met with Dr. Umberto Meduri (the world's Guru on corticosteroids) and educated us all on Methylprednisone

as a better choice. Then other specialists came aboard like Dr. Jose Iglesias and Dr. Pierre Cory-- the group just grew, all from video conferencing.

Like anything else in life, every time a new therapeutic intervention comes in, it's usually met with a lot of resistance. Oddly enough, I'm getting a lot of international acceptance. Domestic is not there yet. We are still having issues of people here who are just afraid- of giving steroids because they think that patients are going to get worse. They're stuck on the idea of intubating everybody. Now, in all fairness, when I am in my regular ICU, if you sneeze, I will intubate you. I'll put you on a respirator. But if I am on the Covid unit, I will do whatever it takes to prevent you from getting ventilated.

Covid-19 is a very liquid illness because of its ability to keep changing. What I'm doing today is not what I was doing 10 weeks ago. We're in June now, and we are in the process of (still) learning more about the disease... and (with concepts like MATH+), we are trying to implement things that are easy to adopt by everybody. As of today, in my hospital, we have a hundred percent success rate with MATH+ . When you look at the data from Dr. Marik and some of the other members of FLCCC, we're talking about a 95%, success rate among everybody. That's by far the best therapeutic intervention that is out there for coronavirus.

**For additional information about the MATH+ treatment protocol,
visit: www.covid19criticalcare.com**

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References:

- 1) Some doctors moving away from ventilators for virus patients: <https://apnews.com/8ccd325c2be9bf454c2128dcb7bd616d>
- 2) Global economy to be worst hit since Great Depression: Gita Gopinath, Chief Economist, IMF
<https://www.youtube.com/watch?v=rpiZ0DkHeGE>
- 3) W.H.O. CASE
COUNT: https://covid19.who.int/?gclid=CjwKCAjw88v3BRBFEiwApwLevVNWB8VzRXQYzS6KGVe1QkdldQ7P5G4SoXNleYnTSKclooGXKqblzBoCnlkQAvD_BwE
- 4) UChicago Medicine doctors see 'truly remarkable' success using ventilator alternatives to treat COVID-19
<https://www.uchicagomedicine.org/forefront/coronavirus-disease-covid-19/uchicago-medicine-doctors-see-truly-remarkable-success-using-ventilator-alternatives-to-treat-covid19>
- 5) Ventilators: Helping or Harming COVID-19 Patients <https://www.webmd.com/lung/news/20200415/ventilators-helping-or-harming-covid-19-patients#1>
- 6) Study: 88% of coronavirus patients on ventilators died in NY
<https://www.syracuse.com/coronavirus/2020/04/study-88-of-coronavirus-patients-on-ventilators-died-in-ny.html>
- 7) Coronavirus patients on ventilators are unusually likely to die, causing some doctors to change strategy
<https://www.independent.co.uk/news/coronavirus-ventilators-nhs-death-rates-china-wuhan-us-cases-a9458541.html>
- 8) Texas Medical Center Data: <https://www.tmc.edu/>
- 9) Nearly 9 in 10 COVID-19 patients who are put on a ventilator die, New York hospital data suggests
<https://www.livescience.com/coronavirus-ventilator-deaths-new-york.html>
- 10) Presenting Characteristics, Comorbidities, and Outcomes Among 5700 Patients Hospitalized With COVID-19 in the New York City Area
<https://jamanetwork.com/journals/jama/fullarticle/2765184>
- 11) Center for American Progress: Removing Barriers for Immigrant Medical Professionals Is Critical To Help Fight Coronavirus <https://www.americanprogress.org/issues/immigration/news/2020/04/02/482574/removing-barriers-immigrant-medical-professionals-critical-help-fight-coronavirus/>
- 12) UN Foundation: HOW THE WORLD'S SCIENTISTS, DOCTORS, AND NURSES ARE UNITING TO FIGHT COVID-19
<https://unfoundation.org/blog/post/how-worlds-scientists-doctors-and-nurses-uniting-fight-covid-19/>

Sources: <https://www.un.org/sg/en/spokesperson/about.shtml>