



## Frontline Care Doctor Shares How to End COVID

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✓ Fact Checked

### STORY AT-A-GLANCE

- › Critical care physician Dr. Paul Marik speaks with Dr. Mobeen Syed about trends in the management of COVID-19, including what he believes could have wiped out the virus early on
- › The continued recommendation that people stay home and isolate while doing nothing until they're cyanotic, or turning blue from a lack of oxygen, is a disgrace, because early treatment options are available
- › The Front Line COVID-19 Critical Care Working Group I-MASK+ protocol can be downloaded in full, giving you step-by-step instructions on how to prevent and treat the early symptoms of COVID-19
- › According to Marik, a mass distribution program of ivermectin together with melatonin, vitamin D and aspirin could end the COVID-19 pandemic in one month

Dr. Paul Marik, a critical care doctor at Sentara Norfolk General Hospital in East Virginia, is renowned for his work in creating the “Marik Cocktail,” which significantly reduces death rates from sepsis using inexpensive, safe, generic medications.<sup>1</sup> In the video above, he speaks with Dr. Mobeen Syed about trends in the management of COVID-19, including what he believes could have wiped out the virus early on.<sup>2</sup>

According to Marik, the treatment of COVID-19 patients in the early stages of the disease was botched in the U.S. and worldwide, and the continued recommendation

that people stay home and isolate while doing nothing until they're cyanotic, or basically turning blue from a lack of oxygen, is a disgrace, because early treatment options are available.

"There is a scientific vacuum and this starts back to March of last year," Marik said. "There's been a complete failure of the major medical institutions across the world. Every major society has failed to provide honest useful scientific information."<sup>3</sup>

While the World Health Organization, Centers for Disease Control and Prevention and the National Institutes of Health have stated there's no treatment for COVID-19, only supportive care to treat the fever or provide fluids, Marik describes this as an outrage:<sup>4</sup>

*"While we may not have the best answers, we do have some answers and to tell people to stay at home and isolate so they go blue is an absurdity that's actually causing lots of damage because we are now waiting for the virus to, in some people, cause the cytokine storm. And when they arrive with that state it is very difficult to reverse it and stop it and bring them back."*

## **FLCC's COVID-19 Treatment Protocol**

Marik and four other critical care physicians formed the Front Line COVID-19 Critical Care Working Group (FLCCC) early on in the pandemic. Not content to offer COVID-19 patients "supportive care," Marik recruited some of the most knowledgeable pulmonary critical care specialists to solve the COVID-19 treatment puzzle, honing in on stopping the hyper-immune response – including multi-organ inflammation and clotting – which is what typically drives death in fatal COVID-19 cases.<sup>5</sup>

Marik told Mountain Home magazine, "As pulmonary critical care doctors we know how to treat inflammation and clotting, with corticosteroids and anticoagulants. It's first-grade science."<sup>6</sup> Yet, when the pandemic began, press briefings neglected to include clinicians who were actually treating COVID-19 patients to state "these are the

symptoms and this is what you have to do.”<sup>7</sup>

FLCCC released their [MATH+ protocol for hospitalized COVID-19 patients](#) in March 2020. It gets its name from:

Intravenous **M**ethylprednisolone

High-dose intravenous **A**scorbic acid (vitamin C)

Plus optional treatments **T**hiamine, zinc and vitamin D

Full dose low molecular weight **H**eparin

The MATH+ protocol led to high survival rates. Out of more than 100 hospitalized COVID-19 patients treated with the MATH+ protocol as of mid-April 2020, only two died. Both were in their 80s and had advanced chronic medical conditions.<sup>8</sup> FLCCC also created I-MASK+, which is their mass distribution protocol for prevention and [outpatient treatment of COVID-19](#).

## Step-by-Step Guide to COVID Prevention and Early Treatment

FLCCC’s I-MASK+ protocol can be downloaded in full,<sup>9</sup> giving you step-by-step instructions on how to prevent and treat the early symptoms of COVID-19. The prevention protocol is for those who are at high risk of COVID-19 or know they’ve been exposed, and includes:

Ivermectin	Vitamin D3
Vitamin C	Quercetin
Zinc	Melatonin

The early outpatient protocol, for those with early symptoms, includes all of the

above, plus aspirin and nasopharyngeal sanitation, such as steamed essential oil inhalation three times a day along with chlorhexidine mouthwash gargles and betadine nasal spray. Fluvoxamine is also recommended in certain cases and monitoring of oxygen saturation levels with a pulse oximeter is recommended.

FLCCC also has protocols for at-home prevention and early treatment, called I-MASS, which involves ivermectin, [vitamin D3](#), a multivitamin and a digital thermometer to watch your body temperature in the prevention phase and ivermectin, melatonin, aspirin and antiseptic mouthwash for early at-home treatment. Household or close contacts of COVID-19 patients may take ivermectin (18 milligrams, then repeat the dose in 48 hours) for post-exposure prevention.<sup>10</sup>

Marik's original COVID Protocol, released in March 2020, recommended [hydroxychloroquine \(HCQ\)](#), a zinc ionophore, to decrease the duration of viral shedding, particularly in elderly patients with comorbidities.<sup>11</sup> However, their latest I-MASK+ protocol, updated June 30, 2021,<sup>12</sup> recommends quercetin instead. [Quercetin](#), also a zinc ionophore, is an over-the-counter alternative to HCQ and works much like HCQ does. According to Marik:<sup>13</sup>

*“Experimental and early clinical data (published in high impact journals) suggests that this compound has broad antiviral properties (including against coronavirus) and acting at various steps in the viral life cycle. It also appears to be a potent inhibitor of heat shock proteins (HSP 40 and 70) which are required for viral assembly.”*

## Censorship Is Keeping This Information Quiet

If you're surprised to hear that an established protocol for COVID-19 prevention and treatment exists, it's likely because you've heard nothing about it on mainstream media. This is intentional and exemplifies the [censorship](#) that has been occurring throughout the pandemic. “What we're going through now is unprecedented in the history of science,” Marik said.<sup>14</sup>

*"I mean this goes back to witchcraft and really prehistoric behaviors. Science is based on exchange of information and that has been censored. So, I think history is going to look back very unfavorably on this period.*

*I think this is a very dark period in the history of humanity, the history of science, the history of the press, you know the history of freedom of speech, just because of the complete lack of information, misinformation, disinformation and censorship. I mean it's absurd ... what we're saying is being censored and labeled as scientific misinformation."*

Ivermectin is a glaring example, which continues to be ignored even though it has shown remarkable success in preventing and treating COVID-19. It was December 2020 when FLCCC called for widespread adoption of [ivermectin](#), both as a prophylactic and for the treatment of all phases of COVID-19.<sup>15,16</sup>

In one trial,<sup>17</sup> 58 volunteers took 12 milligrams of ivermectin once per month for four months. Only four (6.96%) came down with mild COVID-19 symptoms during the May through August 2020 trial period. In comparison, 44 of 60 health care workers (73.3%) who had declined the medication were diagnosed with COVID-19. Ivermectin is safe, inexpensive and widely available, with antiviral and anti-inflammatory properties, leading Marik to describe it as the perfect drug to treat COVID-19.<sup>18</sup>

While an increasing number of doctors and countries have adopted [ivermectin's use for COVID-19](#), many more refuse it, even going so far as to prohibit its use for patients. Legal fights have ensued, with family members enlisting lawyers to battle hospital boards in order to give their dying loved ones the lifesaving pills – even when all other treatment options have been exhausted.<sup>19</sup> Urgent change is needed, Marik said, because profits are being put ahead of lives:<sup>20</sup>

*"Making money and profiteering is what is driving this – not saving lives – and what they're most interested in is preserving that single organ, which may be damaged the most, which is the back pocket. They're terrified of the back pocket being damaged. The heart, the brain, the lung, they don't care.*

*It's the back pocket that's driving this."*

## **'The Most Dangerous Vaccines We've Ever Used'**

Knowing that treatment options exist may change people's decisions about COVID-19 vaccines, which Marik describes as "categorically and without question ... the most dangerous vaccines that we've ever used."<sup>21</sup> In full disclosure, Marik himself is vaccinated, having received the Pfizer [mRNA COVID-19 vaccine](#), which he said he received since he's over 60, putting him in a higher risk category.

If he were 24 years old, however, Marik said he wouldn't get vaccinated, and he doesn't recommend it for younger children either, as he believes for people under 30 with no risk factors, the risks of the vaccine outweigh those of COVID-19:<sup>22</sup>

*"I think that the risk of a bad outcome from COVID in a 12- to 17-year-old is very low and the risk of an adverse effect to the vaccine is probably much higher. So, it's just not commonsense that you would force vaccination in such kids.*

*I think it's a risk-benefit ratio. If they were a Type 1 diabetic, if they were immunocompromised, if they were severely obese, you may want to reconsider, but a healthy 12- to 17-year-old, in my opinion and obviously it's my opinion, I would be hesitant in vaccinating these kids."*

While Marik believes the vaccines may be "somewhat effective" in decreasing cases of COVID-19 hospitalization and death, he stresses that they come with sizeable risks. "The number of side effects and deaths from these vaccines – and this is based on reportable data from the WHO and the VAERS network – the number of deaths and adverse events are an order of 10- to 100-fold magnitude than any other vaccine."<sup>23</sup>

He refers to the [mass COVID vaccination campaign](#) as the biggest experiment done in the history of mankind, and points out that we don't know what the long-term effects

will be. “And to make it even worse,” Marik says, “the vaccine companies know a lot about these vaccines but they haven't given us this information. It's hidden.”

*“For example, when you get the mRNA vaccine, people assume it stays in the arm but that's not true. The **spikes** tend to spread throughout the body. Now the vaccine companies know about this but they don't want to tell us about it. We have to figure this out ourselves.*

*... we need to respect [people's] autonomy. We need to respect their informed consent. They should be able to decide for themselves. We should not be forcing this upon people and this mandate that colleges and some hospitals have, I think it goes against the foundation of freedom of choice, freedom to do to your own body as you respect and freedom of consent.”<sup>24</sup>*

## **Symptoms of Long COVID 'Identical' to Vaccination Syndrome**

FLCCC also has a management protocol – I-RECOVER<sup>25</sup> – for long-haul COVID-19 syndrome, which includes a range of symptoms such as malaise, headaches, painful joints, chest pain and cognitive dysfunction.

The protocol is still evolving as more is learned about the condition, but of note is that it's been successfully used to treat post-vaccine inflammatory syndromes as well. As noted by Marik, long COVID and post-vaccine inflammatory syndromes share many similarities, but the latter is taboo to talk about:<sup>26</sup>

*“Post-vaccination adverse events are much more common in younger people. That's our impression. There's not a lot of data and if you talk to the experts about a post-vaccination syndrome they have no idea what you're talking about because ... it's politically not correct to talk about it. They don't want to hear about it.*

*So as far as I know, there are not any peer-reviewed publications on post-vaccination syndrome but we know from patients that they develop*

*symptoms almost identical to the long hauler.*

*They develop severe symptoms very much similar to the post-COVID syndrome. So, you know people say, 'Oh it's in their head. They're making this up. It's a psychiatric disease. They're trying to gain some something out of this.' I think it's a real disease ... and these people truly have monocyte activation production of cytokines much like the post-COVID syndrome."*

## **This Could End the Pandemic in One Month**

Syed asked Marik what he would do if given the opportunity to end the pandemic next month. His response was remarkably simple: a mass distribution program of ivermectin together with melatonin, vitamin D and aspirin. By assuming everyone is infected and treating with this safe combination of inexpensive compounds, Marik says, "We'll eliminate SARS-CoV-2. It will be gone."

This isn't likely to happen, though, due to "economic and political factors that [benefit from the ongoing pandemic](#)."<sup>27</sup> Marik also weighed in on the [lab leak theory](#) that SARS-CoV-2 came from a laboratory in Wuhan, China:<sup>28</sup>

*"I think the preponderance of evidence highly suggests this was a manipulated virus that whether it leaked on accident or by design leaked from the Wuhan laboratory ... the molecular structure of the spike protein would suggest that this was a manipulated the protein was specifically manipulated and enhanced ...*

*The diversity of the symptoms, the systems it involves, the depth of damage it does and the durability of the damage – that first it causes the acute and then it becomes long COVID and then it just keeps sitting with us – I have not seen any other virus in my lifetime, which does this kind of destruction."*

Moving forward, Marik states that health officials must learn from the enormous mistakes made during the pandemic, which highlighted a global lack of collaboration



among health care providers along with a lack of honesty and openness.

“This pandemic has been an example of what not to do. I think everything that could have gone wrong went wrong,” he said. Once COVID is under control, Marik hopes to refocus his efforts on [sepsis](#), which remains a leading cause of deaths overall and is also an important contributor to the death of COVID-19 patients.