

A Review of Helpful Antiviral Strategies

Analysis by [Dr. Joseph Mercola](#)

✓ Fact Checked

October 08, 2023

STORY AT-A-GLANCE

- › Initial predictions called for 2.2 million COVID-19 deaths in the U.S. alone. According to the latest models, an estimated 60,000 Americans may die from COVID-19 complications
- › Some doctors are promoting the use of the antimalarial drug hydroxychloroquine combined with azithromycin for seriously ill COVID-19 patients. Apparently, many are seeing good results, although not universally. Some Swedish hospitals have stopped using chloroquine due to severe side effects in some patients
- › Northwell Health, New York's largest health care provider, is using vitamin C at its hospitals in conjunction with hydroxychloroquine and azithromycin
- › Some doctors have noted their patients' symptoms have more in common with altitude sickness than pneumonia. In the final analysis, it may turn out that ventilators are inappropriate for a majority of patients. A better alternative may actually be hyperbaric oxygen therapy
- › Preventive methods you can use at home include taking vitamin C to bowel tolerance; zinc, vitamin B1 and melatonin supplementation; nebulized hydrogen peroxide; ozone therapy and nitric oxide boosting exercise

From Dr. Joseph Mercola

Since COVID-19 first entered the scene, exchange of ideas has basically been outlawed. By sharing my views and those from various experts throughout the pandemic on COVID treatments and the experimental COVID jabs, I became a main target of the White House, the political establishment and the global cabal.

Propaganda and pervasive censorship have been deployed to seize control over every part of your life, including your health, finances and food supply. The major media are key players and have been instrumental in creating and fueling fear.

I am republishing this article in its original form so that you can see how the progression unfolded.

Originally published: April 19, 2020

In this interview, recorded April 7, 2020, Dr. Andrew Saul, editor-in-chief of the Orthomolecular Medicine News Service, brings us new updates and insights into the COVID-19 pandemic.

Since our March 17, 2020, interview, which focused on the [use of vitamin C](#), Dr. Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases, made the prediction that SARS-Cov-2 would kill anywhere from 100,000 to 240,000 Americans,¹ which is still far less than the original prediction of 2.2 million.²

However, even that prediction has since been revised downward. April 8, 2020, a new model referred to as the Murray Model³ predicts COVID-19 will kill 60,000 in the U.S. by August.⁴ There's no doubt in my mind that there will be more deaths from the financial collapse than there will be from the actual infection. So, it's a sad state of affairs. As noted by Saul:

"Folks need to remember that in any given year, influenza escalating to pneumonia is a killer. And in any given year, there's around 40,000 to 65,000 deaths, depending who you listen to, from pneumonia.

This is an awful lot of people dying every year. COVID-19 is a serious disease, but it's not worth shutting down the world for. The stress from that is going to be a killer ...

The people who die from COVID-19 are dying basically from SARS, Severe Acute Respiratory Syndrome, or pneumonia. So, it doesn't really matter what virus does that. It matters if you die or not.

Many people are going to get COVID-19, and they're going to have a mild case. And, for those who have a typical case, they're going to have a miserable flu. They're going to be sick as a dog for a couple of weeks.

Well, welcome to humanity, because how many times have we all had a miserable flu in our lifetimes? Those who are really at risk from COVID-19 usually have multiple pre-existing health problems, or they have a demonstrably poor lifestyle.

They're overweight or they're smoking, or they have an impaired immune system, or they're elderly. And if you have a combination of those, anything can take that person out. So, we have to have perspective here."

Google, Facebook Censor Real Data

Unfortunately, if you're still using Google or social media platforms like Facebook, you're unlikely to locate sensible information about how to protect yourself from COVID-19.

I believe suppressing access to the truth – the information you need to upregulate your innate immune system – is part of the plan to control the discussion about treatment options. Clearly, Fauci is promoting a pharmaceutical agenda when he says there's nothing anyone can do until there's a vaccine or antiviral drug available. Saul provides the following real-world example:

"This is something you can verify with your own Facebook account. Try this little experiment. If you post the meme I have at DoctorYourself.com on Facebook, it will immediately be blocked.

Here's what the poster says: 'Dr. Enqiang Mao, who is chief of emergency medical service at Ruijan hospital in Shanghai, China, treated 50 patients with high dose intravenous vitamin C. They had moderate to severe COVID. 50 out of 50 recovered. There were no fatalities.'

This is a report from a senior physician, right from China, to my contact in China, Dr. Richard Cheng, who is a board-certified himself and a Chinese-American, right there, reporting in firsthand. And this is labeled false news, fake news. This is demonstrably oppressive."

The good news is Cheng is presenting his evidence before the National Institutes of Health. "I've seen his PowerPoint," Saul says. "He's going to run down why vitamin C is an antiviral, and how it can be used, and what doctors are doing."

[View the Presentation](#)

Aside from Mao, Dr. Zhiyong Peng, chief physician at Zhongnan Hospital, who is doing a major COVID-19 trial in Wuhan City, China, has stated that intravenous vitamin C is successful. "The number of new cases of COVID in China is very low, it's gone way down, almost to the vanishing point," Saul says. "Yet this information, somehow, is not on the news. And this is the very thing America and the rest of the world so needs to know now."

Immune-Boosting Supplementation Regimen

Some New York hospitals are using vitamin C, though. A Northwell Health spokesperson has reportedly confirmed that vitamin C treatment is being "widely used" against coronavirus within the 23-hospital system.

According to Dr. Andrew G. Weber, a pulmonologist and critical-care specialist affiliated with two Northwell Health facilities on Long Island, vitamin C is being used in conjunction with the antimalarial drug hydroxychloroquine and the antibiotic azithromycin, which have also shown promise in coronavirus treatment.⁵ Saul notes:

"Northwell, which is the largest health care provider chain in New York state, [has] over 20 hospitals. It's difficult to get information out of them, but to their credit, their spokesperson has announced that vitamin C is being used. And

Weber ... has reported that the vitamin C works. He said, basically, as close as I can quote him, 'It's not getting more publicity because it's not a sexy drug.' I love that ...

If you have vitamin C for prevention, you are much less likely to have a bad case of any kind of viral infection, including COVID-19. Doesn't mean you won't get it; it means that your immune system will be able to handle it, and that's what your immune system does ...

In fact, people now are being told if they can manage this at home, [then] please stay home. Leave the hospital beds for those who really need them, and reduce risk of infection.

Remember, a hospital, by definition, is where we have our very sickest people with the greatest load of viruses and drug-resistant bacteria that you'll ever find ... We don't live in a bubble, we live in a world of viruses, and they're constantly mutating, and they're constantly developing ...

So, for prevention, the Orthomolecular Medicine News Service Editorial Review Board and the Japanese College of Intravenous Therapy both recommend 3,000 milligrams (mg) of vitamin C a day in divided doses, 400 mg of magnesium ... 20 mg of zinc ... 100 micrograms (mcg) of selenium ... and 5,000 units of vitamin D, scaling down to 2,000 units of vitamin D a day after the first week.

That is a big difference. So, between the vitamin D and the vitamin C, we have something that will strengthen the immune system. When a person is in hospital, they are less likely to have access to supplements, at a very time when they're going to need them more.

This is why we have to push, and the only way to do that is for the family to get in there and make it happen. More and more doctors are willing to do it because of the studies ... in New York ... So, the cat's out of the bag ... and it's not going to go back in. There is a precedent. Just say to your doctor, 'I want you to do what they're doing in New York' ...

*What we should learn from history is "have a strong immune system and you will survive." This is the way it works. And the emphasis now is on scaring people, and **actually telling them in the media**, "Don't take vitamin C, it won't help you. Don't take extra vitamin D, you don't need it. There's nothing you can do to build your immune system."*

You'll actually see this on some news reports, and some newspapers. But, you'll also see others that are reporting that it's working in China and other parts of the world."

Zinc With Hydroxychloroquine

Some doctors are promoting the use of the antimalarial drug hydroxychloroquine (Plaquenil) combined with azithromycin (Z-Pak) for seriously ill COVID-19 patients. Apparently, many are seeing good results, although not universally.

According to Newsweek, some Swedish hospitals have stopped using chloroquine due to severe side effects in some patients.⁶ That said, it appears one of the reason quinine drugs work is because it allows zinc to enter the cells. Saul comments on the use of hydroxychloroquine saying:

"I think if you can use a nutrient with a drug, you get better results than if you use the drug alone. Dr. Abram Hoffer, who was my personal mentor ... said, 'Sometimes you need a drug. Sometimes the drug will get you that immediate result that you've got to have, but you have to have nutrition if you want it to stick.'

So, if you use medication and the nutrient, you're going to do better than if you use the medication alone ... If the drug will help get the zinc to where it needs to go, that just makes good sense to me."

Since the drug is now being rationed to those who need it most, you'd be wise to take zinc preventively. Your body only needs a small amount of it, and knows exactly what to do with it. Your immune system, for example, requires it to function. The elderly, who

tend to eat less and eat less wholesomely, have a greater need for zinc supplementation.

"This is in every nutrition textbook ever written," Saul says. "So, what we want to do right now is tell people, 'Don't worry about the drug unless you really need it. It'll be at the hospital pharmacy. But for the rest of us, let's stay out of the hospital by taking a step so we won't need the drug.'

It's not about avoiding doctors; it's about not needing them. And that means you have to get on the wagon here. We have to do this every day. We have to be sure we take our supplements and eat a good diet, and avoid the junk and continue to get our fresh air and exercise."

Ventilators May Do More Harm Than Good

In recent days, we're seeing more and more reports of doctors saying the use of ventilators may be misguided.⁷ According to Business Insider,⁸ 80% of COVID-19 patients in New York City who are placed on ventilators die, causing some doctors to question their use. As reported by STAT News:⁹

"What's driving this reassessment is a baffling observation about Covid-19: Many patients have blood oxygen levels so low they should be dead. But they're not gasping for air, their hearts aren't racing, and their brains show no signs of blinking off from lack of oxygen.

That is making critical care physicians suspect that blood levels of oxygen, which for decades have driven decisions about breathing support for patients with pneumonia and acute respiratory distress, might be misleading them about how to care for those with Covid-19.

In particular, more and more are concerned about the use of intubation and mechanical ventilators. They argue that more patients could receive simpler, noninvasive respiratory support, such as the breathing masks used in sleep apnea, at least to start with and maybe for the duration of the illness."

Some doctors have noted their patients' symptoms have more in common with altitude sickness than pneumonia.¹⁰ This situation highlights the problems inherent with strategic standard of care. We thought we had a serious ventilator shortage and industries such as the auto industry redirected their manufacturing capacity to making ventilators.

In the final analysis, it may turn out that ventilators are inappropriate for a majority of patients. A far better alternative may actually be hyperbaric oxygen therapy.

"Making the oxygen available in a way that's appropriate to the severity of the patient is the answer," Saul says. "We have to remember that our body is singularly good at taking in oxygen or we wouldn't be here. And our lungs have a huge amount of absorptive space. I mean, that's what they do. It's just an extraordinary system that we have.

Oxygen goes in by diffusion. You don't push it in; the body sucks it in because if you have more oxygen outside than you do inside, it just goes through. All you do is give a lot of absorptive surface. And if you flattened out all the little alveoli in the lungs, you'd have an enormous area ...

So, by providing the oxygen and then see if the body will take it up, you've made the first step. That can be done preventively by fresh air and exercise and going out and playing ...

If somebody needs more oxygen, and you want to give them a little pressure, if that makes the patient better, then you do it. But the idea that you've got to ram this oxygen like a supercharger on a Mustang is, I think, a little bit, shall we say, industry friendly ...

[The alveoli] are tiny, tiny little sacks. They have some of the thinnest little membranes you've ever seen. Look at them under a microscope. They're very delicate. So, the last thing you want to do is add injury to insult."

Hydrogen Peroxide Therapy

Saul, along with Dr. Thomas Levy, recommend [nebulized hydrogen peroxide therapy](#). Similarly, Dr. Robert Rowen has published a commentary¹¹ about the use of ozone therapy against SARS-CoV-2 infection. Both of these treatment alternatives are inexpensive and safe, and could be administered at home.

One point I want to stress after looking more deeply into this is that you may want to be careful about using regular 3% hydrogen peroxide, as they use proprietary stabilizers. By law, they're not required to disclose those chemicals. So, ideally, you'd want to use food grade hydrogen peroxide and carefully dilute it to a 3% concentration.

What to Do if You're Feeling Under the Weather

So, to recap, what can you do if you're suddenly feeling under the weather and suspect a viral infection? Saul recommends taking vitamin C to bowel tolerance.

"Take enough C to be symptom free, whatever the amount might be. Dr. Cathcart would say take vitamin C to bowel tolerance, and that's exactly what you think it means. The sicker you are, the more you hold. So, if you are really facing an influenza outbreak, you'll hold a lot of C before you get to bowel tolerance.

This is something that everyone can do at home. My grandchildren can do this. When they get sick, they manage their own case by taking vitamin C until they get to bowel tolerance. Use whatever kind of vitamin C you can afford ... [and] take enough C to be symptom free.

The more frequently you can take the vitamin C, the better off [you'll be]. Vitamin C being water soluble is constantly lost ... The more often you take it, the better results you will have, and you will need less to do so.

So, taking a small amount of vitamin C every half-hour is actually much better than taking a large amount of C twice a day. And taking a large amount of C twice a day is better than taking a huge amount of C every other day. So, the more often you take it, the friendlier it is for your body."

For acute infection, you may need to increase your dosage somewhat beyond bowel tolerance. Keep in mind that taking it more frequently, such as every half-hour, will allow you to take more before you hit bowel tolerance. Other alternatives include taking a liposomal vitamin C or getting an IV infusion of vitamin C. Liposomal vitamin C can achieve intracellular levels very similar to IV vitamin C at a fraction of the cost and inconvenience.

B Vitamins (Thiamine)

Thiamine (vitamin B1) is also important, and works synergistically with vitamin C. Any infection increases your body's need for thiamine. You can read more about this in "[Vitamin B1 Is Vital to Protect Against Infectious Disease.](#)"

The recommended daily allowance for thiamine is well below 2 mg. For acute illness or short-term prevention, Saul suggests taking 50 mg to 100 mg of thiamine per day, ideally in divided doses.

"Thiamine is the vitamin that smells funny," he says. "When you open the bottle of your multiple vitamin, or your B complex, that smell is thiamine. So, when your urine smells like thiamine, you're probably getting more than you need, but that's not a problem.

Thiamine is safe, and you can excrete that. The excretion is an indicator of saturation. Thiamine, really, is best taken with the entire B complex. The B complex vitamins work better together.

*For prevention, most people will get a B complex, B50 ... Generally speaking, what I would tell people to do is take a look at the RDA, and you can do that on the internet in seconds, and take **more** than that. A B complex is this cheapest and safest way to do that."*

Melatonin for COVID-19

Another strategy that appears useful against both bacterial and viral infections is hormone melatonin. I review this in greater depth in "[Melatonin for Sepsis](#)." Saul comments:

"Melatonin is a wonderful thing, because the safety studies are very encouraging. If you want to hurt yourself, melatonin will not do the job ... Melatonin is inexpensive, it's non-prescription and, obviously, something that safe deserves a try ... And a little bit of melatonin can go a long way.

The older you get, the less you make. Now, if you keep your bedroom dark at night, you will make more melatonin. I'm about to impart a piece of wisdom that makes me very unpopular very quickly with a large number of people, and that is if you go to bed early, you will make more melatonin, and you will sleep better.

If you go to bed at 7:30 or 8:00 o'clock at night, you will have a far better sleep than if you go to bed later, even if you have the same number of hours. The old adage is, each hour of sleep before midnight is worth two hours of sleep after midnight. There's something to that."

Nitric Oxide Helps Inhibit Viral Replication

Another strategy worth mentioning is nitric oxide, which appears to inhibit viral replication. To boost nitric oxide, you could use precursors such as arginine or citrulline, but exercise and near-infrared radiation (such as a near-infrared sauna) will also do the trick.

"Exercise is absolutely crucial. I'm so big on that, and I would like to underscore that this is something that doesn't cost a dime," Saul says. "What is missing from most discussions on COVID-19 is an appreciation of how far we have let ourselves go. We've been eating crummy food for a long time.

We've been doing behaviors for a long time that don't work. And sooner or later, the body is going to be weakened by that. Too much of the wrong thing, not

enough for the right thing, and the immune system is going to be weak. And viruses, unfortunately, to put it very coldly, will thin the herd.

This is the way nature works ... Now, this is a very harsh lesson from nature, but we would do well to learn it. If we let ourselves go, as my mother would say, 'If you do this wrong, and you know it, don't come crying to me afterwards.' We have to take responsibility, and right now the COVID-19 epidemic is pointing that out in a very, very strong way.

It is most unpleasant to see this, but bearing in mind that we are not a healthy nation, we have to immediately take steps to become one, or there will be another virus, because this is not the first, and it is not the last ... It just makes my day when I learn about people that ... are not watching the news, they're going out and they're getting well."

Sources and References

- [¹ CNN March 31, 2020](#)
- [² The Intercept March 17, 2020](#)
- [³ IHME April 2, 2020](#)
- [⁴ CNN April 8, 2020](#)
- [⁵ New York Post March 24, 2020](#)
- [⁶ Newsweek April 6, 2020](#)
- [⁷ Medscape April 6, 2020](#)
- [⁸ Business Insider April 9, 2020](#)
- [^{9, 10} STAT News April 8, 2020](#)
- [¹¹ Journal of Infectious Diseases and Epidemiology, A Plausible "Penny" Costing Effective Treatment for Coronavirus – Ozone Therapy](#)