

Enhanced Protocol for Passive Immunization against COVID-19

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This theoretical article, building on the previous [Protocol for Self Immunization against COVID-19](#) (Goldstein, 2021b), proposes cleaning the upper respiratory tract by gargling, mouth rinsing, and nasal irrigation (GMN) with PVP-I or common oral antiseptics as the infection stopping treatment. Such cleaning is intended to stop progression of a COVID-19 infection, after it has reached the minimum level necessary for immunity acquisition, and to constrain it to nasopharynx. GMN is already included in prophylaxis and/or early treatment of COVID-19 (FLCCC, 2021), (Marik, 2021). The advantage of this proposed protocol is that the infection is interrupted early before symptoms appear.

This protocol is intended for people without immunity from a previous COVID-19 infection and/or with fading/failing immunity from the vaccine. It is also well known that immunity to COVID-19 can be developed without suffering any symptoms. Under this protocol, the person can live a normal life, including possible SARS-COV-2 exposure and infection, and even acquire immunity to SARS-COV-2, all while minimizing the risk of severe COVID-19 disease.

Povidone-Iodine can be used for GMN. Gargling and mouth rinsing can be done with any of these substances.

- (1) Povidone Iodine (PVP-I) (C19 Anonymous, 2021), (Arefin, 2021), (Goldstein, 2021a), 0.5%-1%. **Warning:** Povidone Iodine is not Iodine. PVP-I concentration must not exceed 1%.
- (2) Mouthwashes with Essential Oils + 20% Alcohol, like in Listerine Cool Mint or many Listerine products with the same formulation.
- (3) Mouthwashes with Cetylpyridinium Chloride 0.05%, like in Crest Scope Classic or many Crest products with the same formulation.
- (4) Mouthwashes with Chlorhexidine 0.05%.

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The protocol calls for alternating 3 days of GMN 0-2 times per day (intended for possible exposure; twice a day is not enough to stop progression of infection) and 3 days of GMN 4 times per day (intended to stop the progression of infection). This cycle is repeated until seropositivity is achieved. The numbers are offered as an example; they should be ascertained experimentally and adjusted individually.

Antiseptic does not accumulate in tissues. PVP-I covers mucosal surfaces for a few hours.

Before any potential exposure, a vulnerable person should also take an appropriate sub-prophylactic dosage of Hydroxychloroquine or Ivermectin ^(Goldstein, 2021b). Anyone over the age of 40, without vaccination or prior exposure to SARS-COV-2, should be considered vulnerable to the Delta variant, the SARS-COV-2 genotype currently the dominant in the US .

Nasal irrigation is an inconvenient procedure even with nasal irrigation / nasal wash “systems” sold for \$10-\$20. Nasal drops/spray might be used, likely with lower effectiveness.

It is expected that the coronavirus might infect the nasopharynx in the first half-cycle and grow there for up to 3 days. The virus’ movement into the lungs would be stopped or slowed down by GMN in the second half-cycle, providing the immune system with additional time to respond. Additionally, an individual using this protocol would be unlikely to shed the coronavirus.

Rinsing and gargling with mouthwash after each tooth brushing session is recommended.

Anyone developing any COVID-19 symptoms, while getting passive immunization under this protocol, should call a doctor and receive treatment immediately. The main component of COVID-19 treatment (Ivermectin or Hydroxychloroquine) should already be available and ready before attempting passive immunization.

This is not advice to seek deliberate exposure.

This protocol is not recommended for immune-suppressed, immune-compromised, or elderly persons.

This paper is intended for professional consideration and/or clinical trials, not “do it at home”.

No Competing Interests

The author declares no competing interest. No funding was provided for this work.

Disclaimer

This is not medical advice.

Reference

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