



**ISCO3 Recommendation based on the preliminary results about use of O<sub>2</sub>/O<sub>3</sub> in the treatment /prevention of Novel Coronavirus Pneumonia (COVID-19).**

<p><b>ISCO3 Theoretical protocol for Intervention in case of Mild /Moderate /Severe COVID-19 + CRITICAL O<sub>2</sub>/O<sub>3</sub> NON-considering</b></p>	<p><b>O<sub>3</sub>SS 5 →3 µg/mL (bub.) 200 mL, Daily x 10 d</b> <b>Or MAH Blood vol. 100 mL.</b> <i>Only in patients with normal d dimer values</i> O<sub>2</sub>/O<sub>3</sub>: Blood 1:1. Daily for 5 days + 3 weekly x 10/14 days. Firs week 30 µg/mL, last 40 µg/mL <b>or EBOO (not yet outcome)</b></p>	<p>Consider glutathione 1.2 g or / and Vitamin C 1-3 g in 100 mL of saline. Two times a week for 4 weeks <b>Prelim. Dada Indicate ↑ success of O<sub>3</sub>SS</b></p>																								
<p><b>Intervention alternative when O<sub>3</sub>SS or MAH are not available</b> <b>RIO<sub>3</sub>: 1 every 12 h for 14 days</b></p>	<table border="1" data-bbox="667 584 975 685"> <thead> <tr> <th>RIO<sub>3</sub></th> <th>Conc.</th> <th>Vol.</th> <th>Dose (mg)</th> </tr> </thead> <tbody> <tr> <td>Day 1 / 2</td> <td>20</td> <td>100</td> <td>2</td> </tr> <tr> <td>Day 3 / 4</td> <td>25</td> <td>150</td> <td>3.75</td> </tr> <tr> <td>Day 5 / 6</td> <td>30</td> <td>150</td> <td>4.5</td> </tr> <tr> <td>Day 7 / 8</td> <td>35</td> <td>200</td> <td>7</td> </tr> <tr> <td>Day 8-14</td> <td>40</td> <td>200</td> <td>8</td> </tr> </tbody> </table> <p>+ <b>MiAH</b> 5 mL Blood + 5 mL O<sub>3</sub> 90 µg/mL, Once a week for 4 weeks.</p>	RIO <sub>3</sub>	Conc.	Vol.	Dose (mg)	Day 1 / 2	20	100	2	Day 3 / 4	25	150	3.75	Day 5 / 6	30	150	4.5	Day 7 / 8	35	200	7	Day 8-14	40	200	8	<p><b>Support:</b> <i>Archiv of Medical Research</i> 2005. 36 (5):549–54 // <i>Virulence</i> 1(3), 2010: 215-217. // <i>Ozone: Science &amp; Engineering</i> 2012.34: 451-458 // <i>Ozone: Science &amp; Engineering</i>, 2016 38 (322-345).</p> <p><b>Oral Therapy:</b> Like in Prevention protocol ↓</p>
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<p><b>ISCO3 Theoretical protocol for Prevention</b> Medical doctor or occupational risk people</p>	<p><b>MiAH</b> 5 mL Blood + session 1/2: 5 mL O<sub>3</sub> 25 µg/mL; session 3/4: 5 mL O<sub>3</sub> 30 µg/mL; session 5/6: 5 mL O<sub>3</sub> 30 µg/mL. Once a week. <b>Or</b> <b>Rectal insufflation</b> 3 times a week 40 µg/mL /100 mL</p>	<p>Consider: glutathione 600 mg or / and Vit. C 1 g in 100 mL of saline i.v. once a week. <b>Oral:</b> Once a day: N-acetyl cysteine 600 mg for 30 days, plus Vit.D 2000 UI (o 50 µg). Twice a day Vit. C 500 mg. Melatonin 3/5 mg 30 min before sleep.</p>																								

**Security alert: MAH volume > 100 mL // Risk of thrombus in COVID-19 + Patients**

If your protocol includes MAH use blood volume < 100 mL, use d-dimer as biomarker of potential coagulopathy.

Emerging evidence shows that severe coronavirus disease 2019 (COVID-19) can be complicated with coagulopathy namely disseminated intravascular coagulation, which has a rather pro-thrombotic character with high risk of venous thromboembolism. The incidence of venous thromboembolism among COVID-19 patients in Intensive Care Unit appears to be somewhat higher compared to that reported in other studies including such patients with other disease conditions. D-dimer might help in early recognition of these high-risk patients and also predict outcome. Preliminary data show that in patients with severe COVID-19, anticoagulant therapy appears to be associated with lower mortality in the subpopulation meeting sepsis-induced coagulopathy criteria or with markedly elevated d-dimer. Recent recommendations suggest that all hospitalized COVID-19 patients should receive thromboprophylaxis, or full therapeutic-intensity anticoagulation if such an indication is present. Kollias A, *et al.* Br J Haematol. 2020 Apr 18. doi: 10.1111/bjh.16727

Please, refer any up-date / side effect by E.mail: [info@isco3.org](mailto:info@isco3.org)