

Newest MATH+ Protocol

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STORY AT-A-GLANCE

- › Early in the pandemic, five critical care physicians formed the Front Line COVID-19 Critical Care Working Group (FLCCC), which developed the highly effective COVID-19 treatment protocol known as MATH+
- › MATH+ involves a combination of ivermectin, vitamin C, methylprednisolone, thiamine, vitamin D and other readily available substances to treat COVID-19
- › Other FLCCC protocols have been developed for COVID-19 prevention and early at-home treatment, as well as for long-haul symptoms
- › From March 20, 2021, to May 21, 2021, there were 1,293 hospitalized COVID-19 patients at United Memorial Medical Center. Eighty-six of them died, resulting in a 6.7% death rate; that's about half the 12.5% death rate for hospitalized COVID-19 patients reported by the National Center for Health Statistics over the same period
- › One of the MATH+ creators, Dr. Joseph Varon, who leads the COVID-19 unit at United Memorial Medical Center (UMMC) in Houston, has been trying to get the word out about the success of MATH+, but has been censored by the media
- › The newest MATH+ protocol features ivermectin as a core drug and replaced hydroxychloroquine (HCQ) with quercetin

Have you heard of the MATH+ protocol to treat COVID-19? One of its creators, Dr. Joseph Varon, who leads the COVID-19 unit at United Memorial Medical Center (UMMC) in Houston, has been trying to get the word out about it since the start of the pandemic.

"We have options for patients now. We just need to make those options available," he said, speaking with broadcast journalist Ivory Hecker.¹

Hecker has a story in her own right, as she was fired from FOX 26 Houston in June 2021 after she interrupted a live news segment to tell viewers the station had prohibited her from sharing certain information, adding that she's "not the only reporter being subjected to this."²

Censorship is an ongoing problem that's reached unprecedented levels during the pandemic, and is the reason why you probably haven't heard of the MATH+ protocol, despite its immense success in saving lives over the last year. Varon has been at the frontlines throughout, marking his 366th consecutive day treating COVID-19 patients on March 20, 2021.³

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MATH+ Protocol Saves Lives, but Media Is Ignoring It

Early on in the pandemic, five critical care physicians formed the Front Line COVID-19 Critical Care Working Group (FLCCC), which developed the highly effective [COVID-19 treatment protocol known as MATH+](#). Varon was among them, as was Dr. Paul Marik, a critical care doctor at Sentara Norfolk General Hospital in East Virginia. The protocol for hospitalized patients was initially based on the following:

- 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

In the beginning, only supportive care was offered to COVID-19 patients. Even today, people with COVID-19 are told to stay home and isolate until they're lacking oxygen, a recommendation that Marik believes is costing lives, since early treatment with MATH+ is so effective.⁵

"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."

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.⁶ But according to Varon, despite their unusual successes, reporters weren't interested in why the patients at his hospital were more likely to survive.⁷

The physicians behind MATH+ are clear that their protocols are fluid and change in response to the data. As such, there have been two major changes since MATH+ was first released, one involving ivermectin and another involving [hydroxychloroquine \(HCQ\)](#).

Ivermectin Added to MATH+

Ivermectin was added as a core medication in FLCCC's protocols for the prevention and treatment of COVID-19 in October 2020.⁸ Ivermectin — a broad-spectrum [antiparasitic](#) that also has anti-inflammatory activity — has been found to reduce COVID-19 mortality by 81%.⁹ The drug is also safe, inexpensive and widely available, with decades of clinical usage suggesting it has a "high margin of safety."¹⁰

By December 2020, FLCCC, noting the extreme success of the drug, called for widespread adoption of [ivermectin](#), both as a prophylactic and for the treatment of all phases of COVID-19.^{11,12} In one prevention trial, 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.¹³ In comparison, 44 of 60 health care workers (73.3%) who had declined the medication were diagnosed with COVID-19. In June 2021, Varon and colleagues published a review in the American Journal of Therapeutics, which included meta-analyses based on 18 randomized controlled treatment trials of ivermectin in COVID-19.¹⁴ The results were impressive, showing:¹⁵

- Large, statistically significant reductions in mortality, time to clinical recovery and time to viral clearance when used for treatment
- Significantly reduced risks of contractive COVID-19 with regular ivermectin use

The data are so strong that, at the India Institute of Medical Sciences, all health care workers now take two 0.3 mg/kg doses of ivermectin 72 hours apart, then repeat the dose monthly to prevent COVID-19.¹⁶ And in regions that have implemented ivermectin distribution campaigns, associated reductions in case fatality rates results.¹⁷ According to the review:¹⁸

"Finally, the many examples of ivermectin distribution campaigns leading to rapid population-wide decreases in morbidity and mortality indicate that an oral agent effective in all phases of COVID-19 has been identified."

Marik believes that a mass distribution program of ivermectin, together with melatonin, vitamin D and aspirin, could end the pandemic. 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."¹⁹ This isn't likely to happen, though, due to "economic and political factors that **benefit from the ongoing pandemic**."²⁰

HCQ Replaced With Quercetin

HCQ, a zinc ionophore, was part of the MATH+ protocol for the first six months of the pandemic. (They have recently swapped quercetin for HCQ.) At this time, the death rate for COVID-19 patients at Varon's UMMC was 4.4%, compared to a death rate of about 20% at other hospitals.²¹

Hecker first spoke with Varon about HCQ in August 2020, and he spoke favorably about using the controversial drug, noting that out of more than 300 COVID-19 patients treated at UMMC, they had a 95% success rate.²²

Misinformation and outright lies were spun about HCQ, including fabricated research, in an apparent effort to suppress and prevent its widespread use. Other physicians, including Dr. Vladimir Zelenko, a practicing physician in a Jewish community in Monroe, New York, have had great success using HCQ for COVID-19.²³

However, in June 2020, the National Institutes of Health halted a clinical trial of HCQ after stating that, while the drug wasn't harmful, it also wasn't beneficial to hospitalized patients.²⁴

Backlash ensued following the NIH announcement, and FLCCC phased out the use of HCQ in its protocols. Their latest I-MASK+ protocol, updated June 30, 2021,²⁵ 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:²⁶

"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."

Ivermectin Continues To Be Censored, US on 'Media Lockdown'

In the video above, Hecker speaks with several recovered COVID-19 patients who received the MATH+ protocol. One, Manuel Espinoza, a urologist from Texas, was on a slow decline using the conventional COVID protocols. Then his wife found out about the MATH+ protocol online, and Espinoza was emergency airlifted to UMMC. "Within hours" of the treatment his health had turned around, he said, and "within days, just immense improvement."²⁷

Yet, Varon said that every time he mentioned ivermectin on social media, "he went to Facebook jail." Reporters also told him, multiple times, that they were banned from reporting on certain COVID-19 drug treatments.²⁸ Similar censorship was experienced by [Dr. Pierre Kory](#), who was also a part of the group that formed FLCCC.

On December 8, 2020, Kory testified to the Senate Committee on Homeland Security and Governmental Affairs, which held a hearing on "Early Outpatient Treatment: An Essential Part of a COVID-19 Solution." He called on the NIH, CDC and FDA to review the expansive data on ivermectin to prevent COVID-19, keep those with early symptoms from progressing and help critically ill patients recover:^{29,30}

Despite his impassioned pleas and astonishing science to back them up, the treatment was not only ignored by the committee but promptly eviscerated.³¹ Meanwhile, media reports claimed ivermectin was unproven and the World Health Organization also refused to endorse it.

YouTube removed Kory's testimony, which had nearly 9 million views, calling it a danger to the community.³² Kory says that while his research on ivermectin has gotten lots of attention worldwide, it's gotten zero in the U.S. — "U.S. is on a media lockdown," he said.³³ Varon agreed, telling Hecker that "no one" is asking about the MATH+ protocol. "Right now everyone is interested in [vaccination](#)."³⁴

MATH+ Protocol Is Available in 23 Languages

FLCCC's I-MASK+ protocol can be downloaded in full,³⁵ giving you step-by-step instructions on how to prevent and treat the early symptoms of COVID-19. 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.³⁶ FLCCC also has a management protocol — I-RECOVER³⁷ — for long haul COVID-19 syndrome. The

protocols are translated into 23 different languages to provide widespread, free access to this lifesaving information, including how to get ivermectin.³⁸

FLCCC remains hopeful that ivermectin will be formally adopted into national or international COVID-19 treatment guidelines in the near future. But, as Hecker noted, the inexpensive medication faces a major hurdle:³⁹

"Had there been an existing known, safe and effective treatment for COVID-19, Emergency Use Authorization of a vaccine for the virus would be prohibited by law. Could that have been part of the motivation for the strange censorship of certain COVID-19 treatments that we witnessed over the past year at news and social media corporations?"

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