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Abstract

To date no treatment protocol of proven efficacy was approved to manage COVID-19. We have developed a novel COVID-19 immunomodulatory protocol basing on our early pioneering article that justified repurposing of nitazoxanide/azithromycin combination for early cases of COVID-19 which was followed by two articles to justify addition of non-steroidal anti-inflammatory drugs to nitazoxanide/azithromycin. We are presenting a prospective telemedicine protocol that managed more than 50 documented COVID-19 patients while fully presenting a case series of 36 patients/legal guardians COVID-19 Arab patients including 12 confirmed by PCR and 23 diagnosed by other measures. The patients included 14 adult males including an immunocompromised patient, 15 adult females including one lactating, 3 pregnant patients including one confirmed by PCR as well as 4 children. All patients have received a short 5-day-regimen of NSAIDs (diclofenac potassium in most of cases, ibuprofen, lornoxicam, meloxicam, celecoxib, naproxen, ketoprofen or ketorolac)/nitazoxanide/azithromycin +/- cefoperazone either in full or in part as illustrated in the manuscript. The primary endpoint of this protocol was full relief of all serious COVID-19 clinical manifestations and it was fully achieved in all patients within two weeks. Most of the patients treated early have fully recovered during its described five days; the leucocytic/lymphocytic count was significantly improved for those with prior leucopenia/lymphopenia. No significant adverse effects were reported. A novel 5-day-protocol to safely and effectively cure COVID-19 using repurposed immunomodulatory safe and inexpensive FDA approved drugs is illustrated and we recommend performing sufficiently powered double blind randomized clinical trials against any current standard protocol.

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