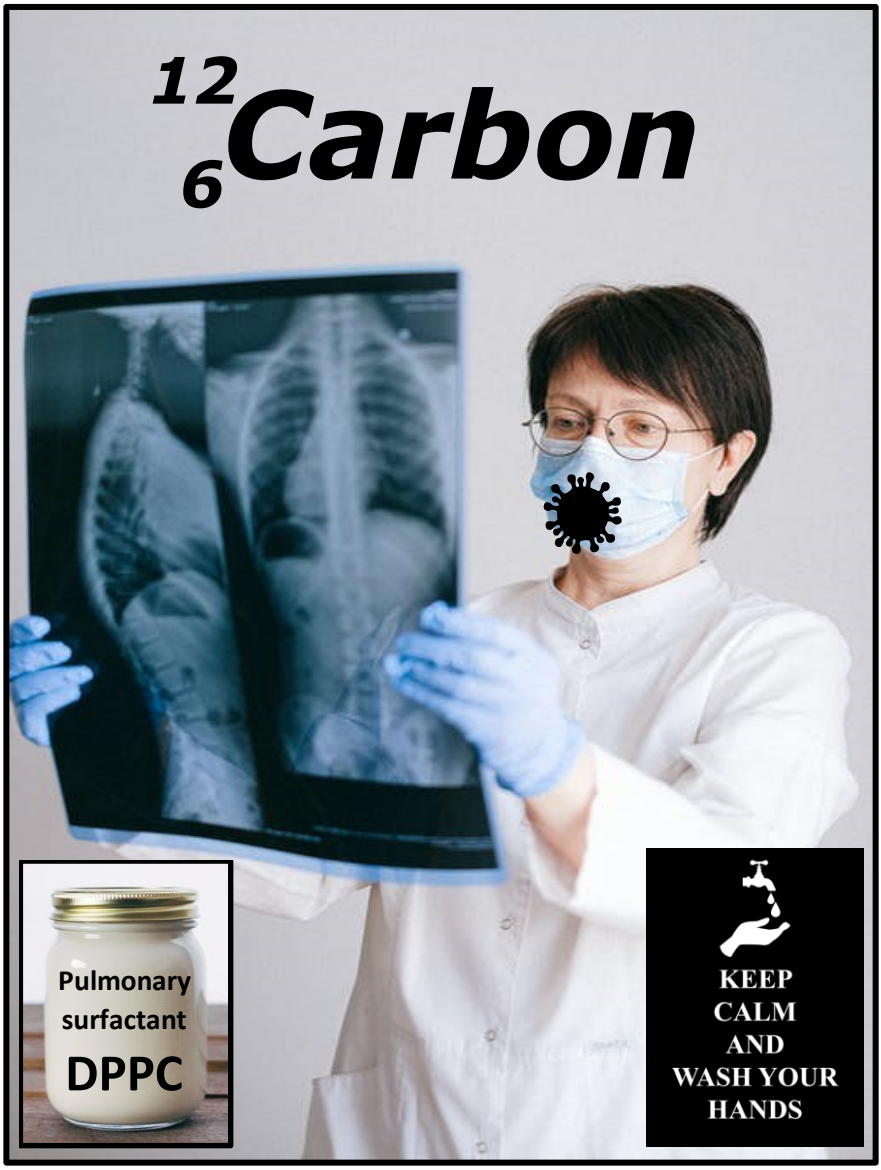
The Vironadol Protocol!



Putting Coronavirus in the crosshairs.

Contents.

REGULATORY CAUTION!

Pharmaceutical products and medical techniques are amongst the most controlled systems on planet Earth. This book describes a new application with pre-licensed products and methodology. These products and techniques have been around since the late 1920s and were initially clinically trialled in the 1950s. Many scholarly articles have been published on them, and we understand these approaches and know about the low toxicity associated with them. They have saved vast numbers of lives! This book does not in ANY way re-invent previously licenced treatments and products at all. It seems strange that doctors have not looked at them concerning the Coronavirus and Influenza infections. They have overlooked a completely justifiable, old, and very reliable treatment for acute respiratory distress syndrome ARDS. The ideas in this book can be activated immediately by prescribing pre-existing licensed products by a licenced physician. They can act right now! I hope regulatory bodies understand this approach.

IMPORTANT STATEMENT. This book suggests the use of pulmonary surfactants ONLY for treating viral infections. I must clarify that I do not have experimental evidence for the claims made in this book. All claims must be fully tested and reviewed thoroughly under regulatory control. I only suggest that this method MAY work. It is better to test Vironadol in a lab in a test tube first. A simple in-vitro method using aqueous suspensions of Covid for high throughput screening is the best and safest way to check this before even contemplating use in patients. Again, the book suggests research protocols which are worth looking into (disclaimer).

Introduction to the redirected exogenous surfactant therapy, for acute respiratory distress syndrome ARDS, and viral destruction of Coronavirus and Influenza infections.

2020 has seen the prevalence of one of the most destructive global pandemics in the past 100 years. Covid 19 caused by the novel Coronavirus has devastated the entire world since its transmission from Wuhan China. Since March 2020, people all over the entire world have been suffering and dying in huge numbers. This highly contagious virus has not only caused suffering and death and its consequences for families, but also the powerful destruction of jobs and economies.

Scientists seem overwhelmed by this virus, unable to know what to do to stop it. Pharmaceutical companies all over the world are rushing to produce a vaccine for Covid 19. However, as an RNA virus, Coronavirus is subject to inevitable mutation, possibly rendering any vaccine absolutely useless over time. The *new-norm* is a world of distrust, racial tensions and riots, plus hurricanes and wildfires, which are consuming our world voraciously. We are being attacked from all angles by huge debt, the complete destruction of many businesses and the prospect of huge numbers of evictions. The human condition has never been so challenged, and medical science appears totally unable to stop it. And yet it doesn't have to be this way as there is a very simple and safe way to contemplate treating this, a research protocol. The only thing the world knows for sure about this Coronavirus is that it is easily destroyed by a surfactant (surface-active substance) which reduces surface tension in the liquids the virus inhabits. By reducing the attractive forces in the water layer in the lungs, the Coronavirus can fall apart. This change in the bonds between water makes the water *wetter*. The reduction in surface tension changes the physics of the liquid to air barrier in the lungs. This reduction in the strength of bonds in water means it can no longer hold the

fatty acids in the Coronavirus envelope or bilipid membrane in place, and it cannot remain a stable structure and may fall apart. Addition of pulmonary surfactant in the lungs changes the physics of the liquid to air interface within just a few seconds (up to 60 seconds). When this is done, oxygen and carbon dioxide can easily move through the liquid to air interface layer with little resistance. So, the oxygen saturation of the blood starts to increase measurably within just 60 seconds of administration. So this is a very fast-acting effect, and this resultant increase in oxygen saturation reduces the effort required to breathe. So, pulmonary surfactant offers us two possibilities:

1. **The ability to reduce tension in the liquid to air interface layer throughout the entire lung surface area in just seconds, resulting in easy movement (diffusion) of oxygen and carbon dioxide into and out of the lungs and bloodstream.**
2. **It also reduces the aqueous forces in the water required for keeping Coronavirus and Influenza viruses together. This may make the virus fall apart and solubilise in the aqueous surfactant, killing them instantly. It's like a chain reaction as the surfactant flows through the liquid like a machine gun firing in all directions at the same time. These surfactants fire trillions of molecular bullets per second into infected liquids. This also prevents more viral particles from forming after they bud out of infected cells. In other words, it *may stop* the disease in its tracks, reducing the viral load in the lungs by an estimated >99%. <u>Multiple administrations need to be made.</u>**

So, careful changes to lung water aqueous bonds changes the whole of the function in seconds. This is why it is used primarily to treat acute respiratory distress syndrome ARDS. This is mainly used in premature babies, although it has been used in adult clinical trials with success; more trials are needed.


KEEP
CALM
AND
WASH YOUR
HANDS
The only thing we know for a scientific fact is that *most* surfactants kill this virus in seconds!
Pulmonary surfactant
DPPC
12 6 Carbon

Both Coronavirus and Influenza produce acute respiratory distress syndrome ARDS. So, using a pulmonary surfactant is a medically justifiable treatment to use when people have Coronavirus or Influenza viral infections on that point alone. **This is medically justifiable, an old and reliable treatment protocol.**

People all over the world are being told to wash their hands and surfaces in common surfactants, killing the virus in just 20 seconds.

So, why can't we use a pulmonary surfactant directly in the lungs to kill it? It's a fully licensed treatment!

Our current arsenal of treatments are limited, but we do have the following options but little else. So, let's test the pulmonary surfactant option in a regulated and licenced medical way to get on top of it:

- ✓ **Alcohol (>70% by weight ethanol and water) which dissolves the virus in seconds but evaporates.**
- ✓ **Surfactant used to wash hands and surfaces dissolving the virus in 20 seconds.**
- ✓ **A face mask to block the aerosols containing the virus stopping transmission although this is a mess.**

There is no reason why, as we have been adding a pulmonary surfactant to premature baby's lungs for 40 years to treat acute respiratory distress syndrome ARDS, the exact symptom Covid 19 patients suffer and die from. Our lungs have natural pulmonary surfactant all over them; it is essential for normal breathing. There are a variety of phospholipids and other substances that reduce surface tension all over the lungs. Pulmonary surfactant or surface-active agents look like a split pin. They have a small head which carries an electromagnetic charge, so, anionic is negatively charged on the head. Cationics have positive charges on their heads. Amphoteric have both

positive and negative charges on their heads and non-ionic have dipole charges on their heads and are weaker in some respects.

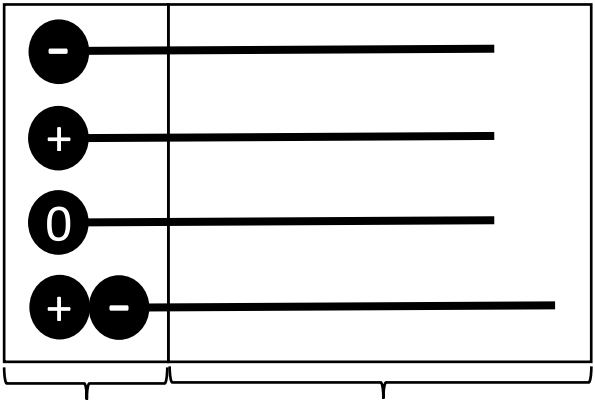
Surfactants come in 4 types, and they are as follows:

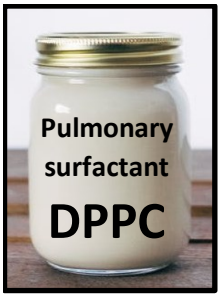
Anionic.

Cationic.

Non-ionic.

Amphoteric.



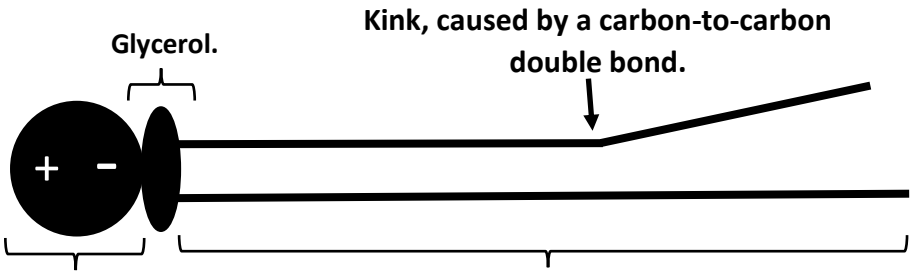


Hydrophilic charged head. The water loving part!

Hydrophobic uncharged head. The water hating part!

So, pulmonary surfactants bridge the gap between charged and uncharged molecules. The charged head bonds to water molecules readily and strongly. The uncharged chain is precipitated from the strongly polar water and are grouped together to form fields of such molecules which is the basis of *membranes*. Fatty acids that comprise the membranes of animal and plant cells exist in the same way. Phospholipids in bilayer membranes in cells have a phosphate (phosphorus and oxygen) charged head. They are linked to 2 saturated (single carbon bonds) water-hating hydrophobic tails. Some have kinks in the chain caused by double carbon bonds called unsaturated hydrocarbon chains. The molecule glycerol divides the molecule between the phosphate head (with nitrogen) and hydrophobic double tails.

The fatty acids in the Coronavirus and Influenza have a very similar structure. They come from our own cell bilipid layers (fluid mosaic).



Hydrophilic charged head. The water loving part! Phosphate/nitrogen head.

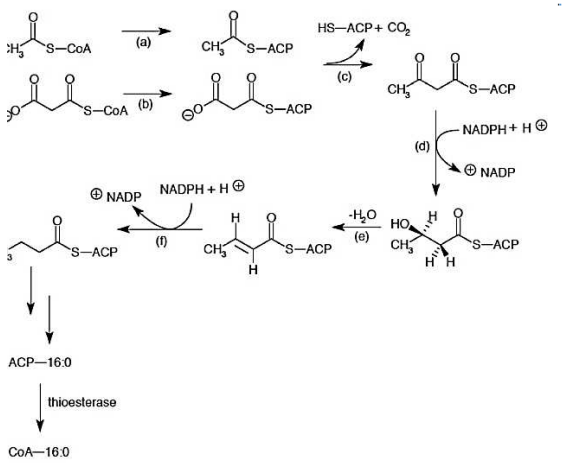
Hydrophobic uncharged double tail. The water hating part!

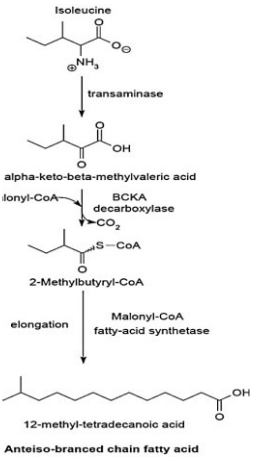
These lipid bilayers or sheets of fats allow the movement of oxygen and carbon dioxide to diffuse freely; down their concentration gradient. It also allows the movement of lipids into the cell. This is why breathing works, as gases can freely move (diffuse) across these membranes. So, surface tension needs to be low in order to facilitate these important mechanisms.

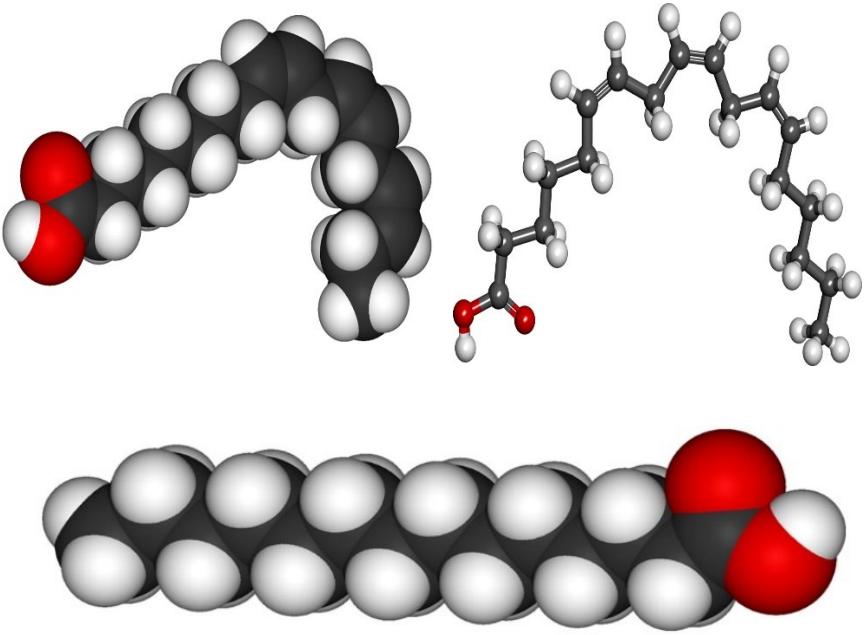
Lipid structure and the nature of pulmonary surfactants.

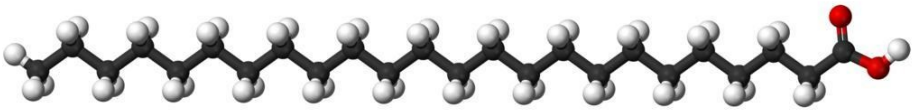
The structure and properties of two representative lipids are evaluated here. Stearic acid (a fatty acid) and phosphatidylcholine (a phospholipid) are chemical groups forming polar *heads* and nonpolar *tails*. The polar heads are hydrophilic or soluble in water, whereas the nonpolar tails are hydrophobic or insoluble in water. Lipid molecules of this composition spontaneously form aggregate structures such as micelles, liposomes and lipid bilayers. Their hydrophilic ends are oriented toward the watery medium or any polar medium, and their hydrophobic ends are shielded from the water or any other polar solvent.

Examples of fatty acid synthesis. They tend to have just one tail, not two.

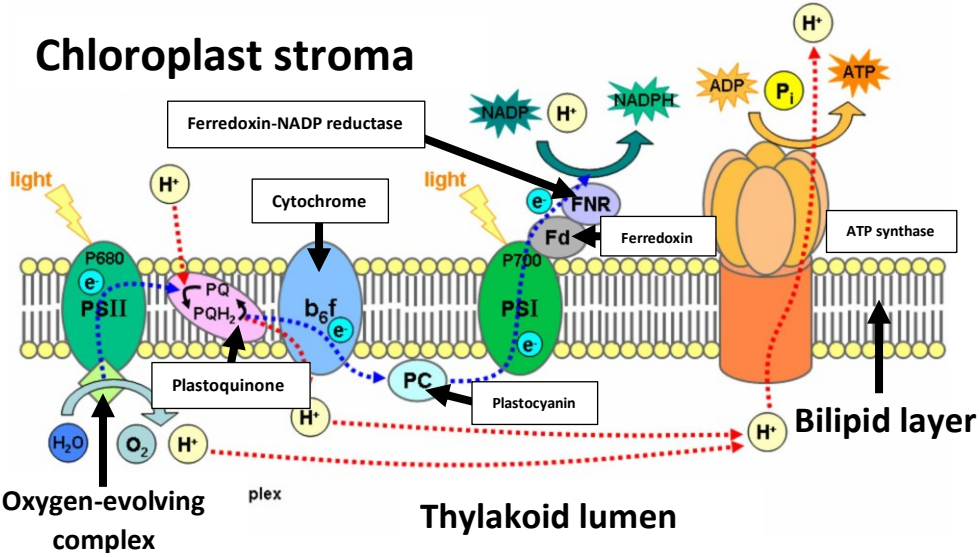

(a)
(b)
HS—ACP + CO_2
(c)
NADPH + H ⊕
(d)
⊕ NADP
-H_2O
(e)
⊕ NADP
NADPH + H ⊕
(f)
ACP—16:0
thioesterase
CoA—16:0


Isoleucine
transaminase
alpha-keto-beta-methylvaleric acid
BCKA decarboxylase
2-Methylbutyryl-CoA
elongation
Malonyl-CoA fatty-acid synthetase
12-methyl-tetradecanoic acid
Anteiso-branced chain fatty acid





A classical plant cell membrane with a bilipid fatty acid phospholipid layer.



So, in summary, a pulmonary surfactant allows polar solvents to mix with unpolarised molecules. The surface tension of water is the main force holding these balls (micelles) and sheets of fatty acids together, such as phosphate-based versions. If we weaken the water surface tension, there isn't enough pressure to hold an enveloped virus together. Also, remember that when a surfactant is added to water, it spreads out in seconds, instantly dissolving both polarised and unpolarised molecules. It produces a highly homogenous solution/suspension of fatty acids from the virus or other sources, such as burnt fat, on a kitchen pan.

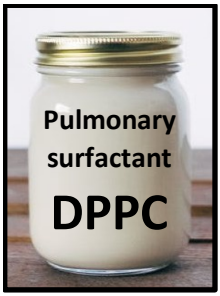
Exogenous licenced pulmonary surfactant.

So, we are now going to focus strongly on pulmonary surfactants found in the lungs of most animals with lung functions. This surfactant mixture contains a predominantly large amount of just one surfactant, namely dipalmitoylphosphatidylcholine (DPPC). This molecule is very similar to the phospholipid surfactants found in the Coronavirus and Influenza virus membranes. It has two non-polar chains (C_{16} palmitic acid groups), which are very long. It has a charged head which is water-loving.

Dipalmitoylphosphatidylcholine

(DPPC).

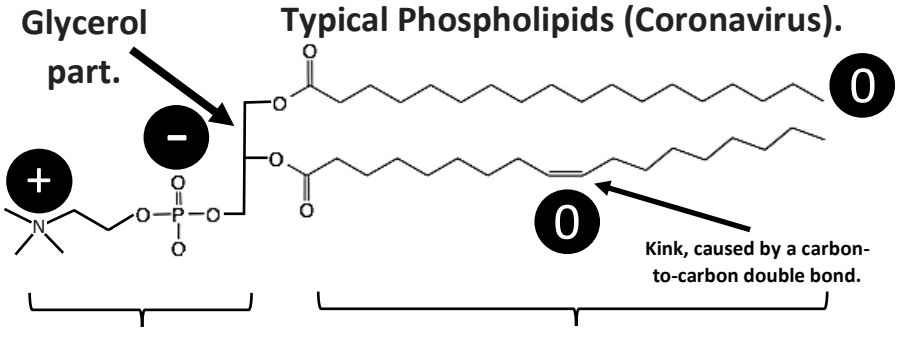
Excellent Coronavirus and Influenza killing properties.



40 to 80% of the pulmonary surfactant composition.

Hydrophilic charged head. The water loving part! Phosphate-nitrogen head.

Hydrophobic uncharged double tail. The water hating part, Coronavirus and Influenza virus loving part, *Viraphilic* (new word - etymology)!



Pulmonary surfactant is a complex mixture of phospholipids (PL) and proteins (SP) that reduce surface tension at the air-liquid interface of the alveolus. It is made up of about 70% to 80% PL, mainly dipalmitoylphosphatidylcholine (DPPC), 10% SP-A, B, C and D, and 10% neutral lipids, mainly cholesterol (lipid).

<u>Dipalmitoylphosphatidylcholine (DPPC) may be a suitable target surfactant for destroying Coronavirus and Influenza. I feel this is a justifiable research protocol for consideration. It is a suitable research model.</u>

Fundamentally this may be the type of compound the world has been looking for to end this pandemic. I personally feel confident because Nature has crafted this molecule over billions of years of evolution, and the best solutions in medicine are the ones using Nature to solve the problem. As a