

In the current state of medical knowledge and research in the pharmaceutical industry, there is no short- or medium-term solution to prevent disease or cure patients with SARS-CoV-2 (COVID-19).

With this letter, I would like to make a proposal to the pharmaceutical industry: let's start to use essential oils (EOs) to save lives.

Scientific aromatherapy: use of aromatic compounds extracted from plants (essential oils) for medical purposes; it is a scientific discipline based on the principles of organic chemistry. We are not talking about perfumery or occult sciences.

According to the World Health Organization (WHO), "the results are impressive and indisputable." See data:

- Severe acute respiratory syndrome (SARS-CoV)
- The H1N1 flu virus
- Avian influenza viruses (H5N1 and subtypes H7N9, H7N7, H5N6)
- The anti-infectious bronchitis virus (IBV)
- The hepatitis C virus (HCV)
- Dengue virus (DENV)
- Newcastle Disease Virus (NDV)
- Junin virus (an arena virus responsible for hemorrhagic fever)

Source : <https://www.prahaform.com/blog/guide-des-huiles-essentielles/les-huiles-essentielles-efiques-contre-le-coronavirus-will-se-reveil>. See references 1 to 25 below.

To add meat to the bone, if you visit the **National Center for Biotechnology Information (U.S.)**:

- You will find nearly 225 000 references on "essential oil."
See : <https://www.ncbi.nlm.nih.gov/search/reviews?term=essential+oil>
- You will find approximately 1000 references on COVID-19.
See : <https://www.ncbi.nlm.nih.gov/search/reviews?term=essential%20oil%20viral%20COVID-19>

In addition, according to a brief email from Dr. Pierre FRANCHOIS, a French researcher, he highlights that: *a recent Indian study (11 March 2021) highlights the potential activity of 1,8 cineole (eucalyptol) on SARS-CoV-2, as I suspected from my experience with other enveloped viruses.*

Note: the main molecule 1,8 cineole is found in high concentrations in Eucalyptus oil.

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Source: <https://www.ncbi.nlm.nih.gov/pmc/>

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"Still," he added, "it's kind of sobering that 30 percent of a random sample of people showing no symptoms are, in fact, infected. It's all the more reason for everyone to be practicing physical distancing."

Indeed, one of the doctors who tested volunteers in Bellingham Square said it's possible to have antibodies without being infected.

"Just because you have the antibodies doesn't mean you've cleared the virus," said Dr. Vivek Narambhai, a clinical fellow in hematology and oncology.

Researchers said the test results, which are not yet peer-reviewed, necessarily be extrapolated for the city's roughly 120,000 residents. It's a small snapshot of a community that medical experts say is especially vulnerable to the virus.

Chelsea covers only about two square miles, across the Mystic River from Boston. For generations, it has attracted new immigrants, and about 65 percent of its residents are Latino. Many live in three-decker houses, Ambrosino said, where it's hard for people to isolate themselves during work in the hospital industry and health-related fields, where exposure to the virus is greater than in other industries, he said. Work during the pandemic.

To get Chelsea residents to participate in the study, researchers used Spanish and Portuguese — investigators allowed them to remain anonymous. But that meant none of the participants received the results of the blood tests.

The doctors used a different test to detect antibodies in the blood: it resembled an over-the-counter pregnancy test, giving general results on the street in about 10 minutes. Although the test hasn't won the approval of the Food and Drug Administration, it's been determined reliable, said Mass. General principal investigator, said Mass. General determined it's reliable.

Within days, the physicians said, they hope to set up a medical tent outside the Mass. General Chelsea Healthcare Center, a former site of a mobile clinic that the city had set up weeks ago to run Standard PCR, or polymerase chain reaction, tests for coronavirus symptoms. The latter uses nasal swabs to detect whether the virus is present at the time; the antibodies blood test reveals whether someone was infected in the past.

In addition to the new testing site, the researchers want to expand the study to other Massachusetts cities and towns. For all of those studies, Mass. General will need to recruit more study participants so physicians can reveal the results. But first the state and others need to come up with guidelines for what participants should do if they test positive for antibodies.

Dr. Dean Xerras, medical director of the Mass. General Chelsea Healthcare Center and investigator in the study, said it illustrates why it's essential for Chelsea and other communities to perform antibody tests, regardless of whether they detect antibodies or the virus itself.

"Knowing how many people are infected is critical," said Xerras, a longtime member of the city's board of health. "We need to know so we can launch more sites, like this one, to identify cases and then give people the things

they need to prevent perpetuation of the virus."

Chelsea and Revere officials, with help from the state Department of Public Health and the Massachusetts Emergency Management Agency, secured almost 150 rooms at a Quality Inn in Revere this week, according to Ambrosino. So far, only a handful of those rooms are occupied.

Governor Charlie Baker on Thursday staunchly defended the state's handling of the escalating outbreak in Chelsea, including asserting, without offering details, that city leaders have turned down help from the administration.

The [Healthcare](#) [Policy](#) [Blog](#) is a [Guest](#) [Post](#) by [Jonathan Saltzman](#), a [Healthcare](#) [Attorney](#) and [Healthcare](#) [Provider](#).

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Grazie

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Matt Pottinger
Deputy National Security Advisor
The White House
1650 Pennsylvania Avenue, NW
Washington, DC 20502

Dear Sir,

Many of us in the hyperbaric medical field believe that HBOT can reduce the lung damage.

This process will also simultaneously provide many times more oxygen than a ventilator procedure.

We are reaching out to our network to make contact with the airlines to secure the use of an airplane with onboard APU (Auxiliary Power Unit) used to pressurize the cabin for a month, to treat COVID-19 patients who did not show the effectiveness.

Initial testing indicates in one trial study 100% improvement while air others underway, although small scale, are showing great benefit at extremely low cost and patient risk.

So what is this new idea? HBOT was successfully used in 1918 for Spanish Flu cases. HBOT is viable and appears to work well but we do not have the number of pressure vessels / HB chambers available to treat the possibly 100,000+ who need them.

Several of us in our small community have arrived at the same idea in several countries.

The idea is no longer new or unique.

Again, I am proposing using a pressurized cabin (i.e., all commercial aircraft fly at 9 psi (some go higher) while they are above the ground, as part of their normal airworthiness testing).

Myself and others have suggested that one or more of the hundreds of grounded aircraft be provided to complete the trial test.

737 Max are not flying, perfect pressure vessel for the procedure.

Could you help us contact Boeing, the airlines or the military?

No aircraft modification required.

Thank you for your ongoing service to our country, and thank you for reading and considering
the information in this letter.

Semper Fi!

Respectfully,

Ralph E. Crafts
Marshall, Virginia

(b) (6)

https://scholar.google.com/scholar?hl=en&as_sdt=0%2C5&as_vis=1&q=ginger+antiviral

GINGER IS A POTENT ANTIVIRAL

https://scholar.google.com/scholar?hl=en&as_sdt=0%2C5&q=ginger+antiviral

THE SECOND PAPER ON THE CURCUMIN TURMERIC RICE/BLACK PEPPER

since piperine dramatically increases oral bioavailability of turmeric!

https://scholar.google.com/scholar?hl=en&as_sdt=0%2C5&q=turmeric+black+pepper

Mucolytic inhibitors for chronic cough: CCM-CDs based on curcumin

D Ting, N Dong, L Fang, J Lu, J Bi... - ACS Appl. Mater. Interfaces, 2018, 10(3), 2332-2340
... These results offer theoretical support for the development of CCM-CDs as a hopeful antiviral drug for the treatment of respiratory tract infections, including COVID-19. Curcumin (CCM) is a polyphenol compound found in turmeric.

NAC AND PIPERINE INhibit INFLAMMATORY CYTOKINES (iNOS, TNF- α , IL-6)

Mortality in COVID-19 patients is usually from ARDS (acute respiratory distress syndrome) via inflammatory cytokines. Apart from N-acetylcysteine which was found 3 years ago to activate atrial natriuretic factor [found by Kieber in 2001 to zap inflammation] and inhibit iNOS, NEK, IL-6, TNF- α , black pepper was found to inhibit inflammatory cytokines [which dramatically increases oral bioavailability of turmeric] which has been used as a potent antiviral:

N-ACETYLCYSTEINE

https://scholar.google.com/scholar?hl=en&as_sdt=0%2C5&q=N-acetylcysteine+%22inflammatory+cytokines%22&btnG=Search

PIPERINE

https://scholar.google.com/scholar?hl=en&as_qdf=0.5&as_a=pineline&as_sint=flammatory%20cytokines&btnG=&fbclid=IwAR0kXZxI66JPLFPry2MDTDxOAelgGnmB

COVID-19 BRINGS TO HEME

<http://web.archive.org/web/20200405061401/https://medium.com/@agaizunais/covid-19-had-us-all-fooled-but-now-we-might-have-found-the-key-to-victory-311823918238be0c>

COVID-19: HYPOXIA, O₂ DESATURATION, COVID-19 BINDS TO HEME
THUS NO MAX PEEP!! IT'S A PROBLEM OF FREE RADICAL
BIOCHEMISTRY.

THROMBOXANE AND HEME BINDING

https://color.google.com/srch?rlz=8as_sdz-0%2C&path=th&fbclid=IwAR3f5EcAUUnrSSyhCA6kpJ9z0nPaMM3ba7HtuFPpQ9B1PVrF9kdwa

INDIA: POPULATION 1,300,000,000 as of April 1st, 2011 - 81 - 5000

[Indians eat GINGER, TURMERIC and BLACK PEPPER plus other spices which are thrombolytic inhibitors]:

https://www.business-standard.com/article/current-affairs/coronavirus-us-india-updates-covid-19-cases-in-india-global-tally-state-wise-deini-thanaraksha-tableighi-nizam-un-lockdown-expansion-latest-news-120040800236_1.html

11 Essential Indian Spices | <https://www.thekitchn.com/11-essential-spices-for-indian-cooking-223152>

Access <http://search.saylor.google.com> for THROMBOXANE (and the name of each species) that each gene is expressed in.

ANTIPARASITIC DRUG IVERMECTIN KILLS COVID-19
<https://pharmainfo.net/uk/pharma-news/study-shows-anti-parasitic-drug-ivermectin-kills-coronavirus/>

https://scholar.google.com/scholar?hl=en&as_q=ivermectin+therapeutic+uses

CARBON DIOXIDE AS THROMBOXANE INHIBITOR

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1433487/>

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Sent: Wed, 15 Apr 2020 15:57:26 +0000
To: [REDACTED] **Subject:** [REDACTED]
Subject: Threat [REDACTED]
Attachments: Total [REDACTED]

To: Mollet, M [mailto:[Mollet.NBCUniversal@GRC.com](#)] **Subject:** [EXTERNAL] Therapy for COVID-19; Results of trial in Italy

Melissa,

I wanted to expand a bit on the COVID-19 therapy I mentioned and provide some information about the man who is developing it. Hoping that you can get this into the right hands, as it seems like a very promising lead in this fight.

The therapy, invented by Professor Claudio De Simone, has shown extremely encouraging results in the fight against COVID-19. Professor De Simone is a professor at the La Sapienza Infection Disease Clinic in Rome, Italy. Professor De Simone convinced the doctors there to start a trial on patients affected by COVID-19. Considering the excellent results obtained, the number of patients enrolled is increasing rapidly. Our firm began working with Professor De Simone since 2015.

The formula is now employed in these patients at the La Sapienza Infection Disease Clinic, manufactured in France and known as "SIVOMIXX." The product is a specialized blend of eight different ingredients, each with considerable antiviral and anti-inflammatory activity. Patients admitted to the clinic at La Sapienza, presenting with COVID-19 and with the typical symptoms of the disease, are administered a single dose of SIVOMIXX. In each case, SIVOMIXX administration was followed by a dramatic improvement in their conditions. The key takeaway are that use of SIVOMIXX correlated with fewer days in the hospital and a reduced need for mechanical ventilation. The most dramatic finding reduced the rate of patients who required intubation. We are now beginning to enroll patients with severe cases who have been admitted to the ICU.

Attached to this email is a confidential dossier about the SIVOMIXX product and a summary of the ongoing study. Upon request, I am also able to send you an Excel file containing the raw data from the study. We will follow them closely. In Italy, we expect to have results covering additional patients in the coming weeks. The researchers conducting the study intend to publish their results in the coming weeks. However, considering the pandemic emergency in the United States, we would like to make NIH aware of Professor De Simone's therapy without any delay.

SIVOMIXX is a relatively new formulation developed by Professor De Simone, currently in limited commercial production at a manufacturing facility in France. Professor De Simone has sufficient supply available to utilize with COVID-19 patients immediately. Professor De Simone could, on his own, arrange a small-scale supply to use with hundreds of additional patients in the United States. He is willing to provide his current inventory of the product to the United States government. He could quickly confirm the efficacy of SIVOMIXX to significantly reduce the duration of COVID-19 and reduce the duration of patient hospital stays. After that, Professor De Simone is willing to collaborate with the administration to bring a large-scale production of SIVOMIXX for use throughout the United States, Italy (where he was born), and Switzerland (where he currently resides). Professor De Simone already has ongoing partnerships with a

SCHULMANBHATTACHTARVA
A C O M P A N Y



Actions from the call:

- Jonathan reported Sen. Durbin's office working on legislation for 10,000+ (?) response workforce
- Michael reported positive response from National Governors Association
- Eileen reaching out to Tom Bossert. Adam Boehler not yet. Shared OpEd in WSJ on testing - <https://www.wsj.com/articles/testing-is-our-way-out-11383869705>
- Jeremy has an OpEd in Daily Beast with Durbin - <https://www.thedailybeast.com/coronavirus-shows-we-need-an-apollo-project-for-public-health>
- Craig in touch with Durbin's office. IL has ongoing negotiations with feds. Slower to hire at state level. MA implementing 1,000 person contact tracing effort.
- John in touch with Pelosi's office, DeLauer, Conn. of Mayors, League of Cities
- Other potential partners: NGA, ASTHO, AHA, CDC, USPHS, FEMA, etc.
- General agreement that for bipartisanship in emergency, it is time to move away from year) imperatives of COVID-19 and economic emergencies into a new permanent workforce.
- General agreement that RPCVs are good for transitioning to it, but not 700,000 RPCVs would do this and the need is much greater.
- CSIS OpEd with Ami Bera (D-CA) and Senator Wyden, Oregon - <https://www.politico.com/article/2020/04/01/coronavirus-response-covid-19-covid-19-coronavirus-crisis-crisis-workforce> by Ami Bera and Sen. Wyden

Other updates:

- Telcon Friday with Brooks staffer. They are fully briefed on CDC concept and potential implementation model. Clarification: not duplicative of USPHS Ready Reserve corps which is now authorized but not being implemented (to my knowledge) and would be different profile, i.e., USPHS has physicians, nurses, pharmacists, etc.
- Telcon Saturday with CDC COVID-19 Chief Medical Officer. Confirms many are thinking about the workforce issue. Notes that CDC unlikely to "own," but great suggestion to engage CDC, NNPTC, National Network of STD Clinicians, etc. for training centers for training. <https://nnptc.org/> with eight centers across the country, so might be a good place to start for national response discussions.
- FEMA contacts report they are hiring RPCVs and have a dedicated page for them. See attached FEMA recruiting email attached.
- Charles shared Vanessa Kerry's OpEd emphasizing same themes: response workforce and jobs. <https://www.bostonglobe.com/2020/04/01/disease-team-calls-on-state-harness-people-power/>

Next steps:

- Executive – support/commitment to FEMA to increase speed and scale
- Legislation – new appropriations for FEMA or CDC if needed
- National advocacy
- Demand signal – state and local authorities request this
- Implementation and management details working out

Overall goal: Great

COVID-19 Response Corps would be/be a part of solution. Ideal first role for CPC cadre.

