

The Secretary,
Economics and Governance Committee,
Parliament House,
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Reference: Submission in respect of a proposed Bill titled:

“The Public Health and Other Legislation (Further Extension of Expiring Provisions) Amendment Bill 2021”

About the author:

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I am a recently retired clinical pharmacist with additional qualifications in clinical nutrition, combined with a good working knowledge of the Covid virus, its associated problems in human health and its medical treatment.

I am concerned that a Covid strategy based on the proposed Bill will be unnecessarily restrictive and will result in intrusion into people’s personal lives over a long period of time with little benefit. Also, that there is insufficient focus on new treatments and their potential to reduce the volume and impact of restrictive regulations.

The objective of this submission is to persuade the Committee to look at Covid 19 treatment improvements and modification to avoid expanding regulation based on a flawed current treatment.

Potential treatment direction:

When the scale of impact of Covid infection first began to be measured and the realisation that a pandemic was developing, resources to develop appropriate treatments had to be quickly identified and funded.

Focus was directed on traditional formats such as vaccines.

This was appropriate but perhaps oversold by the pharmaceutical industry to government as being the only solution

It was also a risky focus given a lack of real time to produce a vaccine for a virus that lacked sufficient information about it, to work with.

So we have arrived at a point where we are now injecting people with a problematic Covid 19 injectable vaccine which comes with a string of serious adverse reactions.

And no alternative to use because of the intense focus and idea that a vaccine is the only solution for treatment.

One of the symptoms of a Covid infection is a loss of taste and smell.

For a clinical nutritionist this immediately flags a zinc deficiency in a patient with this type of biomarker.

Could Covid influence zinc levels in the bodies of infected patients?

If so, lowered or poor levels of zinc would reduce immune levels.

Also loss of taste and smell is associated with a poor diet usually boosted with strong flavour enhancers – another negative for a patient battling any form of infection.

Research has since demonstrated that zinc does have a positive impact on any virus infection, including Covid 19. It works by inhibiting virus replication and thus preventing viral potency and spread of infection.

The patient has minimal or no symptoms that continually reduce as the life cycle of each infected cell is completed by a natural cell death in approximately sixty days.

However, zinc needs to be maintained at optimum levels within the cells of the body and to supplement zinc successfully a “carrier” molecule needs to be utilised to carry zinc into the cells of the body.

One of the earliest carriers identified was hydroxychloroquine, an antimalarial drug that has been used over many years. Initially, it was thought that it was the hydroxychloroquine acting by itself against Covid, until the significance of zinc was understood.

Clinical nutritionists have identified quercetin, a bioflavonoid, as a more efficient carrier molecule that comes with the added benefits of being an anti-oxidant and an efficient anti-inflammatory, being a significant cytokine suppressant (cytokine is the substance that causes the severe lung inflammation of Covid 19 infection).

So with the above two nutrients you are able to manage Covid infection at any stage of its life cycle, and they in turn can be enhanced by additional substances such as vitamin D3 and ivermectin, while simultaneously preventing transmission and improving immune function.

This also translates into a reduced need for long-term or additional regulation and better outcomes for the patient.

Transitional treatment protocol (adults only):

Stage 1 – Contact with a positive tested person.

Begin treatment with supplements of Quercetin, 500 mg three times a day; plus Zinc chelate 30 mg daily; plus vitamin D3 2000 I.u daily. Treat for three months or longer if the community threat of infection prevails.

Stage 2 – symptoms develop or had already developed prior to having treatment.

Treat with Stage 1 protocol plus add ivermectin as a single dose of 12mg daily for five days. Then discontinue ivermectin but continue with Stage 1 protocol for 14 days and review.

If symptoms persist at any stage after initial ivermectin treatment then restart a second cycle of ivermectin 12 mg daily for five days.

Stage 3- At thirty days assess patient. If symptom free continue with Stage 1 treatment for three months or until community threat is minimal.

If symptoms exacerbate at any stage consider alternative medical treatments.

Maintain social distancing and hygiene while symptom free and isolate in addition if symptoms are present.

References (control + click on each link to open):

[1.A role for quercetin in coronavirus disease 2019 \(COVID-19\).](#)

[2.Quercetin and Vitamin C: An Experimental, Synergistic Therapy for the Prevention and Treatment of SARS-CoV-2 Related Disease \(COVID-19\).](#)

[3.Roles of flavonoids against coronavirusEvaluation of antiviral activities of Houltuynia cordata Thunb. extract,](#)

[4. quercetin, quercetrin and cinanserin on murine coronavirus and dengue virus infection.](#)

[5. Querce tin Phytosome as a potential candidate for managing COVID-19.](#)

[6. Ivermectin: an award-winning drug with expected antiviral activity against COVID-19.](#)

[7. Ivermectin to prevent hospitalizations in patients with COVID-19 \(IVERCOR-COVID19\): a](#)

[structured summary of a study protocol for a randomized controlled trial.](#)

[8. The SARS-CoV-2 IvermectinNavarra-ISGlobal Trial \(SAINT\) to Evaluate the Potential 8of](#)

[Ivermectin to Reduce COVID-19 Transmission in low risk, non-severe COVID-19 patients in the](#)

[first 48 hours after symptoms onset: A structured summary of a study protocol for a randomized](#)

[control pilot trial.](#)

[9. A COVID-19 prophylaxis? Lower incidence associated with prophylactic administration of](#)

[ivermectin.](#)

[10. A five-day course of ivermectin for the treatment of COVID-19 may reduce the duration of](#)

[illness.](#)