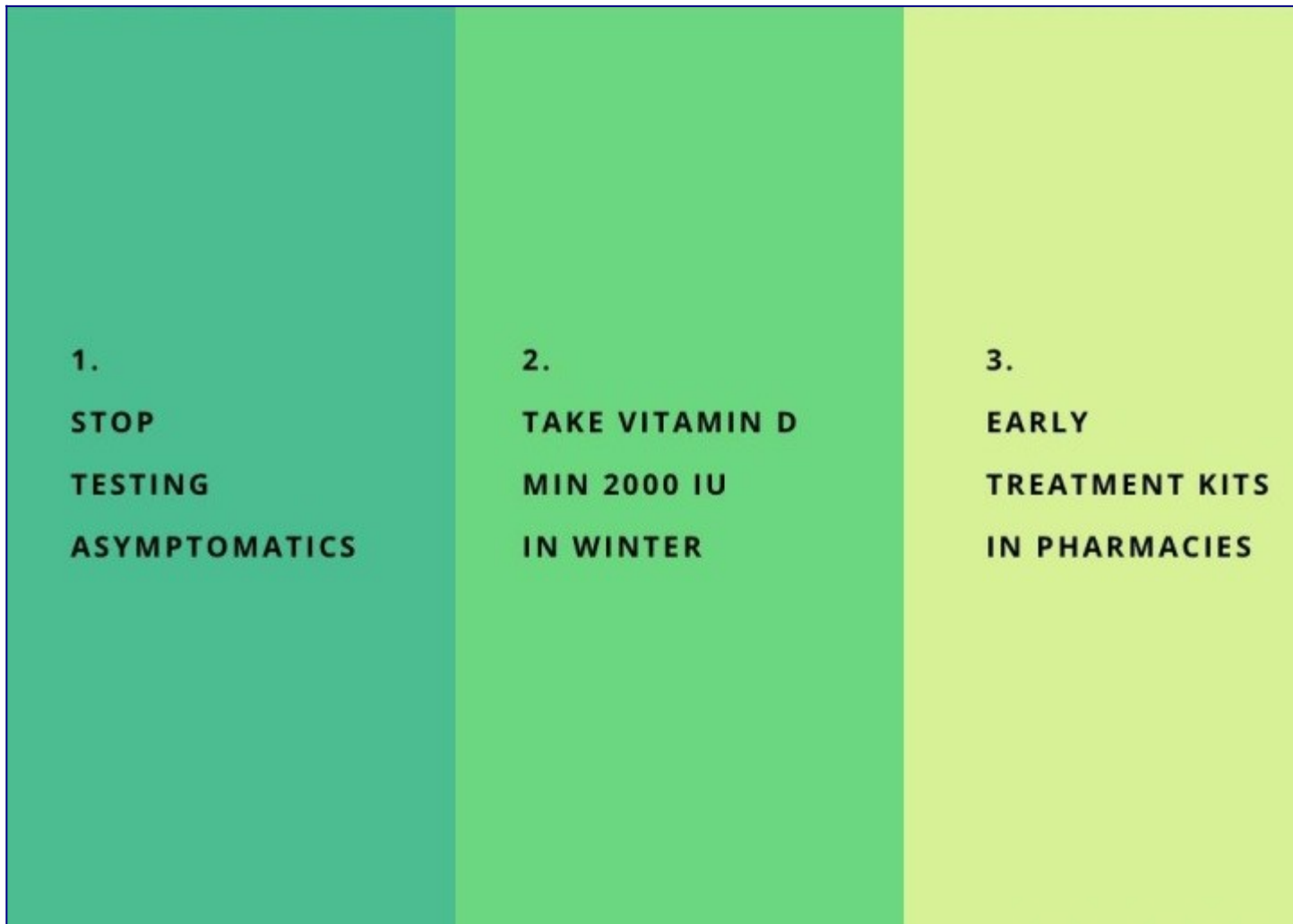


# The Monotti Protocol For Keeping Society Open

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The Monotti Protocol aims to be at the same time extremely simple yet extremely effective. It consists of three main epidemic or pandemic control approaches, to be implemented all together in order for it to work best, and eliminate the need to worry about respiratory viruses at a societal level. I compiled it on the 2nd January 2021 as an alternative and less disruptive solution than the unprecedented and untested Covid19 epidemic restrictive control measures put in place by a number of governments. These measures were all based on assumptions without any evidence to their efficacy or validity, apart from a few predictive epidemiological models made when the parameters of aerosol and other modes of transmission of this virus were still unknown, and there was no allowance for the subsequently proved levels of pre-existing immunity, nor for the variety of each individual's personal immunity potential to mount a strong and effective natural defence against SARSCoV2 aided by high enough levels of [vitamin D for killer T-cells to draw upon](#).

More recently it has also been proved that in [the peak of coronavirus season at least two thirds of Covid19 cases which led to severe disease or mortality were in people who were in or had visited a](#)

[hospital](#), confirming that the main driver of transmission are hospital buildings, and further discrediting the idea that a community wide lockdown has any effect on rates of transmission leading to severe cases or death. In fact, it is precisely because lockdowns do not include hospitals and severe Covid19 is an institution spread disease, affecting hospitals and care homes, that it is not possible for them to have any effect on transmission rates leading to severe or fatal infections. In this sense, addressing the spread of severe or fatal Covid19 is an architectural problem which needs to look at ventilation, restoration and sanitary systems of hospital and care home buildings rather than closing down shops or businesses. Healthy people should consider their vitamin D levels in order to avoid hospital buildings during peak respiratory virus season, see point two below. However, in order to prevent people going to hospitals the first element to remove is fear, and the first thing to address in order to decrease fear is the testing of asymptomatic people.

### **The Monotti Protocol's Three Points:**

#### **1 Stop Testing Asymptomatics**

#### **2 Take Vitamin D (2,000 IU minimum) in winter**

#### **3 Early treatment kits in pharmacies**

All these points have an entire scientific history behind them, too much to list here, but I will cover the main principles behind each one here, in a brief, simple and concise form:

##### **1. Stop Testing Asymptomatics**

When medical mass testing includes asymptomatics & the disease affects a small minority of the population, a very small margin of error in the testing process will mathematically result in the false positives being many times more than the real positives.

This has been [confirmed by the WHO](#), in December 2020, when they issued a directive with these words:

“Healthcare providers are encouraged to take into consideration testing results along with clinical signs and symptoms, confirmed status of any contacts.”

This effectively means that it is not enough to simply say that a positive test is a Covid19 case, but that to determine a Covid19 case symptoms are also required, as well as indications as to whether a close contact is or has recently been ill with Covid19. Therefore, asymptomatics testing positive should not be considered as Covid cases in principle, rendering their testing unnecessary and superfluous.

Bayes Theorem points to the increase of the probability that a positive test is real if the tested person also has clear symptoms. Those interested in the mathematical calculations can refer to the [Bayes Theorem](#) and a [Bayes calculator](#) tool or formula.

Further to this, to prevent asymptomatic people who overcame the disease already to keep testing positive long after, it is essential that the cycle thresholds at which any RT-PCR tests calls a positive are set at [24 cycle thresholds](#) and that certainly they [do not exceed 28](#), and that the assay in use has been [thoroughly examined for correspondence to an isolate of the pathogen](#) in question.

##### **2. Take Vitamin D (2,000 IU minimum) in winter**

The seasonal peaks of coronaviruses and of [most respiratory diseases](#) correlate with the troughs in the amounts of vitamin D in the human body. It can be deduced that respiratory viruses exploit [vitamin D deficiencies](#). A comprehensive analysis of the correlation of vitamin D with incidence and outcomes of Covid19 disease was [published by The Royal Society](#) in December 2020. The levels of UVB light at [many latitudes during the winter months](#) are not sufficient to allow the skin to produce optimal levels of vitamin D, and nutrition is unlikely to be enough to compensate for the lack of vitamin D from sunlight in Winter. For this reason the Monotti Protocol recommends a daily minimum level of vitamin D supplementation of 2,000 IU a day, and an optimal supplementation of [4,000 IU per day for an average sized adult](#) with no contraindications in late Autumn, all of Winter and early Spring. There is no requirement or need for supplementation in Spring, Summer and early Autumn for people who spend a good portion of daily time outdoors. This level of supplementation has been proved to reduce both [the incidence](#) and [the severity of respiratory disease](#).

### 3. Early treatment kits in pharmacies

Every disease needs to be considered and addressed at three main stages:

1. Prophylaxis
2. Early treatment
3. Late treatment

Prophylaxis or prevention of disease in the Monotti Protocol is considered easily achievable mainly through point 2, vitamin D supplementation, a varied diet full of fresh vegetables and fruits, and regular exercise with sufficient sleeping patterns. The goal of early treatment is to prevent late treatment, when the disease has already progressed to a severe stage as this will both put the patient's health at risk and cause unnecessary pressure on hospitals and healthcare systems.

The earlier the treatment the better, and as many pharmacies are able to provide for SARSCoV2 testing, a doctor's visit at the first symptoms is not even required. Early treatment kits should be available off the shelf from pharmacies and for home deliveries.

Vitamin D has already been mentioned above in point 2. The recommended minimum dose during early treatment is 5,000 IUs per day as per the [American Association of Physician's guide to early treatment](#). Ideally this should be in calcifediol form if available, as it is more quickly circulated in the body than cholecalciferol or vitamin D3.

[Vitamin C](#) is always a good idea for the treatment of all respiratory infections. Many doctors recommend 1g twice a day during treatment.

[Zinc sulfate, gluconate or citrate is known to limit viral](#) replication in human cells when aided in its entry into cells by a [zinc ionophore](#), such as [hydroxychloroquine](#) the most effective option, [quercetin, or epigallocatechin gallate](#) or EGCG. Avoid zinc picolinate.

[Omega-3](#) supplementation improved the levels of several parameters of respiratory and renal function in critically ill patients with COVID-19.

[Ivermectin](#) is also known to limit viral replication.

Early administration of [inhaled budesonide](#) reduced the likelihood of needing urgent medical care and reduced time to recovery after early COVID-19.

[NAC](#) administration in combination with other antiviral agents may dramatically reduce hospital admission rate, mechanical ventilation and mortality.

[Aspirin](#) use is associated with decreased mechanical ventilation, intensive care unit admission, and mortality

[Macrolides \(clarithromycin or azithromycin\) are known to reduce the length of the disease](#) and the time required to test negative. Please note that these are now considered as both bacteriostatics: they stop bacteria, and as antivirals at the same time.

Other treatments may be available at the discretion of the pharmacy, however all need to have been considered safe medicines for many years before their inclusion in a treatment kit. For this reason the treatment kits should include only existing or repurposed medicines rather than new or experimental treatments.

Early treatment will considerably reduce the number of patients for whom the disease will progress to a possible hospitalisation stage, as most respiratory diseases can be treated at home if treatment is began early enough. There is no reason for treatment to be delayed, as this is what ultimately can put a patient's life at risk.

For the medicines to be included in possible early treatment kits also see:

[The Zelenko Protocol](#)

[I-Mask+ Protocol](#)

For more treatment protocols see: [c19protocols.com](#). For all scientific evidence on many effective single Covid19 early treatments, which amount to more than 20 options, please see: [c19early.com](#).

It is of course necessary to alter the kits as new evidence in the form of Randomly Controlled Trials is presented, and with every new respiratory epidemic not arising from a coronavirus family pathogen, however certain elements will be as effective for any other respiratory infection, such as vitamin D, and for any other virus, such as zinc and a zinc ionophore.

## **Conclusion**

If the Monotti Protocol were to be implemented in any country or society, all restrictive measures such as social distancing, lockdowns, face masks, and all business, sports and hospitality closures could be immediately lifted without any detrimental effect on the mortality from Covid19, influenza, or any other respiratory disease.

The major advantage the Monotti Protocol presents over a mass vaccination strategy is that protection is in this way offered from all respiratory pathogens, therefore making it the most sustainable solution to all respiratory epidemics and pandemics, which can be easily re-implemented as a public health directive at the onset of all new respiratory epidemics.

The Monotti Protocol reduces considerably any risk of adverse reactions to experimental vaccinations or gene therapies as it only includes medicines with a long history of safety in the treatment kits, it also eliminates other mass vaccination risks such as antibody-dependent enhancement or other unforeseen autoimmune reactions to experimental mass vaccinations or gene therapies.

When it comes to SARSCoV2, the main long term advantage over current mass vaccination strategies is that the Monotti Protocol leads to long lasting natural immunity to all SARSCoV2 proteins rather than only to the spike protein of a single variant, which most vaccines or gene therapies are based on, therefore by definition offering a broader level of long term immunity to exposed individuals with the added safety of a strong vitamin D boosted killer T-cell mediated immune response. Most gene therapies are based on only one protein, the spike protein. However, SARSCoV2 consists of four structural proteins, twenty-nine proteins in total. Natural immunity is therefore by definition broader & more effective against SARSCoV2 than from a single protein of a single variant based vaccine.

The Monotti Protocol is a clear and simple, yet highly effective way to safeguard society from untested and socially destructive pandemic solutions.

*Disclaimer: I am not a medical doctor simply a concerned citizen collating research carried out by others and the above information needs to be double checked by everyone according to their personal circumstances before embarking on any treatment in consultation with their personal doctor who knows your medical history and who is the primary point of reference for medical information, the above is not a medical prescription but an effort to share what I have learnt by reading many scientific and medical journals on this subject.*

<https://nulluslocussinegenio.com/2021/03/23/the-monotti-protocol/>