



# Doctor Offers Method to See if New COVID-19 Treatments Work

Let's be clear; people aren't afraid of getting the coronavirus, but of dying from it. They are scared of the absence of a known treatment that works for COVID-19 pneumonia.

We don't know what works to treat the disease because we have no treatment information.

Everyone is scrambling to find solutions — including high concentrations of vitamin-C and vitamin-D, the anti-malarial drug hydroxychloroquine, and other methods — yet the main way doctors know if these drugs work is if a patient lives or dies. That shouldn't be acceptable.



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Specifically, doctors can look at clinical changes in a patient's life functions, but doctors can't tell what the treatments are doing at the tissue level — in the lungs — during treatment. Even chest x-rays don't provide the clarity or detail necessary to check what is happening. Absent this information, doctors are left to guess at the efficacy of new treatments — often not changing treatments until it is too late.

But there is a method whereby doctors could quickly learn whether a new treatment is working or not: It is abbreviated FMTVDM, and it is the only method through which doctors can quantitatively measure the development of the disease in a patient and the effectiveness of a treatment. (Note the author of this article is the patent holder of this methodology, but he will not be collecting royalties on it during the coronavirus pandemic.)

In a nutshell, here is how it works: In much the same way that a person would be injected with a nuclear isotope so that a specialized camera can trace the flow of blood through the heart to look for heart disease, a patient would be injected to check the advancement or retreat of pneumonia caused by the coronavirus.

Upon being admitted to the hospital, a patient diagnosed with coronavirus-caused pneumonia would have his/her lung function checked through FMTVDM. The same patient, after being given an experimental treatment such as hydroxychloroquine, would then be given the same test two to three days later to determine if the treatment is working. If it is working, the treatment would be continued. If not, a new one could be tried immediately, giving the patient his/her best odds of overcoming the disease.

The key to the treatment — the part that is patented — is having the nuclear camera calibrated correctly to guarantee that the measurements made by the camera are accurate, consistent, and reproducible.



Written by [Richard M. Fleming, Ph.D., MD](#) on March 26, 2020

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These measurements provide values showing the most active tissue and least active tissue. Cameras can be tuned to search for various lung problems, such as cancer, coronary artery disease, *and, in the present case*, the extent to which COVID-19 is causing havoc with a patient's lungs.

Thus the test saves time, money, and lives — not to mention unnecessary side effects from a treatment that is not working.

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