

Specialized Immune System Support Protocol

Patient Schedule*

Patient Name: _____

Start Date: _____

Days 1-4

Artemisinin Forte

1 tablet 3 times daily, or as directed*

+

Myrrh Forte

4 tablets 2 times daily, or as directed*



Days 5-13

Viranon

1 tablet 3 times daily, or as directed*

+

Echinacea Premium

1 tablet 3 times daily, or as directed*

For best results,
6-10 cycles are recommended.

*Base protocol may be adapted as per the needs of the patient. Recommendations for MediHerb product dosages are sometimes different than the doses that appear on the product labels.

Day	Product	Complete	Additional Support	Complete
1	Artemisinin Forte Myrrh Forte	<input type="checkbox"/>		<input type="checkbox"/>
2	Artemisinin Forte Myrrh Forte	<input type="checkbox"/>		<input type="checkbox"/>
3	Artemisinin Forte Myrrh Forte	<input type="checkbox"/>		<input type="checkbox"/>
4	Artemisinin Forte Myrrh Forte	<input type="checkbox"/>		<input type="checkbox"/>
5	Viranon Echinacea Premium	<input type="checkbox"/>		<input type="checkbox"/>
6	Viranon Echinacea Premium	<input type="checkbox"/>		<input type="checkbox"/>
7	Viranon Echinacea Premium	<input type="checkbox"/>		<input type="checkbox"/>
8	Viranon Echinacea Premium	<input type="checkbox"/>		<input type="checkbox"/>
9	Viranon Echinacea Premium	<input type="checkbox"/>		<input type="checkbox"/>
10	Viranon Echinacea Premium	<input type="checkbox"/>		<input type="checkbox"/>
11	Viranon Echinacea Premium	<input type="checkbox"/>		<input type="checkbox"/>
12	Viranon Echinacea Premium	<input type="checkbox"/>		<input type="checkbox"/>
13	Viranon Echinacea Premium	<input type="checkbox"/>		<input type="checkbox"/>