

Melatonin Weight-Based Dose (Per 24 h)

Weight (kg)	Dose (mg)
3	357
5	524
7	675
9	814
11	947
13	1073
15	1195
17	1313
19	1427
21	1537
23	1646
25	1752
27	1856
29	1959
35	2255
40	2493
45	2723
50	2947
55	3165
60	3379
65	3588
70	3793
80	4193
90	4580
100	4956
115	5504
130	6034

¹ Disclaimer

For information purposes only, not to be considered as medical advice. When in doubt, always seek professional medical assistance.

² Ascorbic Acid Dosage

There is no change to the [September 2021 Guidelines for Ascorbic Acid \(AA\)](#). However, you may find your bowel tolerance for AA to be reduced significantly due to higher MEL doses. This is normal. Adjust AA dose to 95% of bowel tolerance if necessary.

Melatonin Dosage Guidelines for PASC Prevention/Attenuation ^{1,2}

If you are concerned over the development of PASC, or if you have pre-existing health challenges that predispose you to the development of symptoms commonly associated with PASC, please use the following dosage guidelines instead of decreasing dosage by 10% every 5 days indicated in the April 2023 Revised Melatonin Guidelines.

Level	Symptom/Pre-existing Condition	Melatonin Dosage*
I	Asymptomatic and/or no pre-existing health conditions during acute infection.	Reduce maximum dose during infection by 25% every 10 days to ~10% to 15% of maximum dose.
II	Mild symptoms and/or no pre-existing health conditions during acute infection.	Reduce maximum dose during infection by 20% every 15 days to ~15% to 20% of maximum dose.
III	Symptomatic with pre-existing health conditions during acute infection.	Reduce maximum dose during infection by 10% every 20 days to ~25% to 50% of maximum dose.

*For Levels I - III, please remain on the final dose for three to six months before further reductions upon confirmation of no development of PASC.

Melatonin PASC Dosage (ongoing/new symptoms >4 weeks post-infection)

Depending on the type of symptoms, the use of melatonin after 'clearance' of initial infection can address the issue of viral persistence. Please read my peer-reviewed paper to understand how viral persistence can cause changes to host genes and modulate immune systems to cause various symptoms of PASC.

<https://www.mdpi.com/1422-0067/23/15/8122>

If you developed PASC after being infected by SARS-CoV-2 and you did not follow the new April 2023 Revised Melatonin Guidelines, depending on the severity and the duration of your symptoms, you may need to work with a qualified healthcare professional to address the symptoms if the following PASC Protocols cannot resolve your challenges.

General Instructions for PASC-Associated Symptoms

A general recommendation for melatonin dosage for PASC is 50% to 80% of the weight-based dose, depending on severity of the PASC symptoms. For example, if you are 65 kg, and have PASC symptoms of fatigue, brain fog, and exertion malaise, you would need to take at least 1795 but not more than 2870 mg/day, using the following dosage instructions:

1	Divide total daily dose into two equal portions.
2	Take one half and further divide into 6 doses and consume during WAKING hours.
3	Take the remaining 50% and consume in 3 doses. Two before bedtime, and one during the night when you wake up.
4	Maintain this dose for at least 21 days. Upon improvement, you may reduce dosage by 10% to 25% of total daily dose once every 14 - 21 days, depending on the speed and efficacy of reversal.
5	Upon complete reversal of all symptoms, remain on the final dose for 6 months to ensure complete reversal. If symptoms return, reinstate protocol, and do not reduce dosage for 3 months upon reversal of symptoms.