

The Tablet That Cracked COVID

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✓ Fact Checked

STORY AT-A-GLANCE

- › Ivermectin, a broad-spectrum anti-parasitic that also has anti-inflammatory activity, has shown remarkable success in preventing and treating COVID-19
- › The drug is available over-the-counter in some countries, such as France, and 3.7 billion doses have been administered in the last 40 years, with serious side effects extremely rare
- › Expert physicians have called on the NIH, CDC and FDA to review the expansive data on ivermectin to prevent COVID-19, keep those with early symptoms from progressing and help critically ill patients recover
- › Legal fights have ensued, with family members enlisting lawyers to battle hospital boards in order to give their dying loved ones the lifesaving pills – even when all other treatment options have been exhausted
- › Despite the undisputable data showing ivermectin works for COVID-19, it continues to be ignored in favor of more expensive, and less effective, treatments and mass experimental vaccination

There's a medication that has been found to reduce COVID-19 mortality by 81%.¹ The icing on the cake? It's also safe, inexpensive and widely available, with decades of clinical usage suggesting it has a "high margin of safety."² The drug is ivermectin – a broad-spectrum anti-parasitic that also has anti-inflammatory activity.

There's a good chance, however, that you probably haven't heard about it. And, if you or a loved one had COVID-19, there's also a high probability that you didn't receive this potentially life-saving treatment, even though doctors have been begging health agencies to make it part of official COVID-19 treatment guidelines since nearly the start of the pandemic.

One professor and doctor, Hector Carvallo, who has found his science documenting ivermectin's effectiveness for COVID-19 "quickly scrubbed from the internet," wrote to colleagues, "I am afraid we have affected the most sensitive organ on humans: the wallet."³

In June 2021, we're at the point when the data on ivermectin are really undebatable. It's a safe, existing option to treat COVID-19, and an alternative to vaccination, but if it were to become mainstream, it would make the COVID-19 vaccine Emergency Use Authorization disappear because, with a readily available treatment, there's no need for mass, emergency vaccination.

Critical Care Physicians Developed COVID Treatment Early On

Early on in the pandemic, five critical care physicians formed the Front Line COVID-19 Critical Care Working Group (FLCCC), which developed a highly effective [COVID-19 treatment protocol known as MATH+](#).

One of those physicians, Dr. Paul Marik, a critical care doctor at Sentara Norfolk General Hospital in East Virginia, is renowned for his work in creating the "Marik Cocktail," which significantly [reduces death rates from sepsis](#) using inexpensive, safe, generic medications.⁴

Not content to offer COVID-19 patients "supportive care," which he describes as "no care at all," he recruited some of the most knowledgeable pulmonary critical care specialists to solve the COVID-19 treatment puzzle, homing in on stopping the hyper-immune response — including multiorgan inflammation and clotting — which is what typically drives death in fatal COVID-19 cases.⁵

Marik told Mountain Home magazine, "As pulmonary critical care doctors we know how to treat inflammation and clotting, with corticosteroids and anticoagulants. It's first-grade science."⁶ The result was the MATH+ protocol for hospitalized COVID-19 patients mentioned earlier, which gets its name from:

Intravenous **M**ethylprednisolone

High-dose intravenous **A**scorbic acid (vitamin C)

Plus optional treatments **T**hiamine, zinc and vitamin D

Full dose low molecular weight **H**eparin

The MATH+ protocol led to high survival rates. Out of more than 100 hospitalized COVID-19 patients treated with the MATH+ protocol as of mid-April 2020, only two died. Both were in their 80s and had advanced chronic medical conditions.⁷

After several tweaks and updates, the prophylaxis and early outpatient treatment protocol is now known as I-MASK+⁸ while the hospital treatment has been renamed I-MATH+,⁹ due to the addition of ivermectin.

Ivermectin 'Miracle Drug' Silenced

In December 2020, FLCCC called for widespread adoption of ivermectin, both as a prophylactic and for the treatment of all phases of COVID-19.^{10,11} In one trial, 58 volunteers took 12 milligrams of ivermectin once per month for four months.

Only four (6.96%) came down with mild COVID-19 symptoms during the May through August 2020 trial period. In comparison, 44 of 60 health care workers (73.3%) who had declined the medication were diagnosed with COVID-19.¹² Mountain Home reported:¹³

"If you were to say, tell me the characteristics of a perfect drug to treat COVID-19, what would you ask for?" he [Marik] said. 'I think you would ask firstly for something that's safe, that's cheap, that's readily available, and has anti-viral and anti-inflammatory properties.

People would say, 'That's ridiculous. There could not possibly be a drug that has all of those characteristics. That's just unreasonable. But we do have such a drug. The drug is called Ivermectin.'

If it was universally distributed at a dose that costs ten American cents in India and about the cost of a Big Mac in the United States, he said, Ivermectin would save countless lives, crush variants, eliminate the need for endless big pharma booster shots, and end the pandemic all over the world."

In June 2020, a study also found [ivermectin](#) inhibits the replication of SARS-CoV-2 in vitro, with a single treatment leading to a 5,000-fold reduction in virus after 48 hours.¹⁴ What's more, the drug is available over-the-counter in some countries, such as France, and 3.7 billion doses have been administered in the last 40 years, with serious side effects extremely rare.¹⁵

Dr. Pierre Kory, Marik's protégé, and a part of the group that formed FLCCC, set out to get the word out to save lives, but his calls for widespread adoption of this "miracle" drug fell on deaf ears.

Senate Committee Ignores Data on Ivermectin

December 8, 2020, Kory testified to the Senate Committee on Homeland Security and Governmental Affairs, which held a hearing on "Early Outpatient Treatment: An Essential Part of a COVID-19 Solution." He called on the NIH, CDC and FDA to review the expansive data on ivermectin to prevent COVID-19, keep those with early symptoms from progressing and help critically ill patients recover:^{16,17}

"We have a solution to this crisis,' he said. 'There is a drug that is proving to be of miraculous impact,' Kory said. 'When I say miracle, I do not use that term lightly. And I don't want to be sensationalized when I say that.

It's a scientific recommendation based on mountains of data that has emerged in the last three months ... from many centers and countries around the world

showing the miraculous effectiveness of Ivermectin. It basically obliterates transmission of this virus. If you take it, you will not get sick.”

Despite his impassioned pleas and astonishing science to back them up, the treatment was not only ignored by the committee but promptly eviscerated. Mountain Home reported:¹⁸

“The hearing was dead before it started ... The hearing was boycotted by all seven Democrats (who have received a total of \$1.3 million in big pharma bucks from Pfizer, AstraZeneca, Johnson & Johnson, Merck, Gilead, and others), and four of the seven Republicans, including Utah’s Mitt Romney (more than \$3 million received from big pharma), Ohio’s Rob Portman (\$542,400), and Florida’s Rick Scott (more than \$1 million in stock in Gilead Sciences, maker of Remdesivir).”

Meanwhile, media reports claimed ivermectin was unproven and the World Health Organization also refused to endorse it. YouTube removed Kory’s testimony, which had nearly 9 million views, calling it a danger to the community.¹⁹ Still, the data surrounding ivermectin speaks for itself.

Ivermectin’s Impressive Data – and Legal Fights Over its Use

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.²⁰

Kory, Marik and colleagues also published their review based on 18 randomized controlled treatment trials of ivermectin in COVID-19, which found “large, statistically significant reductions in mortality, time to clinical recovery, and time to viral clearance.” They continued:²¹

“Furthermore, results from numerous controlled prophylaxis trials report significantly reduced risks of contracting COVID-19 with the regular use of

ivermectin. Finally, the many examples of ivermectin distribution campaigns leading to rapid population-wide decreases in morbidity and mortality indicate that an oral agent effective in all phases of COVID-19 has been identified.”

While an increasing number of doctors and countries have adopted **ivermectin's use for COVID-19**, many more refuse it, even going so far as to prohibit its use for patients. Legal fights have ensued, with family members enlisting lawyers to battle hospital boards in order to give their dying loved ones the lifesaving pills – even when all other treatment options have been exhausted.²²

‘It’s Really Almost Totalitarian’

In mid-January 2021, the NIH finally revised its guidelines on ivermectin, in large part due 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. The FDA continues to warn against the use of ivermectin to treat or prevent COVID-19.²³

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. The reality remains that inexpensive, generic pills like ivermectin are not the ones that Big Pharma intends to become the COVID-19 savior. As Kory told Mountain Home:²⁴

“Only big randomized controlled trials by big pharma/big academic medical centers are accepted by big journals, while others are rejected,’ while only studies in big journals are accepted by big public health agencies for drug recommendations, and only drugs recommended by big public health agencies ‘escape media/social media censorship.’

‘This leaves you with a system where the only thing that’s considered to have sufficient evidence or proven efficacy is essentially a big new pharmaceutical drug ... If it doesn’t come from the mountaintop, it doesn’t exist ... The people on the ground, we cannot do any more science that’s considered credible.

*We're discredited as controversial and as promoting unproven therapies and our Facebook groups are shut down, Twitter accounts are locked, YouTube videos are removed and demonetized. **It's really almost totalitarian** what's happening when we're just well-meaning scientists trying to do the right thing by our patients."*

FLCCC has published its COVID-19 treatment protocols on its website and has answers to many frequently asked questions, including how to get ivermectin.²⁵ FLCCC remains hopeful that ivermectin will be formally adopted into national or international COVID-19 treatment guidelines in the near future.

They also receive many questions from people wondering about COVID-19 vaccines, their safety and whether or not to get vaccinated. While FLCCC does not take a position for or against them, they state, "We can only say that, for those who cannot be vaccinated, ivermectin is an equally effective measure."²⁶

Sources and References

- ¹ [Collective Evolution April 13, 2021](#)
- ² [J Drugs Dermatol. 2016 Mar;15\(3\):325-32](#)
- ^{3, 4, 5, 6, 13, 15, 17, 18, 19, 22, 24} [Mountain Home May 1, 2021](#)
- ⁷ [Dr. Pierre Kory Senate Testimony May 6, 2020 \(PDF\)](#)
- ⁸ [FLCCC Alliance I-MASK+ Protocol](#)
- ⁹ [FLCCC MATH+ Hospital Protocol](#)
- ¹⁰ [FLCCC December 8, 2020](#)
- ¹¹ [Medpage Today January 6, 2021](#)
- ¹² [European Journal of Medical & Health Sciences 2020; 2\(6\)](#)
- ¹⁴ [Antiviral Research June 2020, Volume 178, 104787](#)
- ¹⁶ [FLCCC Alliance, Ivermectin & COVID-19](#)
- ²⁰ [Research Square \(PDF Full Text\) January 18, 2021](#)
- ²¹ [American Journal of Therapeutics May/June 2021, Volume 28, Issue 3](#)
- ²³ [FDA, Why You Should Not Use Ivermectin to Treat or Prevent COVID-19](#)
- ²⁵ [FLCCC, How to Get Ivermectin](#)
- ²⁶ [FLCCC, FAQ on Ivermectin](#)