

OPINION

Ivermectin II: Criticisms answered

Readers chastised us, saying we were promoting a COVID-19 drug that's dangerous and unproven. Dr. Pierre Kory addresses those concerns.

Editor's Note: This page is a continuation of letters and emails we received in response to Matt Walsh's editorial Aug. 19 about the drug ivermectin and a group of critical care doctors who are fighting for its acceptance as a treatment for COVID-19.

After each letter or email, we are publishing a response submitted by Dr. Pierre Kory, one of the founding members of the Front Line COVID-19 Critical Care Alliance.

Irresponsible and just plain wrong!

Your piece on ivermectin is irresponsible and just plain WRONG.

Sooner than regurgitate misinformation, a few minutes research would give you this on Wikipedia, in addition to pieces discrediting your erroneous conclusions in reputable journals such as Nature: Nature.com/articles/d41586-021-02081-w.

Also, read this from The Washington Post: "Ivermectin in Mississippi: Livestock drug is 'crazy' covid treatment used by some people, state says."

PAUL WILKINSON
SARASOTA

Kory responds:

The evidence base supporting the use of ivermectin has emerged from many sources beyond just the randomized controlled trials.

A summary of the evidence base with all references hyper-linked for easy access can be found in the "Summary of the Evidence for Ivermectin in COVID-19" (YourObserver.com/Ivermectin-Evidence).

Within the evidence base comprised of just randomized controlled trials, it is indeed true that the integrity of one RCT in Egypt (Elgazzar et al.) was recently called into question. While we share the concerns about this study, the removal of its data from the most comprehensive meta-analyses of RCTs, which included 24 RCTs originally (later recalculated by the lead authors using 23 trials), did not change the conclusion that ivermectin treatment led to a large and statistically significant impact in reducing the mortality of COVID patients.

A horrible editorial

Which would you prefer to believe? Your unsubstantiated piece, or this science-based and logically argued piece refuting your claim:

■ HealthFeedback.org/claimreview/no-data-available-to-suggest-a-link-between-indian-reduction-of-covid-19-cases-and-the-use-of-ivermectin-jim-hoft-gateway-pundit

In any event, my point is that you are abusing your position by espousing a treatment protocol that is not fully supported by the scientific community.

This can only serve to discourage your readers from doing what is proven to stop CO-

VID-19, and that is GET THE VACCINE!

Also, look at this from the Food and Drug Administration regarding your right-winged conspiracy theory "miracle drug" you were peddling in another one of your horrible opinion pieces:

■ WebMD.com/lung/news/20210823/stop-using-ivermectin-veterinary-drug-to-treat-covid-fda-urges

Why don't you keep these types of harmful, BS stories to your Facebook and other social media cesspool groups instead of putting the local community at risk.

You owe us a retraction piece and instead should be pushing the community to be vaccinated against COVID with the authorized drugs that are proven to work.

We all know Florida and Manatee County are going through a health care crisis dealing with delta due to unvaccinated individuals. Do better for your community and promote facts, or just stick to stories about the new restaurant or traffic light that needs installation.

Please just stop spreading misinformation. Bottom line: Not enough evidence, so stop promoting these miracle drugs. You could get someone killed.

What happened to high journalistic standards? At a mini-



mum share the counter argument: FDA doesn't recommend.

CORY SUPPLE
BRADENTON

Kory responds:

Although epidemiologic associations between adoption of a medicine into state or national treatment guidelines and the subsequent rapid decline in case counts and deaths can never be used as definitive "proof" that a medicine is effective, such correlations can be viewed as compelling adjunctive sources of evidentiary support.

This is particularly so when the timing of adoption and the rapid decreases in cases and deaths are so reproducible from states, countries or regions when widespread adoption can be accurately "timed."

Examples of these tight "temporal associations" can be identified from analyses of pub-

licly available data paired with the timing of ivermectin adoption among numerous countries and states including Peru, India, Argentina and Mexico.

Further, although again not definitive, support can be found from what could be considered "natural experiments," which arose in India when comparing case and death data from Indian states with widespread adoption of ivermectin to those that prohibited use.

Take down article

A family member of mine had a serious case of scabies at a local nursing home in Jacksonville. The nursing home wanted to give her ivermectin. After reading the possible side effects and how those effects related to my family member's health, I told them to not give her the medicine.

Instead, they ignored my request. As a result of one single dose, my family member was ad-

mitted to a hospital and almost died.

Ivermectin is not a cure for COVID. The advice of the majority of physicians with years of education and experience about ivermectin needs to be heeded, not just a handful of doctors hand-picked to support your nonmedical opinion.

These types of COVID misinformation kill folks.

I would like to see you take down this article before someone takes ivermectin at your unprofessional advice, becomes severely ill and possibly dies.

TAMMY MYERS
JACKSONVILLE

Kory responds:

In nursing homes and prisons throughout the world, during scabies outbreaks, ivermectin is distributed and administered to all residents, inmates and staff as a standard practice for controlling outbreaks.

In fact, one of the first signals of efficacy of ivermectin in COVID-19 came out of a group of nursing homes in France, where one home had suffered a scabies outbreak such that all residents were treated with ivermectin. Administrators noticed that infections were halved (10.6% versus 22.6%), and zero deaths occurred in that home compared to the 4.9% mortality rate among the surrounding nursing homes where residents had not been treated with ivermectin.

Further, ivermectin is one of the safest medicines in history, having been mass-distributed across continents to both young and old, healthy and unwell in the eradication of disfiguring parasitic diseases.

The World Health Organization has stated in its guideline document for scabies that the majority of side effects are "minor and transient."

Lastly, in the words of Jacques Descotes, a world-famous French toxicologist who just completed a comprehensive review on the safety of ivermectin, "Severe adverse events are unequivocally and exceedingly rare."

Finally, in that same review, Descotes could not find one provable instance of a death caused by ivermectin, even considering the case reports of massive overdoses.

Criticism warranted

Your article on COVID treatment drugs is very complete and points out many of the problems with medicine today.

As an assistant professor at Washington University in St. Louis, I totally support the general and specific criticisms of the medical establishment.

Supportive care for COVID-19 infections never works. That's why so many people have died.

We need to be proactive, not wait for people to get sicker before treatment. Trying simple, low-cost, safe drugs can never hurt.

I appreciate your voicing the feelings a lot of doctors express. Suppression of information by nonmedical gate keepers is a travesty to our freedom.

THOMAS A. DAVIS, M.D.
ST. LOUIS

To read the summary of evidence for ivermectin in COVID-19, go to: YourObserver.com/opinion-ivermectin-evidence