

Studies Reveal Ivermectin Greatly Reduces COVID Mortality

A new study shows Ivermectin can reduce the chance of COVID death by 92%. The large prospective observational study of 88,012 people in a strictly controlled city-wide program in southern Brazil, shows that regular use of Ivermectin as prophylaxis for COVID-19 led up to 92% reduction in COVID mortality rate. In fact, there were zero COVID hospitalizations in the group of regular Ivermectin users compared to 10 in the irregular user group.

This exploratory analysis of a prospective observational study involved a program that used Ivermectin at a dose of for two consecutive days, every 15 days. Data was gathered over a 150-day period. Regular users had 180mg or more of Ivermectin; irregular users had up to 60mg, in total, throughout the period of the program. Comparisons were made between non-users (subjects who did not use Ivermectin), regular and irregular users from the city of Itajaí after multivariate adjustments.

In addition, the evidence of efficacy is extraordinarily consistent in 46 additional studies that also show a lower mortality rate with Ivermectin.

COVID Treatment Studies catalogues all the studies on Ivermectin and many other pharmaceuticals and supplements in reference to treatment of COVID. This excellent resource includes 174 Ivermectin COVID studies, 121 peer reviewed and 88 comparing treatment and control groups. Ivermectin has been officially adopted for early treatment in all or part of 22 countries (38 including non-government medical organizations).

However, the WHO has not updated its treatment guideline for Ivermectin in over one year. The WHO not only discourages the

use of Ivermectin but recommends Molnupiravir and Sotrovimab which have lower efficacy and higher risks.

Twelve studies from 138 scientists cite that Molnupiravir's "potential risks of the mechanism of action include the creation of dangerous variants, and mutagenicity, carcinogenicity, teratogenicity and embryotoxicity" and "two trials (CTRI/2021/05/033864 and CTRI/2021/08/0354242) have reported no significant efficacy." Six studies from 761 scientists cite that Sotrovimab's "efficacy is variant dependent. Lower efficacy for BA.1, unlikely to be effective for BA.2. US EUA has been revoked."

A comparison of the efficacy rates of all three drugs is: Ivermectin is 63%; Molnupiravir is 33%; and Sotrovimab is 17%.

Therefore, the WHO recommends the drugs with lower efficacy and discourages the drug with the highest efficacy.

The NIH "recommends against the use of Ivermectin for the treatment of COVID-19, except in clinical trials" and the FDA instructs "why you should not use Ivermectin to treat or prevent COVID-19."

Liberty Counsel founder and Chairman Mat Staver said, "The WHO, FDA and NIH continue to provide bad information regarding safe and effective treatment. Ivermectin and other therapeutics are proven to help people. Tragically, these organizations have miserably failed the public."

This article originally appeared at .

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