Utilizing Repurposed Drugs to Treat COVID-19 Virus

By E.J. Ledet and Dean L. Gano January 1, 2021

In the latest edition of The World Health Organization's <u>Ongoing Living Update of Potential COVID-19 Therapeutics: Summary of Rapid Systematic Reviews</u>, ¹ they say there are more than 200 therapeutic options or combinations thereof that are being investigated in more than 1,700 clinical trials treating COVID-19 infection. In this November 30, 2020 review they examined 58 of these therapeutic options. Among the therapeutics being studied are Vitamins C & D, and manmade drugs like Hydroxychloroquine, Remdesivir, and Ivermectin.

So typical of everything our trusted health care institutions do, their analysis is anything but objective or scientific. At the core of their failures is the total lack of evidenced based causal analysis, but it is much more than that. They provide declaratory statements like: "the body of evidence on hydroxychloroquine (HCQ), showed no benefit in terms of mortality reduction." But, when we look more closely at their evidence for this statement, we find they only looked at 30 studies and of those, only 6 showed that HCQ worked to prevent infection. So, given their "body of evidence," this is a valid statement.

However, had they looked at the entire body of scientific evidence, and performed a simple search for "hydroxychloroquine effective treatment for coronavirus," at the National Institute of Health (NIH) website, PubMed they would find over <u>800 scientific papers</u> ² have been written on this subject and most of them show it works. When you find a review that says it doesn't work, you nearly always find the study patients are in the late stages of COVID-19 infection, where no antiviral drug can be expected to have much effect, and/or no Zinc was administered. As <u>Dr. Zelenko</u> ³ has said, Hydroxychloroquine is the gun and Zinc is the bullet, yet these people don't seem to know anything about these causes.

So, given this clear observation that they cherry-picked their evidence, what's going on and where can we find the real science on this subject?

The Real Science

First and foremost, the problem here is the total failure of all the government-controlled health organizations to provide the simple causal relationships surrounding these viruses so you, the normal citizen, can make up your own mind. This is how life works! From the time we start learning about the world as small children, we observe, test, and determine the many causal relationships that guide us down the path to success. Like learning that fire is hot and will burn you if you don't avoid it. Or, that if people lie to you, you can't trust them in future interactions.

So, what are the causal relationships of a coronavirus so we can act accordingly and prevent infection? Just like we learned to avoid fire to prevent getting burned. It can't be that complicated, can it?

Indeed, it is not that complicated, but you have to be curious and look for all the causes, not just the ones that support preconceived ideas or support political propaganda. When a coronavirus enters the body, it tries to get inside a cell somewhere on the surface of the respiratory tract so it can reproduce, and we know that nose cells are likely the key infection source for COVID-19. ⁴ If the virus does enter a cell, it replicates, kills the cell, and spreads the newly produced viruses through breathing or coughing. When you breath in, the viruses go deeper into the lungs and the process repeats itself. As the immune system responds with too many killer T-Cells, your lungs fill with fluid and you suffocate. But this doesn't happen to healthy young people, so what's going on?

Our natural immune system defense against all viruses occurs when compounds in the foods we eat (called ionophores), from Vitamins like C, D, and E, flavonoids like Quercetin, or hormones like Melatonin create a slightly basic/alkaline environment in and around the cell. This alkaline environment disassembles the virus proteins rendering them harmless. Also, the body is made up of many epithelial cells ⁵ found on the surfaces of our bodies that act like gatekeepers; keeping out environmental problems like dirt and pathogens but allowing healthy cell biology to function. One of the mechanisms these special cells use is to allow zinc to attach to a specific receptor site on the cell's surface, like a little door entrance, called an ACE-2 receptor site. (ACE stands for Angiotensin-converting enzyme which acts as a biological catalyst in normal cell biology.)

This site is used as a primary defense to prevent a virus from entering a cell, by keeping it in the alkaline environment long enough to disassemble the virus. The Zinc transporters, called ionophores, that create this alkaline environment also help Zinc get inside the cells through this "door." Once inside, the zinc acts as a backup defense mechanism to disassemble the virus if they get inside.

But this is only one way Zinc is used to protect us. As defined in this NIH study, <u>The Potential Impact of Zinc Supplementation on COVID-19 Pathogenesis</u>, ⁶ July 2020, Zinc works in nine different ways to prevent a viral infection and maintain a healthy immune system. Making sure we have enough blood serum zinc is most important in the elderly and patients with various inflammatory and autoimmune diseases. And obesity, which is present in 40% of Americans, causes Zinc deficiency and may account for why deaths are so high in the US.

So, because Zinc is so important to a healthy immune system we can see why older and unhealthy people, who are zinc deficient, are so much more likely to die. All of the COVID-19 <u>co-morbidity causes identified by the CDC involve Zinc-deficiencies</u>. ⁷ They either cause it, like obesity, or are caused by it, like old age, and their treatment involves Zinc-ionophores and Zinc supplements. Since Zinc is involved in over 300 bodily functions it should be no surprise that such a deficiency could cause so many problems.

So, in summary, the cause of death is uncontrolled virus replication, which is caused by a failure of the immune system to stop the virus from entering our lung cells. This failure

is caused by a lack of zinc and zinc ionophores, which is caused by many medical conditions, the greatest of which is old age.

When 97.5% of the COVID-19 deaths are people over 45 years old and 94% of those who die have an average of 2.6 comorbidity causes linked to zinc deficiency you know there has to be a causal connection and now you know what it is, so take action to protect yourself from this horrible disease.

Prevention

Now that we know how the immune system works to prevent infection, we know that the first line of defense is Zinc and zinc ionophores on the outside of our cells. Please note, you do not "kill" a virus, because it is not a living organism; it is just a protein molecule made of Ribonucleic acid (RNA), a basic building block of life, and by subjecting it to a low-acid environment called a "base compound" it disassembles and falls apart. This occurs when enough zinc ionophores like Vitamins C, D, and E and/or Zinc are present in the blood stream.

But there are other kinds of Zinc ionophores. In fact, there are over two billion of them and they have been identified in the ZINC20 database ⁸ provided by the American Chemical Society funded by a subsidiary of NIH (National Institute of Health). When you look at this database you will find that nearly all of the proposed synthetic drug treatments for the COVID-19 virus, like Hydroxychloroquine, Chloroquine, Remdesivir, and Ivermectin and other natural substances are all listed as zinc ligand (metal transporter) ionophores. And they work by first disassembling the virus via pH modifications on the outside of the cell or if that fails, they take zinc inside the cell to stop the replication process. In effect, you have two compounds, zinc and zinc ionophores fighting both outside and inside our cells. When you are young, this all happens naturally and is why to date, only 147 children under the age of 18 have died from COVID-19 in the US.

While we have heard a lot about drugs like Hydroxychloroquine and Remdesivir, we haven't heard much about Ivermectin, which is a repurposed drug normally used as a medical preparation that effectively copes with many kinds of parasites. It is a prescription drug used to treat lice, scabies, as well as onchocerciasis (river blindness) and other nematodes in humans and animals. It is applied externally in a cream and internally as a pill, depending on the disease.

Appearing as a witness on Dec. 8, 2020, before 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"— Dr. Pierre Kory, President of the Frontline COVID-19 Critical Care Alliance (FLCCC), 10 called for the government to swiftly review the already expansive and still rapidly emerging medical evidence on Ivermectin.

The data shows the ability of the drug Ivermectin to prevent COVID-19, to keep those patients with early symptoms from progressing to the hyper-inflammatory phase of the disease, and even to help critically ill patients recover. Dr. Kory testified ¹¹ that Ivermectin is effectively a "miracle drug" against COVID-19 and called upon the government's medical authorities—the NIH, CDC, and FDA—to urgently review the latest data and then issue guidelines for physicians, nurse-practitioners, and physician assistants to prescribe Ivermectin for COVID-19.

In the process of learning about Ivermectin, the Frontline COVID-19 Critical Care Alliance created, based on feedback from doctors from around the world who were treating COVID-19 patients, a protocol for treatment called MATH+ and published a paper in the Journal of Intensive Care Medicine titled: <u>Clinical and Scientific Rationale</u> for the "MATH+" Hospital Treatment Protocol for COVID-19. 12

MATH+" stands for Methylprednisolone, which is a corticosteroid and zinc ionophore; Ascorbic acid (Vitamin C), which is a zinc ionophore; Thiamine (Vitamin B1) also a zinc ionophore; Heparin, which is a blood thinner and zinc ligand/ionophore: and the "+" stands for hospital care and co-interventions including Ivermectin, which is a strong zinc ionophore; Vitamin D and Melatonin, which are also zinc ionophores; Zinc, and Famotidine which is an antacid and zinc ligand/ionophore.

Notice how all of these therapeutics provide the exact causal defense our natural immune system uses (Zinc and Zinc Ionophores) to effectively fight the virus when you are young and healthy! It should be no surprise then, that they are highly effective at treating and preventing COVID-19 infection in the rest of the population. However, Big Pharma does not disclose that all of these synthetic drugs are zinc ligand ionophores because they can't make big money selling zinc or these repurposed existing drugs that have been around for decades.

Given this causal evidence that supports the use of the MATH+ protocol, it begs the question of why our trusted scientific institutions have failed to follow the science and instead provide obfuscation and non-causal narratives focused on personalities and politics. Remember how the corporate media attacked the use of Hydroxychloroquine simply because President Trump said it works after hearing the real science? Instead of following the evidenced-based science, they proceeded to sell fear and hate and killed hundreds of thousands of people in the process.

Incompetence or Planned?

In every negative analysis of these repurposed drugs, the authors totally fail to acknowledge the causal relationships between the virus and immune system like we just laid out for you. Instead, they focus on presenting a narrative about outcomes of specific studies that have nothing to do with the causes of the problem. So, the question becomes: how can you possibly provide a solution to any problem if you don't understand and state the causal relationships of the event? You can't, and that means they are grossly incompetent or deliberately deceiving us. This is not rocket science.

We all know, as a basic human strategy, that to solve a problem you first have to know what the causes are; and they never do this in these phony studies.

Also, given that effective problem-solving is not taught by our education system, it is possible that these people are just ill-trained incompetents, but there is another possibility and we need to explore it.

Just ask yourself, if the anti-HCQ or anti-Ivermectin papers were actually peer reviewed why didn't the peer scientists ask the same simple questions we have? Like, why did they ignore the causal relationships we have presented; that are common knowledge, supported by hundreds of studies? Why didn't they check the blood-serum Zinc level of the patients in their study? Because if they had, they would have probably found that most of those who responded well to HCQ or Ivermectin, had high blood serum Zinc levels and those who did not respond well, had low levels of Zinc.

And why didn't they question the supposed adverse effects of HCQ, when we know that not only is HCQ not dangerous, it is safer than Aspirin. A <u>study at Oxford University</u> ¹³ of 956,000 people from all over the world showed no deleterious effects when recommended doses are used.

And why are our trusted medical journals printing false information? For example, the Journal of the American Medical Association (JAMA) <u>published an article</u> ¹⁴ claiming HCQ didn't work and also could cause heart rate problems and should not be used without medical supervision. Problem is, they used 400mg twice a day and <u>did not use</u> <u>Zinc</u> in their treatment. Toxic doses that are 14 times what is recommended equals toxic results.

And once again, on May 22, 2020, *The Lancet*, a highly respected online medical journal also published a paper saying HCQ was ineffective and dangerous. Because both *The Lancet* and JAMA studies reported that HCQ is dangerous, the FDA rescinded its emergency order allowing HCQ to be prescribed for COVID-19. This also caused several state governors to issue orders to local pharmacies not to fill HCQ prescriptions ordered by many board-certified Doctors for their COVID-19 patients. Something that has never happened before and certainly resulted in more unnecessary deaths.

Also, *The Lancet* finally asked for a detailed peer review regarding the article they published on May 22, 2020 and as reported in WebMD ¹⁵ they retracted the article because the authors would not provide data that could be adequately peer reviewed, and it was eventually found to be completely false; so at least someone is following scientific protocol. But it speaks volumes to how corrupt the scientific peer review process is. Let's look a little closer.

Whistle Blowers

Several Family Doctors, who have successfully treated many COVID-19 patients, came out in public to question the path our government officials have led us down. One of

them is Dr. Simone Gold, who <u>exposes the truth about Coronavirus and</u>
<u>Hydroxychloroquine</u>. ¹⁶ These doctors fully understand the causal relationships and hence know the truth.

Also, there are over 50,000 medical professionals from all over the world who are focused on preventing deaths and they have signed the <u>Great Barrington Declaration</u> ¹⁷ asking our government officials to wake up and focus on preventing death. Among other things they state:

Current lockdown policies are producing devastating effects on short and long-term public health. The results (to name a few) include lower childhood vaccination rates, worsening cardiovascular disease outcomes, fewer cancer screenings and deteriorating mental health – leading to greater excess mortality in years to come, with the working class and younger members of society carrying the heaviest burden. Keeping students out of school is a grave injustice.

Also, in an article by the <u>Alliance For Human Research Protection</u> ¹⁸ on June 5, 2020, they report that Dr. Philippe Dousty-Blazy, the former French Health Minister, publicly stated that *The Lancet* and the *New England Journal of Medicine* editors admitted to being pressured by pharmaceutical companies to publish certain results.

When *The Lancet* editor Dr. Richard Horton was asked why it initially published the discredited article discussed above, he said: "If this continues, we are not going to be able to publish any more clinical research data because pharmaceutical companies are so financially powerful; they are able to pressure us to accept papers that are apparently methodologically perfect, but their conclusion is what pharmaceutical companies want."

Also, Marcia Angell, former Editor-In-Chief of the NEJM writes in her 2004 book "The Truth About the Drug Companies": "The combined profits for the ten drug companies in the Fortune 500 (\$35.9 billion) were more than the profits for all the other 490 businesses put together (\$33.7 billion) [in 2002]... Over the past two decades the pharmaceutical industry has moved very far from its original high purpose of discovering and producing useful new drugs. Now primarily a marketing machine to sell drugs of dubious benefit, this industry uses its wealth and power to co-opt every institution that might stand in its way, including the US Congress, the FDA, academic medical centers, and the medical profession itself."

In a recent open letter ¹⁹ to Sir. Anthony Fauci, three board certified doctors made it very clear that he has grossly mishandled the pandemic response by asking him 122 very pointed questions highlighting his inconsistencies, and concluded the following:

"Americans must not continue to die unnecessarily. Adults must resume employment and our youth return to school. Locking down America while awaiting an imperfect vaccine has done far more damage to Americans than the coronavirus. We are confident that thousands of lives would be saved with early treatment of high-risk

individuals with a cocktail of hydroxychloroquine, Zinc, and azithromycin. Americans must not live in fear. As Dr. Harvey Risch's <u>Newsweek article</u> ²⁰ declares, "The key to defeating COVID-19 already exists. We need to start using it.""

More evidence to support what these leading Physicians said can be found in what the Big Pharma Company "Gilead Sciences" has done. Their magic medicine, which the very reverend Dr. Anthony Fauci wholeheartedly endorses, is Remdesivir and they have put a lot of money pressure on MDs, Medical Journals, Press, Academia, NIH, WHO, and the CDC to discredit HCQ - even though it has 65 years of safe use as a malaria drug and 40 years of safe use to treat lupus and some forms of arthritis.

Gilead contributes big money ²¹ to the income of 20% of the National Institute of Health ²² (NIH) Board Members and since Dr. Fauci heads the NIAID, one of 27 institutes that make up the NIH it might be hard for him to contradict them. And, oh-by-the-way, he is not required to disclose any ties to Big Pharma. ²³ Gilead also funds Academic Medical Research and as we learned above, cleverly influences Medical Journal Publishers.

Gilead, being focused on money not saving lives, has spent hundreds of millions of dollars in research, marketing, and <u>propaganda</u>, to sell its 5-day injection treatment for \$2,340 versus \$25 or less for HCQ pills that can be bought over-the-counter in most of the world.

Bottom Line

Given what we know about how simple it is to treat and prevent COVID-19 infections using off label medicines and easily available compounds that mimic how a healthy immune system works, why are our trusted leaders not telling us this? Who created and spread this virus and why? And while we don't have evidenced based causes to answer these questions, we do know one thing. We still live in a free country, for now, but if "we the people" continue to act like sheep, all of our freedoms will be taken away, so we must act now. Please do everything you can to get this simple solid science out to everyone you know and let your leaders at every level of government know we are not going to accept their phony narratives and lying anymore!

To Learn More, Go To: https://fact-checked.org

¹ Ongoing Living Update of Potential COVID-19 Therapeutics: Summary of Rapid Systematic Reviews; https://iris.paho.org/bitstream/handle/10665.2/52719/PAHOIMSEIHCOVID-19200029_eng.pdf?sequence=14&isAllowed=y

² National Library of Medicine Search for Effective Treatment of COVID-19; https://pubmed.ncbi.nlm.nih.gov/?term=hydroxychloroquine%20effective%20treatment%20for%20coronavirus
³ Dr. Zelenko's Website: https://www.vladimirzelenkomd.com

⁴ Key nose cells identified as likely COVID-19 virus entry points; Science Daily, April 23, 2020; https://www.sciencedaily.com/releases/2020/04/200423130420.htm

⁵ Epithelial Cells: Sciencing; https://sciencing.com/epithelial-cells-definition-function-types-examples-13718055.html

⁶ The Potential Impact of Zinc Supplementation on COVID-19 Pathogenesis; PubMed, November 2020; https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7365891/

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⁷ COVID-19 and Real Science; https://factcheckedorg.files.wordpress.com/2020/12/covid19-and-realscience.rn3 .2.pdf

⁸ ZINC20—A Free Ultra large-Scale Chemical Database for Ligand Discovery, American Chemical Society; https://pubs.acs.org/doi/10.1021/acs.jcim.0c00675

⁹ Provisional COVID-19 Death Counts by Sex, Age, and State, CDC: https://data.cdc.gov/NCHS/Provisional-COVID-19-Death-Counts-by-Sex-Age-and-S/9bhg-hcku

¹⁰ Frontline COVID-19 Critical Care Alliance; https://covid19criticalcare.com

¹¹ Senate Testimony Of Dr. Pierre Kory - Ivermectin - Miracle Drug To Treat Covid-19?; Why Doesn't Anyone But Us Gives A Darn...WTF?, The Auto Channel; https://www.theautochannel.com/news/2020/12/10/922677-senatetestimony-dr-pierre-kory-ivermectin-miracle-drug-to-treat.html

¹² Clinical and Scientific Rationale for the "MATH+" Hospital Treatment Protocol for COVID-19, Pierre Kory, December 2020; https://covid19criticalcare.com/wp-content/uploads/2020/12/MATH-plus-Rationale-Journal-of-Intensive-Care-Medicine-Dec2020.pdf

¹³ Safety of hydroxychloroquine, alone and in combination with azithromycin, in light of rapid wide-spread use for COVID-19: a multinational, network cohort and self-controlled case series study; Jennifer C. E. Lane, et.al. May 31, 2020. https://www.medrxiv.org/content/10.1101/2020.04.08.20054551v2

¹⁴ Risk of QT Interval Prolongation Associated With Use of Hydroxychloroquine With or Without Concomitant Azithromycin Among Hospitalized Patients Testing Positive for Coronavirus Disease 2019 (COVID-19); Nicholas J. Mercuro, et.al., May 1, 2020, https://jamanetwork.com/journals/jamacardiology/fullarticle/2765631

¹⁵ The Lancet Retracts Hydroxychloroquine Study; Ralph Ellis, June 4, 2020.

¹⁶ Dr. Simone Gold Exposes the Truth About Coronavirus and Hydroxychloroquine: https://www.youtube.com/watch?v=poOGJ-wH-Fw

¹⁷ The Great Barrington Declaration; https://gbdeclaration.org

¹⁸ Lancet Editor Spills the Beans and Britain's PM Surrenders to the Gates Vaccine Cartel; John Stone, June 5, 2020. https://ahrp.org/lancet-editor-spills-the-beans-and-britains-pm-surrenders-to-the-gates-vaccine-cartel/

¹⁹ Open letter to Dr. Anthony Fauci regarding the use of hydroxychloroquine for treating COVID-19; George C. Fareed, MD, Michael M. Jacobs, MD, Donald C. Pompan, MD, August 12, 2020.

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²¹ Experts on NIH COVID Panel Have Financial Ties to Gilead; By ADAM, August 12, 2020.

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²² Appendix A, Table 2. COVID-19 Treatment Guidelines Panel Financial Disclosure for Companies Related to COVID-19 Treatment or Diagnostics; https://www.covid19treatmentguidelines.nih.gov/panel-financial-disclosure/ ²³ 10 Experts Setting NIH COVID Treatment Guidelines Financially Tied to Firms Selling Cures Touted by Fauci – Fauci Not Subject to Disclosure Requirement; Michael Thau, August 11, 2020.