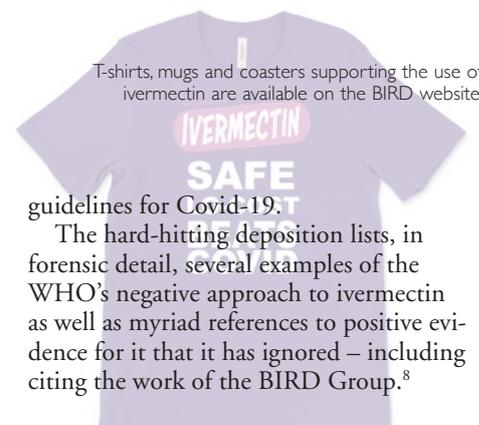




T-shirts, mugs and coasters supporting the use of ivermectin are available on the BIRD website.



Ivermectin: new UK analysis endorses it to treat Covid-19

A new, comprehensive analysis of the published evidence has shown just how effective the repurposed drug, ivermectin, is in treating Covid-19 and any variants.

The peer-reviewed study clearly shows that ivermectin both prevents and treats Covid-19 and has the potential to save countless lives in the UK and worldwide.

‘Our report is built on evidence from internationally respected, medical professionals and it proves that ivermectin is a solution to the Covid health emergency. It is ready and waiting to save and improve millions of lives. Governments can no longer ignore it. It is everyone’s right to have access to this safe and effective treatment,’ said Dr Tess Lawrie, co-author of the study and founder of the Bath-based BIRD Group (British Ivermectin Recommendation Development) (www.bird-group.org). Dr Lawrie also recently hosted the *1st International Conference on Ivermectin*.

‘We trust that the MHRA will facilitate rapid approval of this low-cost, effective and safe generic medicine and that ivermectin will be made widely available so that Covid can be beaten.’

Her gold standard review of 24 randomised trials conducted in 15 countries among more than 3,400 people worldwide proves infections fall and deaths are dramatically reduced when ivermectin is administered. Published in the *American Journal of Therapeutics*, the most rigorous, statistical standards were applied by world-leading researchers.¹

‘There is more evidence on ivermectin than on any other treatment option for Covid and far more safety data than any of the novel therapies,’ Dr Lawrie insisted. Other recent studies include one using 196 patients, in which mortality was significantly lower in the ivermectin group.² In another study two doses of ivermectin prophylaxis at a dose of 300 µg/kg with a gap of 72 hours produced a 73% reduction of infection among healthcare workers for the following month.³ A systematic analysis by Dr Andrew Hill and colleagues at Liverpool University stated: ‘In six randomized trials of moderate or severe infection, there was a 75% reduction in mortality.’⁴

In India a group of senior, experienced doctors met in July, 2020 to evaluate ivermectin’s use for Covid-19. All concluded that ivermectin can be used for prophylaxis and treatment, due to its

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anti-viral properties coupled with effective cost, availability and good tolerability and safety. Little wonder that India has disregarded WHO advice and is using it effectively in many states.⁵

WHO’s conflict of interest?

Ivermectin was originally developed in the 1980s to treat parasitic infections. With its impeccable safety record over 40 years and four billion doses, it has been so successful that it is listed by the WHO as one of its ‘essential’ medicines.

Ivermectin’s potent anti-viral properties work powerfully against Covid-19 by blocking spike proteins, inhibiting SARS-CoV-2 replication and reducing inflammation. Ivermectin also works against variants of the virus and is showing promise against ‘Long Covid’.

But WHO’s most recent assessment of ivermectin negated its effectiveness for Covid in what many researchers and clinicians view as a totally biased, inaccurate and totally compromised report.⁶

‘It’s a scandal,’ said Dr Lawrie, ‘The WHO has dismissed the mounting evidence for ivermectin’s efficacy in treating Covid, both prophylactically and as treatment, despite clear evidence that it reduces Covid deaths and infections.’

Her views are endorsed by Dr Pierre Kory at the US FLCCC Alliance (<https://covid19criticalcare.com/>). He and his group just published their latest review of the evidence.⁷

‘One can only wonder at the WHO’s motivation,’ said Dr Lawrie. ‘Ivermectin’s efficacy may threaten the legal ‘Emergency Authorisation’ case for continuing to roll out these novel, experimental injections, when there are perfectly safe, cheap and well-tested alternative treatments, such as ivermectin and vitamin D.’

Indian Bar Association sues WHO for ‘disinformation’

On 25th March the Indian Bar Association launched a damning legal action against the WHO, accusing it of a deliberate ‘disinformation campaign’ against the use of ivermectin to treat Covid-19.

Directed at Dr Soumya Swaminathan, Chief Scientist at WHO, they also accuse it of issuing negative statements and undermining various Indian institutions that have included ivermectin in the country’s national

guidelines for Covid-19.

The hard-hitting deposition lists, in forensic detail, several examples of the WHO’s negative approach to ivermectin as well as myriad references to positive evidence for it that it has ignored – including citing the work of the BIRD Group.⁸

New PRINCIPLE ivermectin trial

Within days of Dr Lawrie’s study being published, Oxford University announced a study of ivermectin to be carried out by a team led by Professor Chris Butler, as part of the PRINCIPLE trial series, the world’s largest clinical trial of possible Covid-19 treatments (www.principletrial.org).

This is strange timing given that it had been mooted in January and then in May but only finally went ahead once Dr Lawrie’s paper appeared! She fumed:

‘Contrary to mainstream media’s misleading reports, the evidence is that ivermectin has already been clearly proven to work against Covid. In fact, there is more evidence on ivermectin than on any other treatment option for Covid and far more safety data than any of the novel therapies.’

‘More placebo-controlled clinical trials of ivermectin are unethical and are definitely *not* needed. We know ivermectin saves lives. The investigators also know this, as we informed them months ago and are happy to help them understand the evidence. The data is clear; ivermectin *works*.’

Dr Lawrie and 40 doctors have also signed a Letter to the Editor of *Clinical Infectious Diseases* asking him to retract a negative review of ivermectin’s evidence by Roman Y et al, which mis-reports source data, is highly selective of studies included and makes conclusions that the evidence does not support (see website).

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