



# COVID 19 – 2021

## Part 2: Therapy

By: Gary E Foresman, MD

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In a follow-up to last week's article, I try to highlight a few of the facts/controversies surrounding virus, the vaccines, and therapy. We are about 2 weeks away from seeing if the stabilization of case/death rates head into the predicted fourth wave of infection. The combination of "pandemic fatigue" and more contagious variants, including the American California, New York (and others), makes a fourth wave predictable but preventable. Please wear your masks in public indoor environments, socially distance, and get your vaccine (Moderna or Pfizer) when you can. Please, please, please follow the preventive measures we outlined in [MPM's COVID-19 Update VII](#); even if you have been fully vaccinated, they are still good recommendations!

**Ivermectin:** I have intentionally slow-played this one as people who support this drug the most are the same malevolent actors that still promote hydroxychloroquine (HCQ). Having in-vitro activity means that a drug is worth considering for testing in-vivo and that is it. Briefly, ivermectin is an anti-parasitic drug that has been part of the pharmacopeia for over 50 years. Ivermectin has been shown to also have antiviral activity as well, and has been shown to have specific activity against SARS CoV-2, the virus responsible for COVID 19.

It's safety profile also makes it a preferred choice relative to HCQ. For a good reference in *The Lancet*: [https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370\(20\)30464-8/fulltext](https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370(20)30464-8/fulltext) . We see in a small study of 24 people (12 received one dose 400mcg/kg of ivermectin and 12 placebo) a mild clinical effect with a reduction in the symptom of anosmia and trend to a lower viral load, but no significant effect on time to clear the virus. This next trial shows no difference in outcome in hospitalized patients: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7657540/> in this trial they used a single 200mcg/kg dosage.

So why are people so taken with this drug? A retrospective trial review (retrospective trials are never considered adequate evidence for any scientific conclusion) that never made it through peer review touting a 75% reduction in mortality makes its rounds through right-wing misinformation sites repeatedly, and flies in the face of all other data points! Thus, my caution: When you see a drug pushed even though real data doesn't support it, use caution.

Yet we also know that this drug has a remarkable safety record, and finally some real prospective data showing improvements in clinical outcome, even if only a mild effect. There are dozens of other articles that go into the decision to offer ivermectin to my patients. From the **PDR** for treating strongyloidiasis infections, and mildly adapted to apply to SARS CoV-2 research, *3 days of treatment and not the usual 1-2 days*:

**For the treatment of strongyloidiasis (or COVID-19)**  
**Oral dosage**  
**Adults weighing 80 kg (176 lb) or more**

200 mcg/kg/dose PO once daily for 3 days. Usual dose: 18mg.

**Adults weighing 66 to 79 kg (145-175 lb)**

200 mcg/kg/dose once daily for 3 days. Usual dose: 15 mg.

**Adults weighing 51 to 65 kg (112- 174 lb)**

200 mcg/kg/dose once daily for 3 days. Usual dose: 12 mg.

**Adults weighing 36 to 50 kg (79-111 lb)**

200 mcg/kg/dose once daily for 3 days. Usual dose: 9 mg.

**Children and Adolescents weighing 25 to 35 kg (55-78lb)**

200 mcg/kg/dose once daily for 3 days. Usual dose: 6 mg.

**Children weighing 15 to 24 kg (33-54lb)**

200 mcg/kg/dose once daily for 3 days. Usual dose: 3 mg.

### **Current Therapeutics for suspected COVID-19:**

- **Acute Viral Protocol ([Found Here](#)):** This entails at the earliest onset of symptoms that you suspect is a “cold”, “flu”, or COVID-19 you start D3 50,000 IU (BioTech) thrice daily for three days only with Viracid (OrthoMolecular)- an Andrographis based herbal antiviral 2 caps every 3 hours with additional Systemic C 500-1000mg every 3 hours for up to 10 days. See link for other options.
- **Melatonin:** Increase to 20-40 mg nightly through the course of the illness.
- **Immune Drip:** 25 grams of vitamin C with supportive nutrients, daily if possible.
- **Ivermectin** for 3 days as listed above; ivermectin comes in 3mg pills.

For those with severe COVID-19 (I am defining as fever over 101 and/or shortness of breath):

The regiment, *dexamethasone 4mg three times daily for two days, followed by 4mg twice daily for two days and then 4mg once daily for two days*, is not too dissimilar from how we treat poison oak! Twelve pills of dexamethasone, 4 mg, should be begun on everyone with significantly symptomatic COVID-19. Simple, inexpensive, vital with very few contraindications in this setting.

We will no longer recommend any dose of HCQ, as ivermectin is a better option than the three pill HCQ recommendation made previously. There is absolutely no role for ivermectin in prevention, taken weekly or otherwise. It’s mild synergistic role in helping treat infection allows for an acceptable balance with its toxicity profile. Taking it routinely and regularly without proof that it works at all preventively precludes its use as a preventive. Future articles will discuss “long COVID” (Post-Acute Sequelae of SARS-CoV-2 infection, PASC), vaccine updates, and moving into a world post-pandemic.

Your Journey to Health and Healing,

Gary E Foresman MD