



# Hydroxychloroquine & Ivermectin

A BRIEF INSIGHT INTO GAIA'S MIRACLE DRUGS

Lizzy pip | Mahoney project | 17/06/2022

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## INTRODUCTION

The purpose of this project is to give an insight into the history and efficacy of the anti-viral drugs Ivermectin and Hydroxychloroquine. Here you will find how these broad-spectrum antiviral medications work, what they can treat, the history and how they were founded, along with abstracts from medical papers, data from various clinical trials and randomized controlled studies, the safety data, costs and the availability of these drugs.

Since the “pandemic “in 2019, doctors and other healthcare workers have called out to Governments, the WHO, NIH, FDA for the licensed use of Ivermectin and Hydroxychloroquine to treat covid-19, but were all have silenced, shutdown and censored, even after producing extensive evidence of efficacy to treat covid-19, with data from observational studies and randomized clinical trials. Anyone who dares talk about Ivermectin and HCQ on social media platforms are immediately banned or struck off. This heavy censorship has only made curious physicians and likeminded people, even more determined to investigate these hidden medical miracles.

This project is just a tiny snippet of the vast, extensive, and well investigated research that is available out there, but here is what I have managed to find over the last few months.

*-Lizzy Pip*

## *A BRIEF HISTORY OF IVERMECTIN*

*The following introduction gives a brief history of the anti-viral drug, Ivermectin. The information provided is sourced from numerous medical publications, all of which are referenced throughout the project along with relevant web-links*

### *Ivermectin*

In 1970, microbiologist Satoshi Omura, a microbiologist at Kitasato University in Japan, collected a soil sample from woods close to a golf course in Kawana, Japan. Omura isolated and cultured the sample and sent it off to William Campbell at Merck, to test for antiparasitic effects. Clinical studies in mice using the cultures, showed potent activity against parasitic infection in mice. The active components were named Avermectins.

Avermectins are made up of four compounds – avermectins A1, A2, B1 and B2, each exists as two variants, a and b. Campbell’s team isolated avermectins, focusing on the B compound, from the bacterial cultures and tweaked the structure of one of the most promising compounds to develop it into a drug – **Ivermectin**.

The potency of Ivermectin against both endoparasites and ectoparasites led to the creation of the term ‘endectocide’. This first drug of its kind was introduced to the animal health market in 1981 by Merck & Co.

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“In 2015, Satoshi Ōmura, William C. Campbell, a microbiologist at Drew University in Madison, New Jersey, and Youyou Tu, a pharmacologist at the China Academy of Chinese Medical Sciences in Beijing are three scientists who won a **Nobel Prize in Physiology or Medicine** for their roles in developing therapies, including IVM, against parasitic infections”

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The value of Ivermectin in the animal health market was recognised from the start but there was little to gain financially by producing Ivermectin for the human market. However, its efficacy against onchocerciasis (river blindness) and lymphatic filariasis moved the CEO of Merck & Co (Dr Roy Vagelos) to donate as much IVM (*licensed as Mectizan*) as was needed, for as long as needed, to anyone who needed it.

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***“It may refocus us on the idea that the immense diversity of products out there in the natural world is a great starting point for drug discovery,” (Dr Roy Vagelos)***

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Since 1987, **1.4 billion treatments** have been approved for the control and elimination of onchocerciasis and **1.2 billion treatments** for the control and elimination of lymphatic filariasis.

Data taken from The World Health Organisation in January 2022, shows that 152 million doses were provided in 2019 alone.

Ivermectin has well established efficacy against a wide range of arthropods and may have a potential in breaking transmission of human disease through vector control

Ivermectin treatment has been used for decades, world-wide with good effects. Ivermectin has been shown effective in treating dermatitis (skin inflammations) to different types of cancers (and cancer cell replication) and on a more international scale, scabies, malaria and onchocerciasis (river blindness).

Ivermectin has been found to treat a variety of other ailments, the majority of which are covered in more detail within my findings.

Sources:

<https://pubmed.ncbi.nlm.nih.gov/28285851/>

<https://www.nature.com/articles/nrmicro1048>

## *What Can Ivermectin Treat?*

*There are so many things that Ivermectin can treat. I have listed them as bullet points and have added the source of each by providing the web-links, should you wish to investigate them further - (this list is not exhaustive!)*

Ivermectin has been shown to inhibit viral replication in several **flaviviruses** including

- Yellow Fever
- Dengue Fever
- West Nile virus
- Tick Borne encephalitis
- Japanese encephalitis

Ivermectin is a potent inhibitor of flavivirus replication specifically targeting NS3 helicase activity: new prospects for an old drug - PubMed (nih.gov)  
<https://pubmed.ncbi.nlm.nih.gov/22535622/>

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[Lymphatic filariasis/elephantiasis](#) (*neglected tropical disease/NTD*)

[Ascaris lumbricoides](#) (*roundworm*) can infect either intestine or lungs

[Strongyloides stercoralis](#) (*threadworm*)

[Gnathostomiasis](#) (*roundworm*)

[Crusted Scabies](#)

<https://www.nps.org.au/radar/articles/ivermectin-stromectol-for-typical-and-crusted-scabies#dosing-issues>

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[Scabies](#)

The treatment of scabies with ivermectin - PubMed (nih.gov)  
<https://pubmed.ncbi.nlm.nih.gov/7776990/>

[Enterobiasis](#) (*roundworm/pinworm*)

*the most common symptom is itching in the anal area*

Pinworm infection - Wikipedia

[https://en.wikipedia.org/wiki/Pinworm\\_infection](https://en.wikipedia.org/wiki/Pinworm_infection)

[Mansonella infection](#) (*roundworm*)

*transmitted by tiny blood sucking flies called midges*

Mansonella perstans - Wikipedia

[https://en.wikipedia.org/wiki/Mansonella\\_perstans](https://en.wikipedia.org/wiki/Mansonella_perstans)

### Cutaneous Larva migrans

*(a parasitic skin infection caused by hookworm larvae that usually infest cats, dogs and other animals. Humans can be infected with the larvae by walking barefoot on sandy beaches or contacting moist soft soil that has been contaminated with animal faeces)*

Complete resolution of cutaneous larva migrans with topical ivermectin: A case report - PubMed (nih.gov)

<https://pubmed.ncbi.nlm.nih.gov/30693620/>

### Onchocerciasis (river blindness)

The status of ivermectin in the treatment of human onchocerciasis - PubMed (nih.gov)

<https://pubmed.ncbi.nlm.nih.gov/2679172/>

### Malaria

Ivermectin as an endectocide may boost control of malaria vectors in India and contribute to elimination - PubMed (nih.gov)

<https://pubmed.ncbi.nlm.nih.gov/35012612/>

### Ivermectin and the possible effects of mosquito survival

The effect of oral anthelmintics on the survivorship and re-feeding frequency of anthropophilic mosquito disease vectors - PubMed (nih.gov)

<https://pubmed.ncbi.nlm.nih.gov/20540931/>

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### Non-Alcoholic fatty liver disease

Selective targeting of nuclear receptor FXR by avermectin analogues with therapeutic effects on nonalcoholic fatty liver disease - PubMed (nih.gov)

<https://pubmed.ncbi.nlm.nih.gov/26620317/>

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### Atopic dermatitis

*“significant clinical improvement was achieved with IVM treatment in a murine model of atopic dermatitis, with a reduction in T cell activation, proliferation, and cytokine production”*

Topical ivermectin improves allergic skin inflammation - PubMed (nih.gov)

<https://pubmed.ncbi.nlm.nih.gov/28052336/>

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### Papulopustular Rosacea

Rosacea is a chronic relapsing disease of the facial skin, characterised by recurrent episodes of facial flushing, persistent erythema, telangiectasia (fine dilated blood vessels), papules and pustules)

Ivermectin 1% (CD5024) for the treatment of rosacea - PubMed (nih.gov)

<https://pubmed.ncbi.nlm.nih.gov/29544355/>

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## Allergic asthma

*“This is the first study to demonstrate that ivermectin is an effective suppressor of inflammation and may be efficacious in the treatment of non-infectious airway inflammatory diseases such as allergic asthma”*

<https://pubmed.ncbi.nlm.nih.gov/21279416/>

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## HIV-1 (and dengue)

*“Inhibition of HIV-1 (and dengue) replication was reported after **in vitro** exposure to high concentrations (25–50  $\mu$ M) of IVM”*

Ivermectin is a specific inhibitor of importin  $\alpha/\beta$ -mediated nuclear import able to inhibit replication of HIV-1 and dengue virus - PubMed (nih.gov)

<https://pubmed.ncbi.nlm.nih.gov/22417684/>

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## Spinal cord injuries

*“previously been used successfully for symptomatic treatment of severe muscle spasticity in patients with spinal cord injuries”*

*The current study showed that both **IVM** and **IVM-MWCNT** (0.1 mg/kg per day up to 3 days) after induction of spinal cord injury significantly enhanced the spinal cord injury outcomes, with the evidence of significant improvement in all experimental task including locomotion and neuropathic tests.*

Ivermectin-functionalized multiwall carbon nanotube enhanced the locomotor activity and neuropathic pain by modulating M1/M2 macrophage and decrease oxidative stress in rat model of spinal cord injury - ScienceDirect

<https://www.sciencedirect.com/science/article/pii/S2405844021014146>

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## Mycobacterium Tuberculosis

*“Anthelmintic avermectins kill Mycobacterium tuberculosis including multidrug-resistant clinical strains”*

Anthelmintic avermectins kill Mycobacterium tuberculosis, including multidrug-resistant clinical strains - PubMed (nih.gov)

<https://pubmed.ncbi.nlm.nih.gov/23165468/>

*“One report described promising in vitro activity of IVM against various species of Mycobacterium, including Mycobacterium tuberculosis, the causative agent of tuberculosis”*

Ivermectin – Old Drug, New Tricks? - PMC (nih.gov)

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5446326/>

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## Bacterial Sepsis

A large case-series in Indigenous Australians found a significant decrease in mortality when using intensive ivermectin dosing together with a protocol for early use of antibiotics in



**suspected secondary bacterial sepsis.** The study was limited by a lack of efficacy endpoints such as cure rates marked by clearing of lesions and symptoms.

Ivermectin (Stromectol) for typical and crusted scabies - NPS MedicineWise

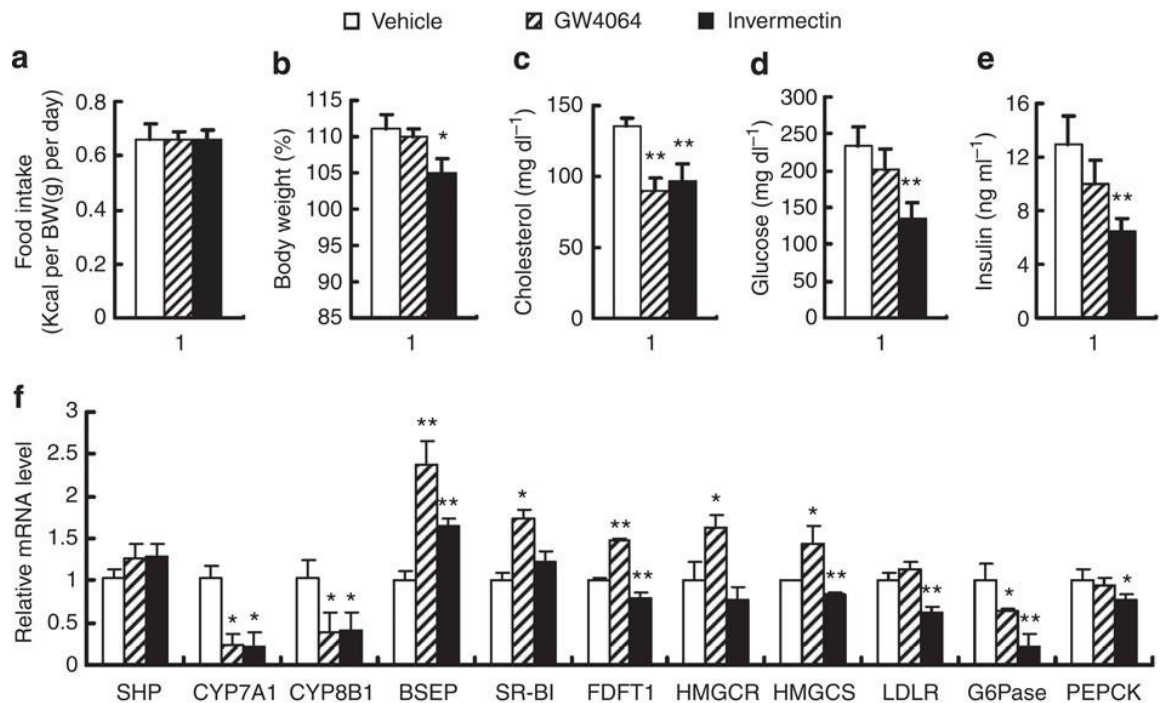
<https://www.nps.org.au/radar/articles/ivermectin-stromectol-for-typical-and-crusted-scabies#information-for-patients>

## IVERMECTIN AND DIABETES

*“Remarkably, ivermectin displays antidiabetic activities by reducing blood glucose and cholesterol levels, and also by improving insulin sensitivity in an FXR-dependent manner. Our observations therefore indicate that ivermectin may represent a unique safe approach for designing novel FXR ligands for the therapeutic purpose”*

*“More importantly, ivermectin treatment can downregulate serum glucose and cholesterol levels by directly targeting FXR”*

The antiparasitic drug ivermectin is a novel FXR ligand that regulates metabolism | Nature Communications  
<https://www.nature.com/articles/ncomms2924>



Ref: [The antiparasitic drug ivermectin is a novel FXR ligand that regulates metabolism | Nature Communications](https://www.nature.com/articles/ncomms2924)  
<https://www.nature.com/articles/ncomms2924>

- **IVM has been shown to regulate glucose and cholesterol levels**  
DEAD-box RNA helicase DDX23 modulates glioma malignancy via elevating miR-21 biogenesis - PubMed  
[\(nih.gov\)](https://pubmed.ncbi.nlm.nih.gov/26121981/)  
<https://pubmed.ncbi.nlm.nih.gov/26121981/>

## IVERMECTIN AND CANCER

*“Ivermectin selectively inhibits the proliferation of tumors at a dose that is not toxic to normal cells and can reverse the MDR of tumors”*

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7505114/>

The following information has been taken from a paper published online on 21<sup>st</sup> September 2020

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7505114/>

*“Ivermectin has powerful antitumor effects, including the inhibition of proliferation, metastasis, and angiogenic activity, in a variety of cancer cells. This may be related to the regulation of multiple signaling pathways by ivermectin through PAK1 kinase. On the other hand, ivermectin promotes programmed cancer cell death, including apoptosis, autophagy and pyroptosis. Ivermectin induces apoptosis and autophagy is mutually regulated. Interestingly, ivermectin can also inhibit tumor stem cells and reverse multidrug resistance and exerts the optimal effect when used in combination with other chemotherapy drugs”*

- Gastric Cancer
- Colorectal cancer
- Liver Cancer
- Renal Cell Carcinoma
- Cervical Cancer
- Ovarian Cancer
- Prostate Cancer
- Nasopharyngeal cancer
- Lung cancer
- Melanoma

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7505114/>

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[Paper published in Pharmacological Research \(volume 163\), January 2021](#)

### Highlights

Ivermectin effectively suppresses the proliferation and metastasis of cancer cells and promotes cancer cell death at doses that are nontoxic to normal cells.

Ivermectin shows excellent efficacy against conventional chemotherapy drug-resistant cancer cells and reverses multidrug resistance.

Ivermectin combined with other chemotherapy drugs or targeted drugs has powerful effects on cancer.

The structure of crosstalk centered on PAK1 kinase reveals the mechanism by which ivermectin regulates multiple signaling pathways.

Ivermectin has been used to treat parasitic diseases in humans for many years and can quickly enter clinical trials for the treatment of tumours.

*Ref:*

<https://www.sciencedirect.com/science/article/pii/S1043661820315152?via%3Dihub>

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## Other points of reference (and useful information) for IVM and its role in cancer treatment

### [Ivermectin- a possible anticancer drug](#)

Ivermectin, a potential anticancer drug derived from an antiparasitic drug - PubMed (nih.gov)

<https://pubmed.ncbi.nlm.nih.gov/32971268/>

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### [Ivermectin- shown to induce cell death in human leukaemia cells](#)

The antiparasitic agent ivermectin induces chloride-dependent membrane hyperpolarization and cell death in leukemia cells - PubMed (nih.gov)

<https://pubmed.ncbi.nlm.nih.gov/20644115/>

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### [Renal Cancer](#)

Antibiotic ivermectin preferentially targets renal cancer through inducing mitochondrial dysfunction and oxidative damage - ScienceDirect

<https://www.sciencedirect.com/science/article/abs/pii/S0006291X1731656X>

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### [Breast Cancer](#)

*“The use of ivermectin to inhibit the proliferation of breast cancer cells and indicate that ivermectin is a potential option for the treatment of breast cancer”*

Ivermectin Induces Cytostatic Autophagy by Blocking the PAK1/Akt Axis in Breast Cancer - PubMed (nih.gov)

<https://pubmed.ncbi.nlm.nih.gov/27302166/>

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### [Colon Cancer](#)

*“IVM has demonstrated in vivo efficacy against WNT-TCF-dependent human colon cancer and lung carcinoma xenografts”*

The river blindness drug Ivermectin and related macrocyclic lactones inhibit WNT-TCF pathway responses in human cancer - PubMed (nih.gov)

<https://pubmed.ncbi.nlm.nih.gov/25143352/>

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### **Glioma (brain tumour)**

*“potential novel target for the therapeutic treatment of glioma”*

DEAD-box RNA helicase DDX23 modulates glioma malignancy via elevating miR-21 biogenesis - PubMed (nih.gov)

<https://pubmed.ncbi.nlm.nih.gov/26121981/>

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## **IVERMECTIN** *(a few points)*

- Used widely to treat parasites and known for treating viruses.
- Ivermectin has anti-inflammatory properties.
- Recommended for both treatment and prophylaxis for covid 19 and coronavirus illnesses.
- Safely distributed 3.7 billion doses worldwide since 1987
- Approximately one third of the entire world’s population have had Ivermectin. There have been a total of 16 deaths and 4,600 adverse events. This shows that Ivermectin is one of the safest medications.
- Ivermectin, like Hydroxychloroquine, is available over the counter in most countries around the world, except in the US where they have made it a prescription only medicine (POM).

## HYDROXYCHLOROQUINE (HCQ), *a brief history*

Hydroxychloroquine (HCQ) is a prescription drug, (sold under the brand name Plaquenil among others) from a family of drugs based on Quinine (the original anti-malarial drug used to treat mosquito borne parasitic disease).

In Peru, the indigenous people extracted the bark of the *Cinchona* tree and used it to fight chills and fever in the seventeenth century. In 1633 this herbal medicine was introduced in Europe, where it was given the same use and also began to be used against malaria. The quinoline antimalarial drug quinine was isolated from the extract in 1820.

After World War I, the German government sought alternatives to quinine. Chloroquine, a synthetic analogue with the same mechanism of action was discovered in 1934, by Hans Andersag and co-workers at the Bayer laboratories, who named it Resochin.

Following World War II, the United States government-sponsored clinical trials for antimalarial drug development, which showed unequivocally that chloroquine had a significant therapeutic value as an antimalarial drug. It was introduced into clinical practice in 1947 for the prophylactic treatment of malaria.

Ref:

<https://en.wikipedia.org/wiki/Hydroxychloroquine>

## What can Hydroxychloroquine treat?

Today, HCQ is most often used to treat autoimmune disorders (when your body's immune system attacks your cells and tissue by mistake). These autoimmune disorders can lead to inflammation that damages your joints, muscles, and sometimes your internal organs.

Your doctor might give you hydroxychloroquine if you have:

- Rheumatoid arthritis
- Systemic lupus erythematosus
- Juvenile idiopathic arthritis
- Antiphospholipid syndrome
- Primary Sjogren's syndrome

Experts think that HCQ is effective for such autoimmune disorders because the drug changes how your immune cells send signals. It can also turn off certain processes that cause inflammation.

Dr Sherri Tenpenny describes the mechanisms of HCQ and Ivermectin during a presentation on the social media platform, Bitchute, in September 2021.

“It binds to receptors on the surface of the malarial parasite. It was also found that HCQ binds to the sigma 1 and sigma 2 receptors on the surface of coronaviruses. Chloroquine and Hydroxychloroquine are very similar medications. Chloroquine and Quinine can actually be found in Quinine water such as tonic water - so a rare Gin and Tonic can possibly be good for your health!”

Dr Tenpenny goes on to explain further mechanisms of action, stating “one of the ways HCQ works is that it acts as a zinc ionophore. An ionophore takes a mineral and drives it through a receptor inside of the cell, so that when the zinc gets inside of the cell, it has the ability to work better”.

Hydroxychloroquine is the generic name for the drug of Plaquenil (used for a myriad of autoimmune disease such as lupus, rheumatoid arthritis, and other inflammatory musculoskeletal conditions)

Between 2007 and 2017, in the US alone, patients received about 59 million prescriptions for HCQ .

# THE USE OF HYDROXYCHLOROQUINE & IVERMECTIN

## Its role in treating SARS COV-2 (COVID-19) infection

### *Hydroxychloroquine and SARS COV2 (covid-19)*

HCQ was thrown under the bus very early on in the covid discussion, when President Trump suggested that we should look at this drug. Dr Anthony Fauci actually played a part of the published papers back in 2005, showing that HCQ and chloroquine can work well for the prevention and treatment of SARS. Because President Trump came forward about the efficacy of HCQ, the media went to extreme attempts to shut him down, claiming there were no studies, there was no research and that HCQ would not work, whilst spreading accusations that Trump was giving false hope.

### *Why were HCQ and Ivermectin thrown under the bus?*

If we knew there were other medications that were effective, the vaccine could never have been brought to market under the Emergency Use Authorisation. Any drug that is signed off using the EUA, doesn't have to undergo full clinical trials with animal studies and it doesn't have to go through the rigorous standards that would otherwise be necessary to become an FDA approved drug or medication.

So, when the covid vaccine was brought to market under the Emergency Use Authorisation, the FDA broke federal laws and federal rules:

Here's how:

Two of the criteria that are necessary in order for the FDA to sign off on an Emergency Use Authorisation and bring it to market:

- 1) There can be no other existing medications or treatments that could be effective against the virus or bacteria that the EUA is used against  
*(Therefore, the FDA broke federal laws and federal rules as there were other treatments available, such as HCQ, Ivermectin, Chloroquine, Quinine etc)*
- 2) The other criteria for an EUA to be signed off is that the other medications have to be safer than the vaccines they were bringing to market  
*(HCQ and Ivermectin have more than 100 years of safe use)*

We know that the vaccines have killed thousands of people and the death rate from covid will never be adequately known. The vaccines were deadlier than covid.

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## IS HYDROXYCHLOROQUINE SAFE?

Hydroxychloroquine and Chloroquine safety has been reflected in the vast scale of historic use. Tens of billions of doses have been consumed by hundreds of millions of people over the last 70-100 years. Between 1978 and 1988 alone, the world consumption of Chloroquine exceeded 3,000 metric tons, equaling about 14 billion doses. It is used worldwide, and you can buy it over the counter as it is so safe and can be used in any age group.

So, by the very small but effective dose there is very little to be concerned about in terms of side effects.

### *Why was Hydroxychloroquine said, early on, to not be effective?*

It's because they used a small dose, in the very sickest of patients in the Intensive Care Unit, who had been sick for many weeks: so, they used the wrong drug, at the wrong dose on the wrong patient population and said "see it doesn't work"

## CLINICAL STUDIES - FINDING DRUGS TO TREAT COVID-19

There is a website called [C19study.com](https://C19study.com) which keeps a running tally of all the different studies published about Hydroxychloroquine, Ivermectin, Vitamin D, Vitamin C and more.

HCQ studies - As of April 13<sup>th</sup> 2021, 232 trials were done by 3,700 scientists with 358,764 patients. A meta-analysis of these studies showed a 72% reduction in deaths with 65% improvement of infection with early treatment on Hydroxychloroquine

Ref: <https://hcqmeta.com>

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*A meta-analysis study, for HCQ to treat covid-19 showed:*

- 72% improvement in lowering mortality if done early
- 65% improvement of infection with early treatment on Hydroxychloroquine

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Ref: <https://hcqmeta.com>

## MARCH 2020

Dr Kevan Shokat, a chemist at U.C.S.F and his team poured through 20,000 FDA-approved drugs for signs that they may interact with the proteins on the coronavirus. In addition to spike proteins there are 4 other binding proteins on the surface of coronaviruses. They found 50 medications that could have disrupted the binding of the coronavirus or the transmission of the coronavirus to other people (March 2020)

Ref: <https://www.nytimes.com/2020/03/17/science/coronavirus-treatment.html>

Dr Nevan Krogan, Director of the Quantative Biosciences Institute and his colleagues, set about finding proteins in our cells that the coronavirus uses to grow. Normally such a project might take two years but the working group, which included 22 laboratories completed it in a few weeks. Their goal was to find antiviral drugs that can prevent the virus from replicating.

Ref: <https://theconversation.com/we-found-and-tested-47-old-drugs-that-might-treat-the-coronavirus-the-results-show-promising-leads-and-a-whole-new-way-to-fight-covid-19-136789>

Researchers identified 332 high-confidence SARS COV-2 protein human protein interactions that are connected to multiple biological processes, including processes called protein tracking, translation, transcriptions and other types of regulation.

They found 69 compounds including 29 already FDA approved drugs, 12 more in clinical trials and 28 compounds in pre-clinical testing that could target the interaction that could treat covid infection.

All they needed to do was move them to off label usage and start treating people. **No one** needed to die from covid illness, as there were already medications, FDA approved, available on the market.

Ref: <https://www.nature.com/articles/s41586-020-2286-9#Fig7>

## A STUDY DONE IN PERU

Peru has a population of about 33 million people, Peru's Ministry of Health knew they that if they had massive covid illness in their country, it would overwhelm their medical system. They were distributing free Ivermectin to their people across the country.

A study published in May 2020 by Peru's Ministry of Health, which approved mass distribution of Ivermectin to its 24 states, showed the following:

*“With early Ivermectin treatment excess deaths dropped by 59% at 30 days, and 75% at 45+ days. The effectiveness occurred even if ivermectin was started 11 days after the onset of symptoms”*

Ref: <https://ssrn.com/abstract=3765018>

## HYDROXYCHLOROQUINE DOSING

HCQ needs to be given early onset of symptoms for the highest efficacy, so this is what stands Ivermectin and Hydroxychloroquine apart. When you first get symptoms such as a sore throat, fever, cough etc, you may just think you have a cold and don't know that it may be a brewing covid infection, until you maybe get really unwell with shortness of breath, tightness in your chest, loss of taste or smell, by which time you may be 7-10 days into your infection and HCQ may not be as effective.

Therefore, the Peru studies are so valuable, as these show that you can take Ivermectin at 11 days out (11 days after onset of symptoms) and still have good results.

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Hydroxychloroquine works best when used as a prevention (prophylaxis) medicine as well as in early treatment (at early onset of symptoms such as cough, loss of taste and smell, fever etc), within the first 3-5 days.

In this instance, (*within the first 3-5 days of symptom onset*) take:

- **Hydroxychloroquine - 400 mg a day, until you start to feel better** (usually 5-7 days), and this usually resolves the infection.

If taken prophylactically (as a preventative medicine) take:

- **Hydroxychloroquine- 400 mg every other week.**

If you have been taking Hydroxychloroquine every other week as prophylaxis (preventative measure) and then you start feeling unwell, start taking:

- **Hydroxychloroquine 400 mg daily, for a few days**, and it should improve the infection.

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*“Hydroxychloroquine is a prescription drug and should be prescribed under the guidance of a physician. Indications where HCQ is not advised are with patients who suffer cardiac arrhythmias, and those who are on certain types of other medications” – Dr Sherri Tenpenny*

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Ref: <https://www.bitchute.com/video/FTVDwqyV3XvR/>

## ***SARS COV-2 - How Does Ivermectin Work?***

**Ivermectin** inhibits the SARS COV2 replication which lowers the viral load and protects against organ damage. Another way it protects against organ damage is it blocks the ACE2 receptor, which is on the surface of organs so that the spike protein can't bind - so when you have got the spike protein on the surface of the virus or the spike protein that is floating around in your system as a result of getting one of the injections, Ivermectin blocks the spike protein and so does **HCQ** (**HCQ** does it a bit better).

## **SUMMARY**

Ivermectin (when used to prevent or treat covid-19) protects your organs, it prevents transmission from infected to non-infected persons by blocking that spike protein, increases and hastens recovery avoiding hospitalisation, reduces mortality in critically ill patients, it has rare if any side effects and the only contraindications (reasons for not taking as it may be unsafe) are during pregnancy and breast feeding and if a patient is taking the blood thinner Coumadin (means you would have to have repeated INR testing) - so **Ivermectin is not prescribed if you are taking Coumadin**

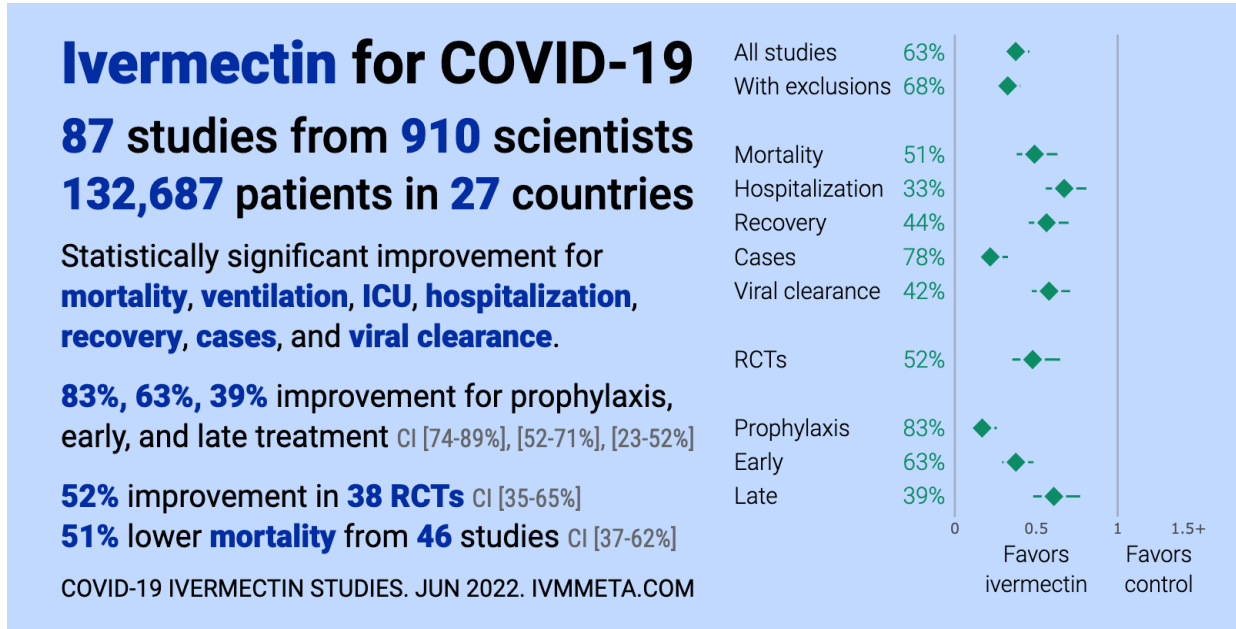
Otherwise - Ivermectin is safe with almost any other medications on the market, including chemo treatment, current cancer patient, past cancer patient, cardiac patient -Ivermectin is extremely safe as we know by its worldwide use.

D Sherri Tenpenny has an e-book on her website ([drtenpenny.com](http://drtenpenny.com)) called "How Covid-19 injections can make you sick and possibly kill you", which explores in greater detail the detrimental effects and damage that the spike proteins have on the body.

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Summary of studies on the use of ivermectin in COVID-19:

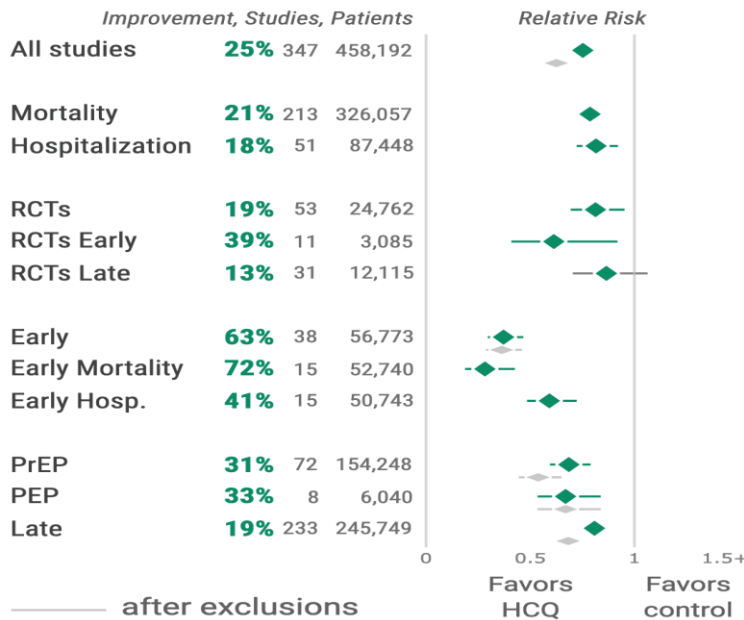
Ref: <https://covid19criticalcare.com/ivermectin-in-covid-19/>



Source: Database of all ivermectin COVID-19 studies - [www.c19ivermectin.com](http://www.c19ivermectin.com) - (constantly updated)

A meta-analysis HCQ - Ref: <https://hcqmeta.com/>

### HCQ for COVID-19 hcqmeta.com Jun 2022



## Dr John Campbell – an interview with Dr Tess Lawrie

During my research, I found an informative interview with Dr Tess Lawrie on Dr John Campbell's You Tube channel. I have documented some of the questions and answers here, as there is a lot of clinical evidence and data that shows the efficacy of Ivermectin in the prevention and treatment of SARS COV-2 (covid-19) infection.

### *Who is Dr Tess Lawrie?*

Tess is the Director of E-BMC Ltd and EbMCsquared CiC, a community interest research company. Tess is committed to improving the quality of healthcare through rigorous research. Her range of expertise, based on experience in both developing and developed countries, uniquely positions her to evaluate research for a variety of healthcare settings. Tess is a frequent member of technical teams responsible for developing international guidelines. Her peer-reviewed publications have received in excess of 4000 citations and her ResearchGate score is among the top 5% of ResearchGate members.

Ref: <https://worldcouncilforhealth.org/our-team/dr-tess-lawrie/>

Dr Tess Lawrie became interested in Ivermectin after seeing Dr Pierre Kory's dramatic appeal to the state senate asking that Ivermectin be approved for use throughout America, which had millions of views. This made Dr Lawrie curious, and subsequently led her on to research the use of Ivermectin for treating Covid-19.

She was amazed at the huge body of evidence that she had never even heard of. There was a lot of mechanisms of action, there were country case studies, and there were observational controlled studies and there were also randomised controlled trials, about 26-27 of them.

### Mechanisms of action (in treating covid-19) *(explained by Dr Tess Lawrie)*

“Several studies have shown quite clearly that Ivermectin has several mechanisms of action that are antiviral, and it also have anti-inflammatory properties. It blocks the viral proteins from entering the nucleus and prevents the virus from impairing the immune system. It also impairs the virus' ability to replicate. So, it prevents replication, it prevents the proteins from causing damage and in terms of the anti-inflammatory properties, clinical studies (from randomized controlled trials), which also measure inflammatory markers in the blood, show that it affects a number of inflammatory markers and reduces them”.

“Dr Andrew Hill has looked at viral clearance and there were a number of studies which showed quite clearly that Ivermectin reduces the viral load”.

Below are some of the key questions that Dr John Campbell asked throughout the interview, and the informative answers given by Dr Lawrie.

- *Is Ivermectin effective against other forms of viral infection as well as SARS COV2?*

“There are a number of studies that show it is effective against Zika, Dengue, Yellow Fever and a number of others. It is a very broad spectrum anti-viral, which potentially works against both DNA and RNA viruses”

- *What is the empirical evidence from clinical practice that there is an efficacy against prevention of disease, less severity of disease and reducing deaths?*

“The most important outcome for treating covid is to prevent death and serious sickness. When looking at a medicine for prevention, we would want a medicine to reduce covid-19 infection. “

On the 4<sup>th</sup> January 2021 Dr Lawrie submitted a report to the Government (Matt Hancock’s office), which included randomised controlled trials and the better quality observational controlled trials, and [both showed a reduction in deaths of about 83% on average.](#)

After submitting this to the UK Government, she had no response so sent another short video, and again had no response. However, she did get a response from healthcare professionals who were asking to look at this evidence. Subsequently, Dr Lawrie arranged a meeting to share her evidence with healthcare professionals. The outcome of that meeting was asking Dr Lawrie if she could work further on this and get her work published.

Dr Lawrie put a team of very experienced systematic reviewers together to look at evaluating each study again. They redid all the data extraction, redid the study quality assessment and put it all together in what is called a “Forest Plot”. [Here they got an average of 68% reduction in deaths, and this was using very strict criteria.](#)

One of the studies presented by Dr Lawrie, showed there were 27 deaths out of 1,000 people in the ivermectin arm and in the control arm there were 82 deaths out of 903 people. The effect estimate means there is a 65% reduction in deaths with Ivermectin compared to control.

- *Is Ivermectin going to be effective at different stages of disease, ie efficacy as prophylaxis/early treatment and what would be the best time to initiate Ivermectin?*

“Ivermectin works in all stages of the disease. There are studies showing efficacy when given as prophylaxis, [one of which showed an 88% reduction in infection rate amongst](#)



[healthcare workers](#). Ivermectin can be used for prevention (prophylaxis), mild disease, moderate disease (because it reduces viral load), it leads to quicker improvement, it prevents deterioration, and can be used in all stages of disease but the earlier it is used the better. It is certainly recommended for severe disease too (probably because of Ivermectin's anti-inflammatory properties)”

“Studies in Argentina and Peru have shown that Ivermectin is also effective in treating long covid, which makes it very worthwhile doing more randomised trials looking at Ivermectin to treat covid-19”

- *Do you have any data on reducing the severity of symptoms?*

“Yes, we have data from several studies that show a big reduction (about 40%) in the chance of deteriorating, if you take Ivermectin”

- *What is the risk/benefit - Is Ivermectin safe? (Regardless of what it is used to treat?)*

Ivermectin is actually on the World Health Organisation's essential medicines list!

“A third of the world's population have had Ivermectin and there has been 16 deaths and 4,600 adverse events. This shows that Ivermectin is one of the safest medications”

“When you compare Ivermectin to Remdesivir, which has only been around for the last year, Remdesivir reports having more adverse events and 417 deaths! This gives us an idea on how safe Ivermectin is!!”

Ivermectin is completely generic now so anyone can make it. In the 1990's, a series of safety tests were done by Merck (who originally had the patent for Ivermectin) and in 2002 they published a report of a randomised controlled trial, where they randomised people to different doses - they reported that it was safe in up to [10 times the dose that is used for scabies etc.](#)

- *What about the dosing?*

“Ivermectin comes in 3 mg, 6 mg and 12 mg tablet, and is given according to weight”

For example purposes - for a 60 Kg person, you would look at 12 mg, depending on where you are in the severity of disease, as it has a very wide therapeutic range.

[0.2-0.4 mg per kilo are the general recommended therapeutic ranges](#)

“In India, they are giving a 12 mg tablet for 3 days, if you have covid”

For prophylaxis (or someone exposed to covid) you might take one tablet one day and one tablet two days later. For health-workers who are taking it prophylactically they might take it once a month or once every 4-6 weeks!”

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*“When you compare Ivermectin to other medicines, especially all the new experimental treatments that are being used now, Ivermectin has a much better safety profile.” – Dr Tess Lawrie*

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*Is Ivermectin very expensive?*

“No, Ivermectin is extremely cheap! – roughly 168 dollars a kilogram”

“In 2018 a proposal was put forward to the WHO to approve Ivermectin for use in scabies and place on the essential medicines list officially, and in that document, it says you can get 100 x 12 mg tablets (that’s 50-100 treatments!) for 2 dollars 90 cent!”

No one in the UK is currently making Ivermectin. At such a low cost, maybe just a couple of pence per dose, coupled with the fact that it can be made at very short notice as it is a very simple molecule, any drug manufacturer could make and supply it. There are many suppliers around the world, so one could just import it fairly cheaply”

- *What is the next step? I am convinced of efficacy and convinced of safety and yet it is not on our national guidelines (UK), so how do we take this forward?*

“We had a meeting called “BIRD” – British Ivermectin Recommendation Development. We had an interesting panel with 11 Professors from around the world who have experience with Ivermectin, as well as GPs from the UK, who knew nothing about Ivermectin but are dealing with covid patients on a daily basis. There were also some public representatives, which included a couple of people with long-covid”

*“The outcome of the meeting, after presenting the evidence, was that Ivermectin should be used for the prevention and treatment in this country (UK)”*

“This was written up in a document and shared with Matt Hancock’s office, many MPs, The World Health Organisation’s Covid Team, America’s National Institute for Clinical Health, the Food and Drug Administration and Canadian regulation bodies.”

Dr Lawrie goes on to present a Meta-analysis of 6 studies using Ivermectin as a prevention from them getting covid. They were healthcare workers or family members who had a covid contact, so were given Ivermectin as a prevention

25/1397 who received Ivermectin got covid infection

386/882 in the control group, got covid infection

This concludes that the overall reduction in infection rate was 93%.

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*The overall reduction in infection rate was 93% if you receive Ivermectin verses control*

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“Professor Shouman carried out a clinician led study in Egypt, but they closed the study early because they felt it was not ethical to continue giving placebo, and not giving Ivermectin, because the Ivermectin is so dramatically effective, and they were seeing unnecessary deaths”

## CONCLUSION

The interview concluded with a discussion about Dr Lawrie’s current research and ongoing efforts to organise randomized controlled trials for the use of Ivermectin in patients with long-covid.

Dr Campbell is extremely excited that we have an anti-viral that can treat so many things, including some cancers that can occur as a result of a prolonged viral illness.

Ref: <https://www.youtube.com/watch?v=vYF8bnmdQfY&t=3033s>

*NB: Dr John Campbell has quite a few informative videos (You Tube) on Ivermectin. I will list a few links at the end of this project, should you wish to look at these.*

## PATIENT INFORMATION SHEET - HYDROXYCHLOROQUINE

### Hydroxychloroquine

#### Package Leaflet: User Information

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#### Hydroxychloroquine Sulfate 200mg Film-coated Tablets

Hydroxychloroquine Sulfate

**Read all of this leaflet carefully before you start taking this medicine because it contains important information for you.**

- Keep this leaflet. You may need to read it again.
- If you have any further questions, ask your doctor or pharmacist.
- This medicine has been prescribed for you. Do not pass it on to others. It may harm them, even if their symptoms are the same as yours.
- If you get any side effects, talk to your doctor or pharmacist. This includes any possible side effects not listed in this leaflet. See section 4.

#### What is in this leaflet

1. What Hydroxychloroquine Sulfate is and what it is used for
2. What you need to know before you take Hydroxychloroquine Sulfate
3. How to take Hydroxychloroquine Sulfate
4. Possible side effects
5. How to store Hydroxychloroquine Sulfate
6. Contents of the pack and other information

#### 1. What Hydroxychloroquine Sulfate is and what it is used for

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Hydroxychloroquine Sulfate tablets contain an active substance called hydroxychloroquine sulfate.

Hydroxychloroquine Sulfate works by reducing inflammation in people with autoimmune diseases (this is where the body's immune system attacks itself by mistake).

It can be used for:

- Rheumatoid Arthritis (inflammation of the joints)
- Juvenile Idiopathic Arthritis (in children)
- Discoid and Systemic Lupus Erythematosus (a disease of the skin or the internal organs)
- Skin problems which are sensitive to sunlight

#### 2. What you need to know before you take Hydroxychloroquine Sulfate

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**Do not take Hydroxychloroquine Sulfate and tell your doctor if:**

- You are allergic (hypersensitive) to
  - Hydroxychloroquine
  - Other similar medicines such as Quinolones and Quinine
  - Any of the other ingredients of Hydroxychloroquine Sulfate (listed in Section 6)

Signs of an allergic reaction include: a rash, swallowing or breathing problems, swelling of your lips, face, throat or tongue.

- You have an eye problem which affects the retina, the inside of the eye (maculopathy) or you get a change in eye colour or any other eye problem.
- You are pregnant, might become pregnant or think you may be pregnant (see 'Pregnancy and breast-feeding' below).

Do not take this medicine if any of the above apply to you. If you are not sure, talk to your doctor or pharmacist before taking Hydroxychloroquine Sulfate.

### **Warnings and precautions**

Talk to your doctor or pharmacist before taking Hydroxychloroquine Sulfate if:

- You have liver or kidney problems;
- You have serious stomach or gut problems;
- You have heart problems;
- You have any problems with your blood. You may have blood tests to check this.
- You have any problems with your nervous system or brain;
- You have psoriasis (red scaly patches on the skin usually affecting the knees, elbows and scalp);
- You have had a bad reaction to quinine in the past.

Before treatment with Hydroxychloroquine sulfate Ipca:

- Before you take this medicine you should have your eyes examined.
- This testing should be repeated at least every 12 months whilst taking Hydroxychloroquine Sulfate
- If you are over 65, need to take a high dose (2 tablets a day) or have kidney problems then this examination should be performed more often.
- Hydroxychloroquine can cause lowering of the blood glucose level. Please ask your doctor to inform you of signs and symptoms of low blood glucose levels. A check of the blood glucose level may be necessary.

If you are not sure if any of the above applies to you, talk to your doctor or pharmacist before taking Hydroxychloroquine Sulfate.

### **Children and adolescents**

This medicine is not suitable for children and adolescents who weigh less than 31 Kg (around 5 stones).

## **Other medicines and Hydroxychloroquine Sulfate**

Tell your doctor or pharmacist if you are taking, have recently taken or might take any other medicines. This includes medicines you can buy without a prescription, including herbal medicines. This is because Hydroxychloroquine Sulfate can affect the way some other medicines work. Also some medicines can affect the way Hydroxychloroquine Sulfate works.

In particular, tell your doctor if you are taking any of the following:

### **The following medicines may increase the chance of you getting side effects when taken with Hydroxychloroquine Sulfate:**

- Some antibiotics used for infections (such as Gentamicin, Neomycin or Tobramycin)
- Cimetidine — used for stomach ulcers
- Neostigmine and Pyridostigmine — used for muscle weakness (Myasthenia Gravis)
- Medicines that may affect the kidney or liver
- Medicines that affect the skin or the eyes
- Halofantrine, Mefloquine — used for Malaria
- Amiodarone — used for heart problems
- Moxifloxacin — used to treat infections
- Medicines used for epilepsy

### **The following medicines can change the way Hydroxychloroquine Sulfate works or Hydroxychloroquine Sulfate may affect the way some of these medicines work:**

- Digoxin — used for heart problems
- Medicines for diabetes (such as Insulin or Metformin)
- Antacids — used for heartburn or indigestion. You should leave a gap of at least 4 hours between taking these medicines and Hydroxychloroquine Sulfate
- Rabies vaccine
- Ciclosporin — used after an organ transplantation to help prevent rejection
- Praziquantel — used to treat worm infections
- Agalsidase — used to treat a rare condition called Fabry's disease

## **Pregnancy and breast-feeding**

If you are pregnant or breast-feeding, think you may be pregnant or are planning to have a baby, ask your doctor or pharmacist for advice before taking this medicine.

Do not take Hydroxychloroquine Sulfate if:

- You are pregnant, might become pregnant or think you may be pregnant
- You are breast-feeding or planning to breast-feed. This is because small amounts may pass into mothers' milk

## **Driving and using machines**

You may get eye problems while taking this medicine. If this happens, do not drive or use any tools or machines and tell your doctor straight away.

### **3. How to take Hydroxychloroquine Sulfate**

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Always take this medicine exactly as your doctor has told you. Check with your doctor or pharmacist if you are not sure.

#### **Taking this medicine:**

Take this medicine by mouth. Swallow the tablets whole with a meal or a glass of milk. Do not crush or chew your tablets.

If you are taking this medicine for skin problems that are sensitive to sunlight, only take Hydroxychloroquine Sulfate during periods of high exposure to light.

The doctor will work out the dose depending on your body weight. If you feel the effect of your medicine is too weak or too strong, do not change the dose yourself, but ask your doctor.

If you have been taking this medicine for rheumatoid arthritis for a long time (more than 6 months) and you do not feel that it is helping you, see your doctor. This is because the treatment may need to be stopped.

#### **The recommended dose for adults, including the elderly, is:**

- One or two tablets each day

#### **Use in children and adolescents**

- One tablet each day
- This medicine is only suitable for children who weigh more than 31 kg (around 5 stones)

It may take several weeks before you notice the benefit of taking hydroxychloroquine sulfate.

#### **If you take more Hydroxychloroquine Sulfate than you should:**

Tell your doctor or go to a hospital casualty department straight away. Take the medicine pack with you. This is so the doctor knows what you have taken. The following effects may happen: headache, problems with your eyesight, fall in blood pressure, convulsions (fits), heart problems, followed by sudden severe breathing problems and possibly heart attack.

Young children and babies are particularly at risk if they accidentally take hydroxychloroquine sulfate. Take the child to hospital straight away.

#### **If you forget to take Hydroxychloroquine Sulfate**

If you forget a dose, take it as soon as you remember it. However, if it is nearly time for the next dose, skip the missed dose. Do not take a double dose to make up for a forgotten tablet.

#### **If you stop taking Hydroxychloroquine Sulfate**

Keep taking hydroxychloroquine sulfate until your doctor tells you to stop. Do not stop taking hydroxychloroquine sulfate just because you feel better. If you stop, your illness may get worse again.

If you have any further questions on the use of this medicine, ask your doctor or pharmacist.

#### 4. Possible side effects

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Like all medicines, this medicine can cause side effects, although not everybody gets them.

Stop taking Hydroxychloroquine Sulfate and see a doctor or go to a hospital straight away if:

**Frequency not known** (the frequency cannot be established from the available data)

- You have an allergic reaction. The signs may include: a red or lumpy rash, swallowing or breathing problems, swelling of your eyelids, lips, face, throat or tongue.
- Severe skin reactions such as blistering, widespread scaly skin, pus-filled spots together with a high temperature, reddening and being more sensitive to the sun.
- Blistering or peeling of the skin around the lips, eyes, mouth, nose and genitals, flu-like symptoms and fever. This could be a condition called Stevens-Johnson Syndrome.

Stop taking Hydroxychloroquine Sulfate and see a doctor straight away if you notice any of the following serious side effects - you may need urgent medical treatment:

**Common** (may affect up to 1 in 10 people)

- You have any eye problems. This includes changes in the colour of your eye and problems with your eyesight such as blurring, sensitivity to light or the way you see colour.

**Uncommon** (may affect up to 1 in 100 people)

- You have any muscle weakness, cramps, stiffness or spasms or changes in sensation such as tingling. If you take this medicine for a long time, your doctor will occasionally check your muscles and tendons to make sure they are working properly.

**Not known** (the frequency cannot be established from the available data)

- You have frequent infections accompanied by fever, severe chills, sore throat or mouth ulcers. These could be signs of a blood problem called 'Leucopenia' or 'Agranulocytosis'.
- You may bruise more easily than usual. This could be due to a blood problem called 'Thrombocytopenia'.
- You feel tired, faint or dizzy and have pale skin. These could be symptoms of something called 'Anaemia'.
- You feel weak, short of breath, bruise and get infections more easily than usual. These could be symptoms of something called 'Aplastic Anaemia'.
- Weakening of the heart muscle (Cardiomyopathy) resulting in difficulty breathing, coughing, high blood pressure, swelling, increased heart rate, low amount of urine.
- Low blood sugar levels (Hypoglycaemia). You may feel a sense of nervousness, shaky or sweaty.



- You notice yellowing of your skin or eyes or if your urine becomes darker in colour. This could be a liver problem, such as Jaundice or Hepatitis.
- Fits
- Lack of movement, stiffness, shaking or abnormal movements in the mouth and tongue.

Tell your doctor or pharmacist if any of the following side effects get serious or lasts longer than a few days:

**Very common** (may affect more than 1 in 10 people)

- Stomach pain
- Feeling sick

**Common** (may affect up to 1 in 10 people)

- Skin rashes, itching
- Being sick, Diarrhoea
- Loss of appetite (Anorexia)
- Headache
- Changes in mood with uncontrollable laughing or crying

**Uncommon** (may affect up to 1 in 100 people)

- Changes in the colour of your skin or the inside of your nose or mouth
- Hair loss or loss of hair colour
- Feeling nervous
- Ringing in the ear (Tinnitus)
- Balance problems (Vertigo) or feeling dizzy
- Liver problems shown by blood tests

**Not known**

- Psoriasis (red scaly patches on the skin usually affecting the knees, elbows and scalp)
- Hearing loss
- Mental problems (such as delusions, hallucinations and changes in mood)
- Symptoms of a condition called 'Porphyria' which may include stomach pain, being sick, fits, blisters, itching.

Heart and blood tests

- Your doctor may look at your heart's electrical activity using an ECG (electrocardiogram) machine.
- A blood test may show changes in the way the liver is working and occasionally the liver may stop working.

**Reporting of side effects**

If you get any side effects, talk to your doctor or pharmacist. This includes any possible side effects not listed in this leaflet. You can also report side effects directly via the Yellow Card Scheme at: [www.mhra.gov.uk/yellowcard](http://www.mhra.gov.uk/yellowcard) or search for MHRA Yellow Card in the Google Play or Apple App Store. By reporting side effects you can help provide more information on the safety of this medicine.

## 5. How to store Hydroxychloroquine Sulfate

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Keep this medicine out of sight and reach of the children.

Store in original package in order to protect from light.

Do not use Hydroxychloroquine Sulfate after the expiry date which is stated on the carton. The expiry date refers to the last day of that month.

Do not throw away any medicines via wastewater or household waste. Ask your pharmacist how to throw away any medicines you no longer use. These measures will help to protect the environment

## 6. Contents of the pack and other information

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### What Hydroxychloroquine Sulfate tablets contain

- The active substance is hydroxychloroquine sulfate. Each tablet contains 200 mg of hydroxychloroquine sulfate.
- The other ingredients are: Maize starch, Calcium Hydrogen Phosphate Dihydrate, Silica Colloidal Anhydrous, Polysorbate 80, Talc, Magnesium Stearate, Hypromellose, Titanium Dioxide, Macrogol 6000.

### What Hydroxychloroquine Sulfate looks like and contents of the pack

Hydroxychloroquine Sulfate 200 mg film-coated tablets are white, approximately 9.5 mm circular, biconvex, film-coated tablets debossed with 200 on one side and plain on the other side.

They are supplied in a transparent PVC/Aluminium blister of 10 tablets. Pack size: 60 tablets.

### Marketing Authorisation Holder

#### **Ipca Laboratories UK Ltd.**

Unit 97-98  
Silverbriar  
Sunderland Enterprise Park East  
Sunderland  
SR5 2TQ  
United Kingdom

### Batch Release Site

#### **Elara Pharmaservices Limited**

7 Grimes Gate  
Diseworth  
DE74 2QD  
UK

**This leaflet was last revised in 03/2020**

V6 01-08-19 D1

## Company contact details

Ipca Laboratories UK Ltd



**Address**

Silverbriar, Enterprise Park East, Sunderland, , Tyne and Wear , SR5 2TQ, UK

**Telephone**

+44 (0) 191 516 6 517

**Medical Information Direct Line**

+44 (0)1332 959126

**Customer Care direct line**

+44 (0)1332 959126

**WWW**

<http://www.ipca.com>

**Fax**

+44 (0) 191 516 6 526

**Medical Information e-mail**

[ipca@callisto-consulting.co.uk](mailto:ipca@callisto-consulting.co.uk)

**Stock Availability**

+44(0)7546801411

Ref: <https://www.medicines.org.uk/emc/product/11516/pil>

# WHITE PEONY ROOT

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*During my research, I came across a natural alternative for Hydroxychloroquine. I was using an NHS computer at the time of finding this and, when I clicked on the link, I was automatically blocked! I therefore searched for it online, at home, and found the following document on “healthline.com” (link is attached at the end)*

*The white Peony Root has been used for thousands of years in Chinese Medicine. It has a broad spectrum of benefits and is well worth the read!*

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## THE POTENTIAL BENEFITS AND SIDE EFFECTS OF THE WHITE PEONY ROOT

White peony, technically named *Paeonia lactiflora* Pall., is a flowering plant native to east Asia. It grows in many parts of the world, though, including China, Mongolia, and Siberia. It’s also grown as a common garden plant in the northern United States.

Other names for white peony include:

- garden peony
- Chinese peony
- bai shao (or bai-shao)

For more than 1,000 years, the dried root of the white peony has been used in ancient Chinese medicine. It’s traditionally used to treat a wide range of ailments, including fever, inflammation, and pain. Some of these medicinal benefits have been proven by science. Read on to learn about white peony root and how it’s typically used.

### PROVEN BENEFITS OF BAI SHAO

Scientists are still learning about medicinal properties of the white peony root. Some of the available research is outdated or involves animals instead of humans.

Here's what science has determined so far:

## WHITE PEONY FOR ESTROGEN

According to a 2019 research review Trusted Source, white peony root contains phytoestrogens. These compounds are structurally similar to estrogen, the primary female sex hormone, and they act like estrogen in the body.

Also, according to a 2012 review Trusted Source, older studies have examined the effect of paeoniflorin, a main compound in white peony. Paeoniflorin has been found to increase the activity of aromatase, an enzyme that turns testosterone into estrogen. The compound also reduces testosterone synthesis.

## WHITE PEONY ROOT FOR ANXIETY AND DEPRESSION

Traditionally, white peony root is used to treat anxiety and depression.

In a 2020 study Trusted Source on rats, white peony root extract was found to reduce expression of serotonin transporter (SERT).

Typically, this protein “captures” serotonin – a chemical that contributes to happiness and well-being – so it can be broken down and recycled. Inhibiting SERT prevents this process, which increases serotonin and in turn produces an anti-anxiety and antidepressant effect.

A 2019 study Trusted Source found that paeoniflorin also increases probiotics in the gut, which may improve your balance of gut bacteria. This also benefits anxiety and depression, according to a 2017 research review Trusted Source.

## WHITE PEONY ROOT FOR AUTOIMMUNE DISORDERS

White peony root contains glycosides. These are compounds with a carbohydrate attached. This includes paeoniflorin, among other compounds.

When these glycosides are extracted (removed) from the root, it's known as total glycosides of peony (TGP).

According to a 2020 review Trusted Source, TGP can regulate your immune system. It's been found to effectively treat autoimmune conditions like:

- [rheumatoid arthritis](#)
- [psoriasis](#)

- [oral lichen planus](#)
- [Sjogren's syndrome](#)

## WHITE PEONY FOR INFLAMMATION

Similarly, TGP has benefits for inflammatory disorders. According to a 2019 research review, paeoniflorin in TGP can suppress inflammatory pathways. The researchers suggest that it may be beneficial for chronic inflammatory conditions, including:

- [arthritis](#)
- [kidney disease](#)
- [liver disease](#)

## WHITE PEONY ROOT FOR PAIN

A 2018 animal study found that paeoniflorin has an analgesic (pain-relieving) effect. According to the researchers, this is due to paeoniflorin's anti-inflammatory properties in the central nervous system.

## WHITE PEONY FOR BLOOD FLOW

In ancient Chinese medicine, white peony root is used to prevent thrombosis. A 2016 animal study Trusted Source examined this effect. The researchers found that paeoniflorin increased activity of plasminogen activator urokinase, an enzyme that supports the natural resolution of thrombosis.

White peony thins your blood so clots don't form. It also helps your body better resolve any existing blood clots.

A 2019 review also notes that the active compounds in white peony, including paeoniflorin, can increase blood flow by inhibiting blood coagulation (clotting).

## WHITE PEONY ROOT FOR SKIN

A 2016 lab study Trusted Source states that white peony root extract can decrease hyperpigmentation. This is when skin appears darker in certain places and can range from small spots to your entire body.

When applied to a human skin sample, the extract reduced melanin. Melanin is the pigment that gives skin its color.

So, white peony root extract may be useful for controlling overproduction of melanin.

## UNPROVEN CLAIMS ABOUT THE WHITE PEONY ROOT

Other benefits of the white peony root lack sufficient evidence. To date, it has not been proven to help:

- [sweating](#)
- [polycystic ovary syndrome](#)
- [hair loss](#)
- [fever](#)
- [wrinkles](#)
- [menstrual cramps](#)
- [digestive disorders](#)
- [migraines](#)
- [breathing issues](#)
- 

Theoretically, the proven benefits mentioned above may help some of these ailments. For example, the pain-relieving effect of white peony root may ease menstrual cramps.

However, more hard scientific evidence is necessary to confirm the benefit.

## POTENTIAL SIDE EFFECTS

Like all medicinal plants, white peony root should be used with caution. Possible side effects include:

- excessive bleeding
- diarrhea
- digestive upset

It's recommended to avoid taking white peony root if you are:

- pregnant
- breastfeeding
- planning to get surgery
- 

## **BAI SHAO USES**

Conventionally, white peony root is used in various ways, including:

## **WHITE PEONY SUPPLEMENT**

As a supplement, the root extract is available as a:

- capsule
- tincture
- powder

You take capsules and tinctures directly by mouth. You can also mix the tincture or powder into a liquid, like water or tea.

It's worth noting that supplements lack regulation by the Food and Drug Administration (FDA). This means supplements aren't monitored for quality, accurate labelling, and unsafe ingredients.

If you're interested in taking white peony supplements, speak with your doctor first and always buy from a reputable company.

## **WHITE PEONY ROOT TEA**

White peony root can also be consumed as tea. It's typically available as loose tea, so you'll need a tea strainer. To make it, follow the instructions from the manufacturer of the tea.

## **WHERE TO GET WHITE PEONY ROOT**

Although white peony root has been used for thousands of years, it usually isn't found in standard grocery stores.



Products with white peony root are typically sold in:

- tea shops
- apothecaries
- herbal medicine shops
- health markets
- traditional Chinese pharmacies

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Below is a link if you wish to shop for white peony root products online

[Shop for white peony root products online.](#)

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## CONCLUSION

The root of white peony, or bai shao, is a traditional Chinese remedy.

According to scientific research, the herb may improve blood flow, pain, hyperpigmentation, and mood disorders. It might also help autoimmune conditions and increase estrogen levels.

Talk with a doctor before using white peony root. If you decide to use supplements, speak with a doctor first, and always buy from a reputable retailer to ensure quality and safety.

Peony (*Paeonia lactiflora*) is an herb. The roots are commonly used in Traditional Chinese Medicine (TCM) for many purposes. Peony might block chemicals that can cause pain and swelling. It might also **prevent blood clotting, kill cancer cells, and act as an antioxidant.**

The website (link below) also provides extensive information regarding other natural remedies and what they can treat, such as turmeric, Ginko, evening primrose oil, flax seed and many more. Very much worth a look!

Ref: <https://www.healthline.com/health/white-peony-root#summary>

# THE FRONT LINE COVID-19 CRITICAL CARE ALLIANCE

<https://covid19criticalcare.com/>

- *ABOUT THE FRONTLINE COVID-19 CRITICAL CARE ALLIANCE*

<https://covid19criticalcare.com/about/>

“Formed by leading critical care specialists in March 2020, at the beginning of the Coronavirus pandemic, the ‘Front Line COVID-19 Critical Care Alliance’ is now a 501(c)(3) non-profit organization dedicated to developing highly effective treatment protocols to prevent the transmission of COVID-19 and to improve the outcomes for patients ill with the disease”.

## Dedicated to

- Reviewing all emerging published medical literature on COVID-19 from in-vitro, animal, clinical, and epidemiologic studies.
- Developing effective treatment protocols for COVID-19 that evolve by incorporating newly identified, applicable therapeutic and pathophysiologic insights.
- Educating physicians on safe and effective treatment approaches to all phases of COVID-19, from disease prevention strategies to the use of our combination-based therapy protocols in both early-stage (I-MASK+) and hospitalized patients (MATH+).
- Improving outcomes for people impacted by COVID-19 disorders through preventive and treatment strategies designed to optimize health.
- Teaching the public ways to prevent transmission of the virus and to advocate for the best possible care.
- Coordinating and accelerating the formation of research studies that will support effective prevention and therapeutic treatments for all impacted by COVID-19.

We accomplish these goals by sponsoring high quality medical education for both the public and health care providers, via the publication of scientific manuscripts, media interviews, and medical lectures for medical providers and the public.

# EARLY TREATMENT PROTOCOL FOR COVID-19



FRONT LINE COVID-19 CRITICAL CARE ALLIANCE  
PREVENTION & TREATMENT PROTOCOLS FOR COVID-19

## I-MASK+ PREVENTION & EARLY OUTPATIENT TREATMENT PROTOCOL FOR COVID-19

Page 1/2

### PREVENTION PROTOCOL

<b>Ivermectin<sup>1</sup></b>	<b>Chronic Prevention</b> 0.2 mg/kg per dose (take with or after a meal) — twice a week for as long as disease risk is elevated in your community <b>Post COVID-19 Exposure Prevention<sup>2</sup></b> 0.4 mg/kg per dose (take with or after a meal) — one dose today, repeat after 48 hours
<b>Vitamin D3</b>	1,000–3,000 IU/day
<b>Vitamin C</b>	500–1,000 mg twice a day
<b>Quercetin</b>	250 mg/day
<b>Zinc</b>	30–40 mg/day (elemental zinc)
<b>Melatonin</b>	6 mg before bedtime (causes drowsiness)
<b>Gargle mouthwash</b>	2 x daily – gargle (do not swallow) antiseptic mouthwash with cetylpyridinium chloride (e.g. Scope™, Act™, Crest™), Listerine™ with essential oils, or povidone/iodine 1% solution as alternative.

### EARLY OUTPATIENT PROTOCOL<sup>3</sup>

<b>Ivermectin<sup>1</sup></b>	0.4–0.6 mg/kg per dose (take with or after a meal) — one dose daily, take for 5 days or until recovered Use upper dose range if: 1) in regions with aggressive variants (e.g. "Delta" variant); 2) treatment started on or after day 5 of symptoms or in pulmonary phase; or 3) multiple comorbidities/risk factors.
<b>Fluvoxamine<sup>4</sup></b>	50 mg twice daily for 10–14 days Add to ivermectin if: 1) minimal response after 2 days of ivermectin; 2) in regions with more aggressive variants; 3) treatment started on or after day 5 of symptoms or in pulmonary phase; or 4) numerous comorbidities/risk factors. Avoid if patient is already on an SSRI.
<b>Nasal/oral rinse</b>	3 x daily – gargle (do not swallow) antiseptic mouthwash with cetylpyridinium chloride (e.g. Scope™, Act™, Crest™), Listerine™ with essential oils, or povidone/iodine 1% solution as alternative. Nasal rinse instructions below. <sup>5</sup>
<b>Vitamin D3</b>	4,000 IU/day
<b>Vitamin C</b>	500–1,000 mg twice a day
<b>Quercetin</b>	250 mg twice a day
<b>Zinc</b>	100 mg/day (elemental zinc)
<b>Melatonin</b>	10 mg before bedtime (causes drowsiness)
<b>Aspirin</b>	325 mg/day (unless contraindicated)
<b>Pulse Oximeter</b>	Monitoring of oxygen saturation is recommended (for instructions see page 2)

<sup>1</sup> The dosing may be updated as further scientific studies emerge. The safety of ivermectin in pregnancy has not been definitively established. Use in the 1st trimester should be discussed with your doctor.

<sup>2</sup> To use if a household member is COVID-19 positive, or you have prolonged exposure to a COVID-19 positive patient without wearing a mask

<sup>3</sup> For late phase — hospitalized patients — see the FLCCC's MATH+ Hospital Treatment Protocol for COVID-19 on [www.flccc.net](http://www.flccc.net)

<sup>4</sup> Some individuals who are prescribed fluvoxamine experience acute anxiety which needs to be carefully monitored for and treated by the prescribing clinician to prevent rare escalation to suicidal or violent behavior.

<sup>5</sup> Nasal rinse – 3 x daily. Use 10% povidone/iodine wound wash. Take 1 ml (1/4 tsp) mix with 9 ml saline solution (2 tsp). Use nasal irrigation bottle or syringe.

Please regard our **disclaimer** and further information on page 2 of this document.

[flccc.net](http://flccc.net)

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### Behavioral Prevention



#### WEAR MASKS

Wear a cloth, surgical, or N95 mask when in confined, poorly ventilated, crowded indoor spaces with non-household members.



#### KEEP DISTANCE

Until the end of the COVID-19 crisis, we recommend keeping a minimum distance of approx. 2 m/6 feet in public from people who are not from your own household.



#### WASH HANDS

We recommend, after a stay during and after outings from home (shopping, subway etc.), a thorough hand cleaning (20–30 sec. with soap), or also to use a hand disinfectant in between.

Visuals: Adapted from [www.flccc.net](http://www.flccc.net)

THE FRONTLINE COVID-19 CRITICAL CARE ALLIANCE  
VACCINE INJURY

TREATMENT PROTOCOL FOR POST COVID-19 VACCINE  
INJURY

The FLCCC now also have a dedicated treatment protocol for post vaccine injury. Please visit <https://covid19criticalcare.com/covid-19-protocols/i-recover-post-vaccine-treatment/> for further information.

“This protocol was a collaborative effort drawing on the expertise of a dozen world-renowned physicians. We are also extremely grateful for the feedback of the many vaccine-injured people who shared their experiences with us” -  
FLCCC doctors

Below are the FLCCC protocols for Ivermectin and Hydroxychloroquine treatment (only), for treatment of covid vaccine injury, which I have listed for the purpose of this project. However, please read the full document (links below) where you will find many other suggested medicines.

- **Ivermectin: 0.2-0.3 mg/kg, daily for up to 4-6 weeks**

Ivermectin has potent anti-inflammatory properties. It also binds to the spike protein, aiding in the elimination by the host. It is likely that ivermectin and intermittent fasting act synergistically to rid the body of the spike protein. Ivermectin is best taken with or just following a meal for greater absorption. A trial of ivermectin should be considered as first line therapy. It appears that patients can be grouped into two categories: i) ivermectin responders and ii) ivermectin nonresponders. This distinction is important, as the latter are more difficult to treat and require more aggressive therapy. Due to the possible drug interaction between quercetin and ivermectin, these drugs should not be taken simultaneously (i.e., should be staggered morning and night).

- **Hydroxychloroquine (HCQ): 200 mg twice daily for 1-2 weeks, then reduce as tolerated to 200 mg/day.**

HCQ is the preferred second line agent. HCQ is a potent immunomodulating agent and is considered the drug of choice for systemic lupus erythematosus (SLE), where it has been demonstrated to reduce mortality from this disease. Thus, in patients with positive autoantibodies or where autoimmunity is suspected to be a prominent underlying mechanism, HCQ should be considered earlier. Further, it should be noted that SLE and post-vaccine syndrome have many features in common. HCQ is safe in pregnancy; indeed, this drug has been used to treat preeclampsia. With long term usage, the dose should be reduced (100 or 150 mg/day) in patients weighing less than 61 kg (135 lbs).

**For more information regarding vaccine injury treatment protocol**

<https://covid19criticalcare.com/covid-19-protocols/i-recover-post-vaccine-treatment/>

**Here is a link for the PDF download:**

[https://covid19criticalcare.com/wp-content/uploads/2022/06/FLCCC\\_Alliance-I-RECOVER-Protocol-PostVaccine-v3-English.pdf](https://covid19criticalcare.com/wp-content/uploads/2022/06/FLCCC_Alliance-I-RECOVER-Protocol-PostVaccine-v3-English.pdf)

## USEFUL LINKS FOR FURTHER INFORMATION

*(including websites of some of the physicians who promote Ivermectin and HCQ)*

Dr John Campbell - the interview with Dr Tess Lawrie (as covered previously on Pages 22-26), condensed down into a much shorter video

<https://www.youtube.com/watch?v=ix8i7dfsCJg>

John Campbell discusses Pfizer's new antiviral medication, which has the same mechanisms as *(supressed)* Ivermectin. He provides an understandable explanation of the Pfizer drug versus Ivermectin pharmacodynamics *(how the drug works in affecting the body)*.

<https://www.youtube.com/watch?v=ufy2AweXRkc>

The Frontline Covid-19 Critical Care Alliance

Here you can find video testimonials, data from studies, treatment protocols and much more

<https://covid19criticalcare.com/>

Dr Sherri Tenpenny

<https://drtenpenny.com/>

The Great Barrington Declaration

<https://gbdeclaration.org/>

Dr Pierre Kory

<https://drpierrekory.com/>

Dr Cori Stern

<https://www.drkori.com/>

Dr Judy Mikovits

<https://therealdrjudy.com/>

Dr Geert Vanden Bossche

<https://www.voiceforscienceandsolidarity.org/>