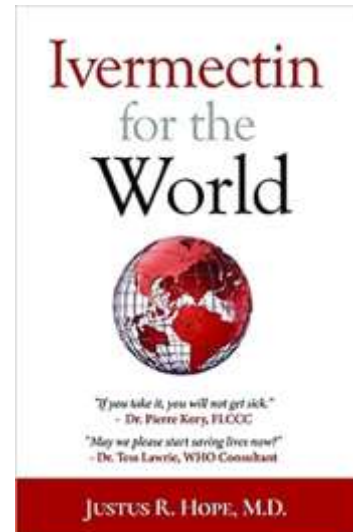


“David vs Goliath”
a review by Dick Burkhardt of
Ivermectin for the World

By Dr. Justus Hope (2021)



This book is full of enthusiasm for the inexpensive, repurposed drug ivermectin as an effective COVID treatment (not a guaranteed “cure” but the easiest way to dampen or shutdown early to long-haul COVID, in conjunction with other treatments for severe cases). The author quotes from a number of observational studies by doctors and researchers. Yet I wish that it had a more thorough documentation and explanation of the scientific issues. Also, there is no data beyond May, 2021.

I recommend the FLCCC (flccc.net) for more current and thorough data and the “darkhorse” interviews by Bret Weinstein for more of the science. Note that the US National Institute of Health and the World Health Organization have taken official positions that ivermectin treatment for COVID is unproven, yet proponents like Dr. Pierre Kory have concluded that these assessments are highly biased and have been driven by regulatory capture by Big Pharma, with billions of dollars at stake.

The more successful and popular ivermectin has become (mostly international), the stronger the viscous media campaign against it, including attempts to link it to the anti-vax movement, though the primary usage has been to treat suspected or confirmed COVID. Dr. “Hope” (a pseudonym – to avoid personal attacks) and others have concluded that the underlying reason for this campaign is that ivermectin is “off patent”, hence cheap, with no prospect of big profits for big Pharma.

Others may point to the long history of the corruption and discrediting of science by political and financial interests, from the Soviet era Lysenko biology to tobacco and now climate science in the US. Most recent was the attempt to suppress the

“lab-leak theory” of COVID by the World Health Organization and US scientists circumventing the prohibition against “gain-of-function” research.

The numbers listed on p 236 for 10 districts in India are impressive (COVID reductions from 97% to 87% with ivermectin but increases from 50% to 828% without ivermectin). Yet we are not given the dosage protocols or the co-treatments or other information that might clarify the role of ivermectin versus other factors. Despite the title, the only location outside the US that gets much of a focus is India. It would have been nice to see a thorough discussion of ivermectin and COVID in Latin American and Africa, for example.

Most of the testimony reproduced in this book comes from within the US. It leads off with “Dr. George Fareed and the Miracle of Imperial Valley”, who treated 1900 COVID patients with no deaths and only one hospitalization (p 67). This cocktail of vitamins and repurposed drugs came before ivermectin became widely known, using a protocol devised by Dr Vladimir Zelenko. But the point was made that a cocktail of repurposed drugs, later updated with ivermectin, could be effective.

Then US Congressional hearings are cited, featuring Dr. Kory’s work, along with some of the first censorship. Outstanding work in the Dominican Republic was cited, along with research from the UK. A lawyer, Ralph Lorigo, was successful in US courts in obtaining access to ivermectin and in saving several lives. Topping off the book is the spectacular success of ivermectin in Uttar Pradesh (241 million people) in May, 2021, where the Delta variant was virtually wiped out in 5 weeks by a massive campaign.

This book points to some bright spots in our corrupt global health system, yet this “David vs Goliath” battle is all too real and a symptom of civilizational corruption, ultimately from cheap fossil fuels – today’s version of gold. We’re now on a collision course with Gaia herself, and the loser in this battle was foretold long ago by the Greek tragedies.