

[https://www.thedesertreview.com/opinion/columnists/the-great-ivermectin-deworming-hoax/article\\_19b8f2a6-0f29-11ec-94c1-4725bf4978c6.html](https://www.thedesertreview.com/opinion/columnists/the-great-ivermectin-deworming-hoax/article_19b8f2a6-0f29-11ec-94c1-4725bf4978c6.html)

## The great Ivermectin deworming hoax

by Justus R. Hope, MD

Sep 6, 2021



### Can You Spot the Fake?

"In a normal year, the Kentucky Poison Control Center might receive one call from someone who has taken ivermectin, a drug commonly used to treat parasites in livestock. But amid increasing misinformation about the drug's ability to both treat and prevent COVID-19, that number has increased to six this year."

This alarming news was published in Spectrum News - formerly known as Time Warner Cable - on August 24, 2021, and should be a lesson to every American.

<https://spectrumnews1.com/ky/louisville/news/2021/08/24/ivermectin-calls-to-kentucky-poison-control-are-up>

The lesson is not about Ivermectin being poisonous because it isn't, but about the pervasiveness of a type of new internet propaganda termed "informational flooding."

[https://dash.harvard.edu/bitstream/handle/1/12274299/Roberts\\_gsas.harvard\\_0084L\\_11469.pdf?sequence=1](https://dash.harvard.edu/bitstream/handle/1/12274299/Roberts_gsas.harvard_0084L_11469.pdf?sequence=1)

In an even more "alarming" report, NPR wrote,

"Minnesota's Poison Control System is dealing with the same problem. According to the department, only one Ivermectin exposure case [telephone call] was reported in July, but in August, the figure jumped to nine."

<https://www.npr.org/sections/coronavirus-live-updates/2021/09/04/1034217306/ivermectin-overdose-exposure-cases-poison-control-centers>

Are you kidding me? Nine telephone calls are enough to make the news? We have 2,213 deaths on August 26 from COVID-19, but these nine telephone calls are enough to make the headlines?

We have a media blackout on how India used cheap Ivermectin to obliterate the Delta variant while we struggle unsuccessfully to sell the public on problematic yet profitable vaccines.

<https://www.zerohedge.com/covid-19/indias-ivermectin-blackout>

The CDC coordinates all 55 poison control centers across the nation, and they are closely aligned with the FDA, which we now know is captured by Big Pharma. more on this later.

<https://www.ncbi.nlm.nih.gov/books/NBK537316/>

Suddenly we see hundreds of articles on so-called "Ivermectin poisoning." Indeed, we see more ARTICLES published than there were TELEPHONE CALLS in August on Ivermectin to poison control centers in the ENTIRE NATION.

NPR reports that during the period January 1 to August 31, there were 1,143 Ivermectin telephone calls to poison control centers which works out to 143 calls per month.

The Mississippi State Department of Health was careful to clarify that although telephone calls to poison control had increased, the vast majority of callers had only mild symptoms, and there were "no hospitalizations due to Ivermectin toxicity."

[https://msdh.ms.gov/msdhsite/\\_static/resources/15400.pdf](https://msdh.ms.gov/msdhsite/_static/resources/15400.pdf)

If you are still left wondering whether there might have been a tiny grain of truth in these articles, consider what was reported in Utah. This alarmist article is entitled, "The Utah Poison Control Center has seen a bump in calls about Ivermectin – which is not recommended for treating COVID-19."

However, inside the article, you will notice the false alarm. The Medical Director of Utah poison control is quoted as admitting that it was only “some small increase” in Ivermectin phone calls, and no one required hospitalization.

<https://www.sltrib.com/news/2021/08/30/utah-poison-control/>

Yet for Utah alone, I counted at least twenty Ivermectin poison control articles, and for the nation, the count was well into the hundreds.

At least one publication made the leap from exaggeration to fabrication. Rolling Stone Magazine published an interview with an Oklahoma osteopathic physician, Dr. Jason McElyea, who claimed that Northeastern Hospital System’s emergency departments were overrun with so many Ivermectin overdoses that gunshot victims were having difficulty getting treatment. Dr. McElyea stated,

“The ERs are so backed up that gunshots victims were having a hard time getting to facilities where they can get definitive care and be treated.”

Multiple networks repeated the story, and it went viral.

<https://kfor.com/news/local/patients-overdosing-on-ivermectin-backing-up-rural-oklahoma-hospitals-ambulances/>

But the report turned out to be false.

Rolling Stone was forced to publish a retraction of sorts, a correction to their report, wherein they stated the truth of the matter was the opposite. Northeastern Hospital System Sequoyah informed them that Dr. Jason McElyea, although affiliated with them, had not worked in the Sallisaw location in the last two months.

Furthermore, in a statement issued September 5, 2021, Northeastern Hospital System Sequoyah reported that no patients had been treated for Ivermectin overdose. Indeed no patients were treated for any complications of taking Ivermectin - and no gunshot wound patients or otherwise had been turned away from seeking emergency care.

It was all untrue. We were all lied to.

<https://www.foxnews.com/media/rolling-stone-forced-issue-update-after-viral-hospital-ivermectin-story-false>

However, you can do your own research. For example, google the news on Ivermectin poisoning articles, and you will find almost all of them were published within the last few weeks. Nothing before then.

<https://trends.google.com/trends/>

Then have a look at the graphs above. Notice the steady increase in google searches on Ivermectin over the past 90 days. Notice these searches originated in ALL 50 STATES. This chart reflects truth and accurately portrays the broad interest of the public.

Contrast this with the abrupt onset of interest in this so-called "Ivermectin poisoning." Does it make sense that only two states have enough searches to register this supposed national problem? Again, this reflects manufactured publicity, a fabricated story. If there were a real problem, one would see corroborating search interest nationally, not only in two isolated spots.

For example, when a physician from Tamil Nadu accused Uttar Pradesh of faking their numbers for political reasons, Juan Chamie, the Cambridge-based data analyst, looked at geographically localized google searches. The interest in oxygen tanks precisely reflected the number of COVID cases the data indicated. Very few searched for oxygen tanks in Uttar Pradesh, where there were few infections. Yet, at the height of their surge, the interest in Tamil Nadu tanks was off the charts and proportional to their COVID hospitalizations. Confirmation.

[https://www.thedesertreview.com/opinion/letters\\_to\\_editor/tamil-nadu-leads-india-in-new-infections-denies-citizens-ivermectin/article\\_32634012-ba66-11eb-9211-ab378d521f9a.html](https://www.thedesertreview.com/opinion/letters_to_editor/tamil-nadu-leads-india-in-new-infections-denies-citizens-ivermectin/article_32634012-ba66-11eb-9211-ab378d521f9a.html)

Here we see the hundreds of articles on Ivermectin poisoning exceeding the relatively tiny number of telephone calls. Moreover, the searches confirmed this was not a genuine problem; it was due to the technique of informational flooding, well known to experts in the science of internet propaganda.

Informational flooding is where the purveyor of the propaganda attempts to out-compete other accessible information to gain the consumers' attention. It is aptly described in this Harvard article entitled, "Fear, Friction, and Flooding: Methods of Online Information Control."

[https://dash.harvard.edu/bitstream/handle/1/12274299/Roberts\\_gsas.harvard\\_0084L\\_11469.pdf?sequence=1](https://dash.harvard.edu/bitstream/handle/1/12274299/Roberts_gsas.harvard_0084L_11469.pdf?sequence=1)

NPR writes this, "Poison control centers are seeing a dramatic surge in calls from people who are self-medicating with ivermectin, an anti-parasite drug for animals..."

On the contrary, Ivermectin is used every day for scabies and is not confined to animals any more than penicillin is purely an animal antibiotic.

We are asked to believe that six telephone calls to poison control about Ivermectin are somehow newsworthy, yet over 100,000 calls to poison control on Tylenol each year are not. Moreover, no one dies of Ivermectin in a typical year, yet Tylenol accounts for 56,000 annual emergency room visits, 2,600 hospitalizations, and almost 500 deaths.

<https://pubmed.ncbi.nlm.nih.gov/15239078/>

The fact that Ivermectin is so much SAFER than over-the-counter Tylenol should make you wonder exactly why these articles made the news. The reason is simple. Pfizer and Merck are getting ready to launch expensive new anti-viral pills that can provide early outpatient treatment for COVID-19 and perhaps even be used preventatively. Yet Ivermectin remains effective, cheap, and safe and thus poses a HUGE threat to their profits.

<https://www.reuters.com/business/healthcare-pharmaceuticals/pfizer-starts-dosing-patients-oral-covid-19-drug-trial-2021-09-01/>

What profits?

Let's say that if Ivermectin costs a few dollars a pill, these new medicines will be one hundred to one thousand times pricier. Merck's Molnupiravir has already been funded to the tune of 1.2 billion by the US government - translated, it means we - our tax dollars - have paid Merck for it already.

<https://www.merck.com/news/merck-announces-supply-agreement-with-u-s-government-for-molnupiravir-an-investigational-oral-antiviral-candidate-for-treatment-of-mild-to-moderate-covid-19/>

By ignoring cheap repurposed drug early outpatient treatments, we have already paid with our lives, in addition to whatever money it has cost us to entice Big Media to publish these hundreds of "hit pieces."

We know early outpatient treatment works for COVID-19, just as early treatment works against cancer, diabetes, glaucoma, hepatitis, and most other diseases. Yet our FDA and NIH, in their infinite wisdom, have asked us to do nothing for early outpatient treatment against COVID-19.

Instead, however, we have repurposed drugs that help enormously. This science was published in the peer-reviewed literature by Dr. Peter McCullough, cardiologist, and Dr. Harvey Risch, an editor for “The International Journal of Cancer.”

<https://pubmed.ncbi.nlm.nih.gov/32771461/>

Merck, more than anyone, knows Ivermectin to be safe as they developed this drug and used it in over three billion doses IN HUMANS in the Mectizan Program to eradicate River Blindness.

[https://www.thedesertreview.com/opinion/letters\\_to\\_editor/merck-sees-the-light---provides-ivermectin-for-humanity/article\\_df5674ee-d530-11eb-98a1-3fc9e8ddc005.html](https://www.thedesertreview.com/opinion/letters_to_editor/merck-sees-the-light---provides-ivermectin-for-humanity/article_df5674ee-d530-11eb-98a1-3fc9e8ddc005.html)

Yet Merck was among the first to cast stones against it. Merck was among the most vocal to denounce their drug regardless of the blood that would inevitably land on their hands. Merck sold us out for precisely 1.2 billion pieces of silver.

<https://www.merck.com/news/merck-statement-on-ivermectin-use-during-the-covid-19-pandemic/>

<https://www.merck.com/news/merck-announces-supply-agreement-with-u-s-government-for-molnupiravir-an-investigational-oral-antiviral-candidate-for-treatment-of-mild-to-moderate-covid-19/>

What is the evidence that Ivermectin is effective in COVID-19, you might ask?

Plenty.

Let us begin with basic science. In the laboratory, after Ivermectin was given to a cell culture teeming with COVID-19 infection, it killed virtually all the virus within 48 hours. There was a 5000 fold reduction in viral load, which translates to a 99.98% pathogen eradication. However, when I wrote my book on cancer, I realized that many drugs that work in the lab may not always work in live patients.

<https://www.amazon.com/Surviving-Cancer-COVID-19-Disease-Repurposed/dp/0998055425>

So you want to ALSO review clinical studies in people. For example, Remdesivir, a favorite of Big Pharma, a failure against Hepatitis and the Respiratory Syncytial Virus, worked in a test tube against Ebola. Still, when they tested it in people, it was a dud – just as many died in the placebo group as the Remdesivir group – about 53%.

So they tested it against COVID-19. A small study with 541 patients getting Remdesivir versus 521 on placebo showed no statistical difference in death and a 24% rate of serious adverse events in Remdesivir; however, against all odds, the FDA approved the drug for emergency use against COVID-19.

<https://www.nejm.org/doi/full/10.1056/nejmoa2007764>

To add insult to injury, the WHO later completed another study in which Remdesivir failed miserably and failed to reduce death in COVID. Dr. Ilan Schwartz made it clear, “This puts the issue to rest – there is certainly no mortality benefit (from Remdesivir).”

<https://www.nytimes.com/2020/10/15/health/coronavirus-remdesivir-who.html>

Yet, the FDA did not revoke their Emergency Use Authorization for some strange reason, and they have maintained Remdesivir as their “go-to” drug. You can bet the majority of our 648,000 Americans who died from COVID-19 first received a dose of Remdesivir – at an average of \$3,100 a pop – because it was on the protocol. We cannot expect a small thing, like the drug doesn’t work, to subtract from our FDA’s absolute prerogative to decide what is best for us – and what drugs we should purchase with our hard-earned health care dollars.

<https://www.npr.org/sections/health-shots/2020/06/29/884648842/remdesivir-priced-at-more-than-3-100-for-a-course-of-treatment>

<https://www.nytimes.com/2020/10/15/health/coronavirus-remdesivir-who.html>

The story on Ivermectin, thankfully, is quite the opposite of Remdesivir’s abject failure. Ivermectin has been a resounding success. It not only worked in the lab, it spectacularly reduced death in the living, and it worked early in the disease and late in the disease, often rescuing patients from ventilators and the jaws of death. It even performed before the infection began by effectively preventing it and nicely stopping viral transmission. And it was safe without serious adverse effects. In short, God Himself could not have given us a better tool to eradicate this disease.

We now have 63 and counting studies involving some 26,000 patients showing up to a 96% reduction in death associated with Ivermectin.

<https://ivmmeta.com/>

We have many peer-reviewed medical journal publications showing significant reductions in mortality associated with Ivermectin use. The meta-analyses are considered the highest form of medical evidence and even outweigh the randomized double-blinded placebo-controlled trial. Thus, the meta-analysis is regarded as the holy grail of medical research. We have two influential such publications authored by Drs. Tess Lawrie and Andrew Hill, British W.H.O. consultants. Both strongly show Ivermectin reduces death in COVID-19.

<https://academic.oup.com/ofid/advance-article/doi/10.1093/ofid/ofab358/6316214>

<https://pubmed.ncbi.nlm.nih.gov/34145166/>

Dr. Pierre Kory also published a review:

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8088823/>

Dr. Pierre Kory and his group, the FLCCC, have recently published another comprehensive review, which updates the Ivermectin data to current as of August 29, 2021. This incorporates all the relevant evidence and is best described as the “the totality of the evidence for Ivermectin in COVID-19.”

<https://covid19criticalcare.com/wp-content/uploads/2021/08/SUMMARY-OF-THE-EVIDENCE-BASE-FINAL.pdf>

Dr. Peter McCullough published via preprint yet another review, and all of these strongly showed the drug to be safe and effective against COVID-19.

<https://www.medrxiv.org/content/10.1101/2021.07.06.21259924v1>

We have real-world experience from numerous countries, including Mexico, Slovakia, Bulgaria, and India that adopted Ivermectin and saw their COVID cases evaporate.

<https://www.amazon.com/Ivermectin-World-Justus-R-Hope/dp/1737415909>

We saw the real-world experiences of Drs. George Fareed and Brian Tyson from California's Imperial Valley in saving 99.9 % of their 6,000 patients using a cocktail that included Ivermectin.

[https://www.thedesertreview.com/health/local-frontline-doctors-modify-covid-treatment-based-on-results/article\\_9cdded9e-962f-11eb-a59a-f3e1151e98c3.html](https://www.thedesertreview.com/health/local-frontline-doctors-modify-covid-treatment-based-on-results/article_9cdded9e-962f-11eb-a59a-f3e1151e98c3.html)



[https://www.thedesertreview.com/news/national/doctors-story-of-light-and-life-the-covid-19-darkness-overcome-part-iv/article\\_8daf8108-f6cd-11eb-9dba-8b0e15963a30.html](https://www.thedesertreview.com/news/national/doctors-story-of-light-and-life-the-covid-19-darkness-overcome-part-iv/article_8daf8108-f6cd-11eb-9dba-8b0e15963a30.html)

Beyond all the scientific evidence, we have plain common sense. Ralph Lorigo is an attorney who has won numerous court orders for Ivermectin for dying COVID patients on ventilators. In nearly every case, after the Ivermectin, they rapidly improved. Most recovered and went home. Many were able to go off the ventilator within 24 hours of the Ivermectin dose.

[https://www.thedesertreview.com/opinion/letters\\_to\\_editor/ivermectin-wins-in-court-again-for-human-rights/article\\_98d26958-a13a-11eb-a698-37c06f632875.html](https://www.thedesertreview.com/opinion/letters_to_editor/ivermectin-wins-in-court-again-for-human-rights/article_98d26958-a13a-11eb-a698-37c06f632875.html)

If Ivermectin did not work, as our trusted agencies continue to advise us, why would this occur? Why would these patients so consistently respond to a drug they advise against? Are Lorigo's cases just lucky, or might the obvious be true? Always use common sense when the government tells you the science is "too complicated" for you to understand or that all their paid experts agree it doesn't work. Perhaps the question you should ask is not whether Ivermectin works but how much they are paying their experts.

We have watched the movement on Ivermectin proceed with steadily increasing global attention on google searches - in sharp contrast to the concocted ad hoc PR campaign hastily crafted in August by Big Pharma on these laughable poison control stories.

When will the next expensive, toxic and ineffective drug be forced upon us? We should be on high alert that more propaganda is coming our way. If we haven't seen enough horse and cow articles or enough "Public Service Messages" to get the vaccine, soon we may hear that some fancy new pill that claims to do what Ivermectin already does is finally "approved" by the FDA.

Soon we may be allowed to take a medicine that may work against COVID-19. But unless it contains Ivermectin in some form, don't count on it being effective – or safe.

And don't believe they will ever approve Ivermectin. Over the last two months, the large pharmacy chains have started to refuse to fill valid physician prescriptions. Although they continue dispensing it for scabies, many refuse to fill it for anything else. The drug is not dangerous as no one with scabies is calling the hotline.

It is more than 100 times safer than Tylenol, judging by telephone calls to poison control. And it is almost as cheap. And its effectiveness against COVID-19 is without parallel. For example, on August 30, 2021, in India in the State of Uttar Pradesh, there were only 23 new cases of COVID-19 out of a population of 240 million people. That is about one case per ten million.

[https://www.thedesertreview.com/opinion/columnists/indias-ivermectin-blackout---part-iv-keralas-vaccinated-surge/article\\_8a8c481c-09d3-11ec-a51c-fb063e1a3e3b.html](https://www.thedesertreview.com/opinion/columnists/indias-ivermectin-blackout---part-iv-keralas-vaccinated-surge/article_8a8c481c-09d3-11ec-a51c-fb063e1a3e3b.html)

On the same day, in the United States, we saw 280,403 cases or about one new case per thousand people. The difference between one per ten million and one per thousand is 10,000. Here in the United States, we are ten thousand times MORE LIKELY to get sick with the Delta variant. Uttar Pradesh WIDELY USES IVERMECTIN. The US does not.

The United States demonizes it in their media, pressures their pharmacists to NOT dispense it, and threatens doctors who do.

Regulatory Capture is the reason why, says Dr. Pierre Kory. See mark 14:35 and 16:00.

<https://youtu.be/0GAI8MI328>

It boils down to plain old corruption. It is when the prison guard is paid to look the other way when someone is being knifed, or a drug deal is being made. It is when Big Tobacco sends a US Senator to the Cayman Islands to go snorkeling in exchange for voting against a law taxing cigarettes. It is when ten out of eleven physician panel members vote against approving a \$56,000 a year questionably effective and toxic Alzheimer's drug, yet the drug gets FDA approved anyway.

<https://www.npr.org/2021/06/11/1005567149/3-experts-have-resigned-from-an-fda-committee-over-alzheimers-drug-approval>

It is when a cheap repurposed drug that could end the pandemic - if widely used as prevention in all contacts - gets thrown under the bus to pave the way for Molnupiravir. It is when two Senate Hearings on early outpatient treatment are ignored to promote profit at the cost of 648 thousand American lives.

[https://www.thedesertreview.com/opinion/letters\\_to\\_editor/youtube-censors-the-senate-the-canary-in-our-coal-mine/article\\_0a5154ee-6640-11eb-b853-13264cd8c1a0.html](https://www.thedesertreview.com/opinion/letters_to_editor/youtube-censors-the-senate-the-canary-in-our-coal-mine/article_0a5154ee-6640-11eb-b853-13264cd8c1a0.html)

We may not be able to do much about poisonous informational flooding, but we can all recognize it when it occurs by the sheer number of copycat stories. We can usually see who or what is behind it and boycott those groups UNLESS it is our own government agency, in which case we need to vote for some different people who will reform it. Like Henry Waxman reformed Big Tobacco, someone needs to reform our agencies before we lose more American lives.

Until we end the Regulatory Capture of the US Food and Drug Administration and its Big Brother, Centers for Disease Control, we can continue to expect more of the same: expensive, dangerous, and marginally effective drug approvals. And a smokescreen on anything cheap that actually works.

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