

**Covid Early Treatments**  
**Short Summary of Supporting Literature and Websites:**

**BIRD:** [www.bird-group.org](http://www.bird-group.org) (British Ivermectin Recommendation Development-Dr Tess Lawrie)

**FLCCC:** [www.covid19criticalcare.com](http://www.covid19criticalcare.com) (Front Line COVID-19 Critical Care Alliance)

**AAPS:** [www.aapsonline.org](http://www.aapsonline.org) (American Association of Physicians and Surgeons)

**Peer Reviewed Articles on Early Effective Outpatient Treatment of COVID-19**

*The Lancet*, April 2021: Researchers at the University of Oxford published a randomized controlled trial demonstrating a 91% reduction in urgent care visits, emergency room evaluations and hospital admissions, when COVID-19 patients received inhaled budesonide. Treatment with metered-dose budesonide, 800 mcg bid, began on average 3 days after symptom onset. [https://www.thelancet.com/journals/lanres/article/PIIS2213-2600\(21\)00160-0/fulltext](https://www.thelancet.com/journals/lanres/article/PIIS2213-2600(21)00160-0/fulltext)

*Reviews in Cardiovascular Medicine* December 2020, with 54 physician and scientist co-authors who have treated approximately 70,000 COVID patients: The treatment protocol referred to as "sequential multidrug therapy." <https://rcm.imrpess.com/EN/10.31083/j.rcm.2020.04.264>

*Travel Medicine and Infectious Disease*, October 2020: 717 consecutive patients, age 40 years or older who were seen in emergency rooms in Brazil. Early, at-home treatment with appropriate antiviral and anti-inflammatory drugs reduced hospitalization risk by 50% - 60% and mortality risk by 78%. <https://www.sciencedirect.com/science/article/pii/S1477893920304026?via%3Dihub>

*American Journal of Therapeutics*, May 2021: Meta-analysis in the of 18 randomized controlled treatment trials of ivermectin found large, statistically significant reductions in mortality and time to recovery. They also reported that numerous prophylaxis trials showed reduced risks of contracting COVID-19 with the use of ivermectin. Finally, they observed that government-sponsored ivermectin distribution campaigns have led to rapid population-wide decreases in morbidity and mortality. [https://journals.lww.com/americantherapeutics/fulltext/2021/06000/review\\_of\\_the\\_emerging\\_evidence\\_demonstrating\\_the.4.aspx](https://journals.lww.com/americantherapeutics/fulltext/2021/06000/review_of_the_emerging_evidence_demonstrating_the.4.aspx)

*International Journal of Antimicrobial Agents*, October 2020, Drs. Derwand, Scholz and Zelenko published a study of 141 COVID-19 patients in the, demonstrating an 83% reduction in hospitalization and 80% reduction in deaths when treated with zinc plus low-dose hydroxychloroquine and azithromycin. <https://www.sciencedirect.com/science/article/pii/S0924857920304258?via%3Dihub>

*International Immunopharmacology*, April 2021:, Iranian investigators reported that 7,295 patients with COVID-19 who received hydroxychloroquine within 3-7 days of symptom onset benefited with 38% reduced odds of hospitalization and 73% reduced odds of death. <https://www.sciencedirect.com/science/article/pii/S1567576921002721?via%3Dihub>

\*Latest pre-print study by Professor Thomas Borody, Professor Peter McCullough, Professor Robert Clancy, Sabine Hazan. <https://www.medrxiv.org/content/10.1101/2021.07.06.21259924v1>

**NOTE: Other studies have claimed to demonstrate that the strategies are ineffective; however, such negative studies almost invariably suffer from fatal flaws. These include:**

1. The failure to recognize that COVID-19 progresses through stages. Negative studies have ignored the fact that different medicines in different dosages are needed at different stages.
2. Most such studies have used only a single drug, whereas effective early outpatient therapy requires a multidrug approach. Effective combinations include such agents as hydroxychloroquine, ivermectin, azithromycin or doxycycline, and zinc as well as other antivirals, anti-inflammatories such as budesonide, and anti-thrombotics.
3. The targeting of inappropriate populations at little to no risk of dying from COVID-19, therefore ensuring there would be no signals of efficacy for any of the therapies.