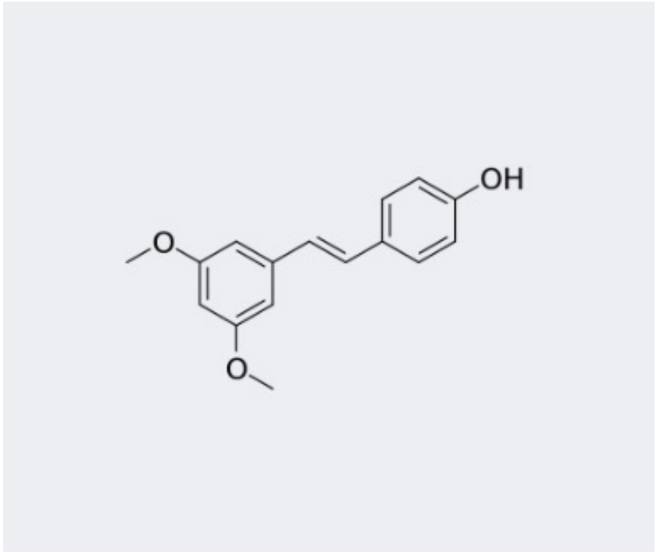
# I-RECOVER Post Vaccine Syndrome Protocol

Dr. Paul Marik

Updates: November 2, 2022

# Pterostilbene




- Plant flavonoid similar to resveratrol in biological properties
- More oil-soluble than resveratrol
- Increased absorption and cellular uptake, reduced rate of elimination from the body
- Has seven times the half-life of resveratrol and greater bioactivity in reducing the effects of oxidative stress
- We, therefore, suggest a “high quality” combination supplement with resveratrol and quercetin and ideally also containing pterostilbene

FLCCC
ALLIANCE

# Methylene Blue


- Induces mitophagy (mitochondrial autophagy)
- Has anti-inflammatory, antioxidant, neuroprotective, and antiviral properties
- High bioavailability to the brain
- MB and photobiomodulation have similar beneficial effects on mitochondrial function, oxidative damage, and inflammation
- Purchase high-quality powder and formulate an orally administered 1% methylene blue solution

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# Magnesium


- At least 11 different types of magnesium can be taken in supplement form with varying bioavailability
- Generally, organic salts have higher solubility than inorganic salts and have greater bioavailability
- Suggested starting dose of 100-200 mg daily, increasing as tolerated to 300-400 mg daily

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# Sunlight and Photobiomodulation

- Sunlight has great therapeutic powers — in 1918 influenza pandemic, “open-air treatment” appeared to be the most effective treatment for seriously ill patients
- Stimulates vitamin D synthesis, acts as a mitochondrial stimulant, and increases ATP production
- Expose yourself to about 30 mins of midday sunshine at least 3 times a week — e.g. a brisk midday walk
- Those who wish to avoid UV radiation exposure can expose themselves to red and NIR radiation emitted from LED panels

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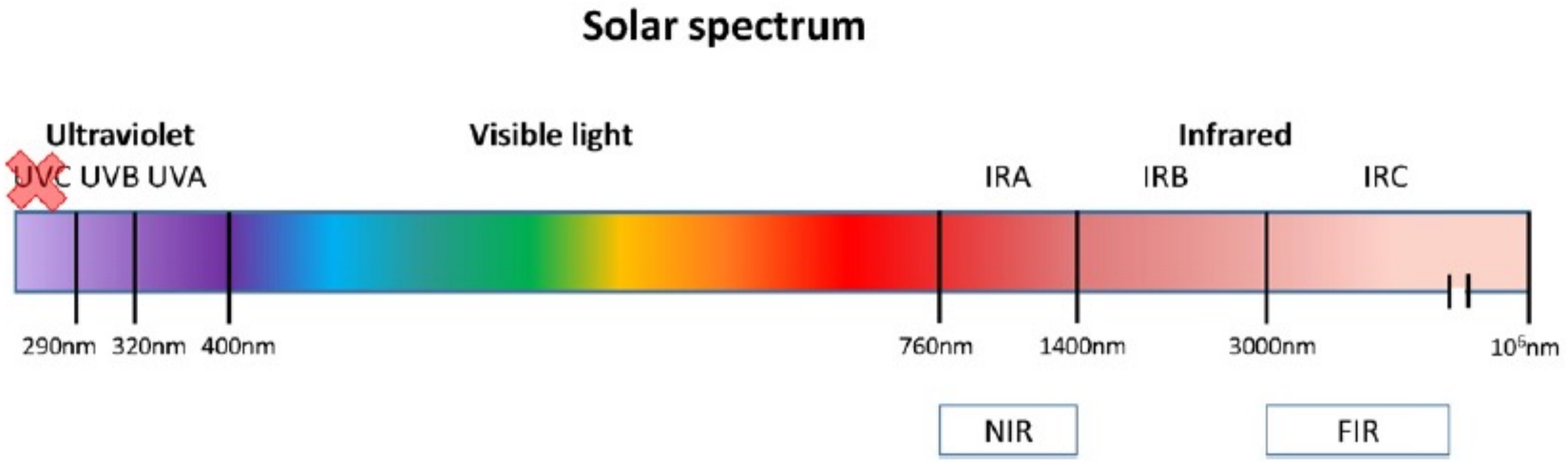
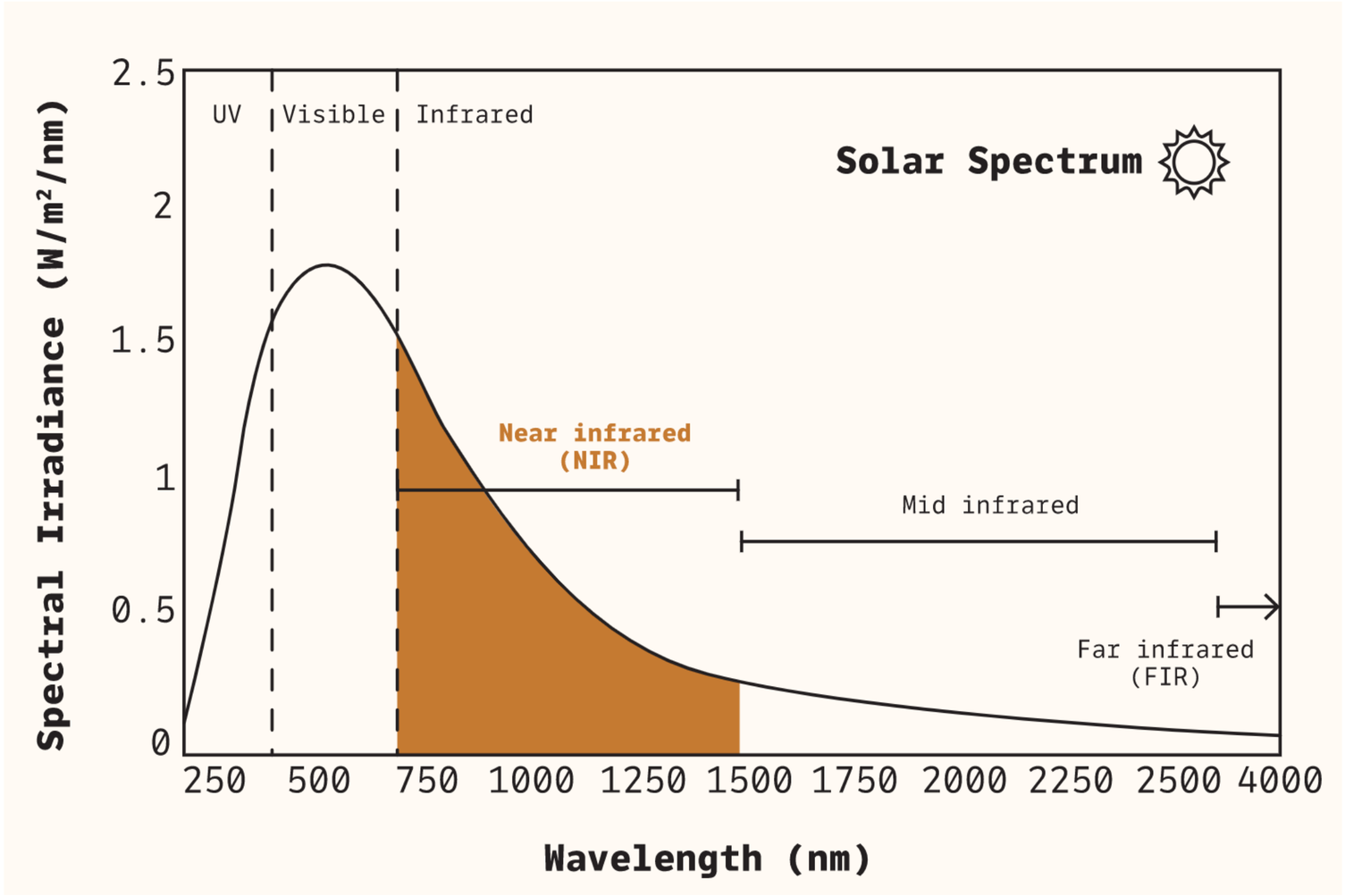
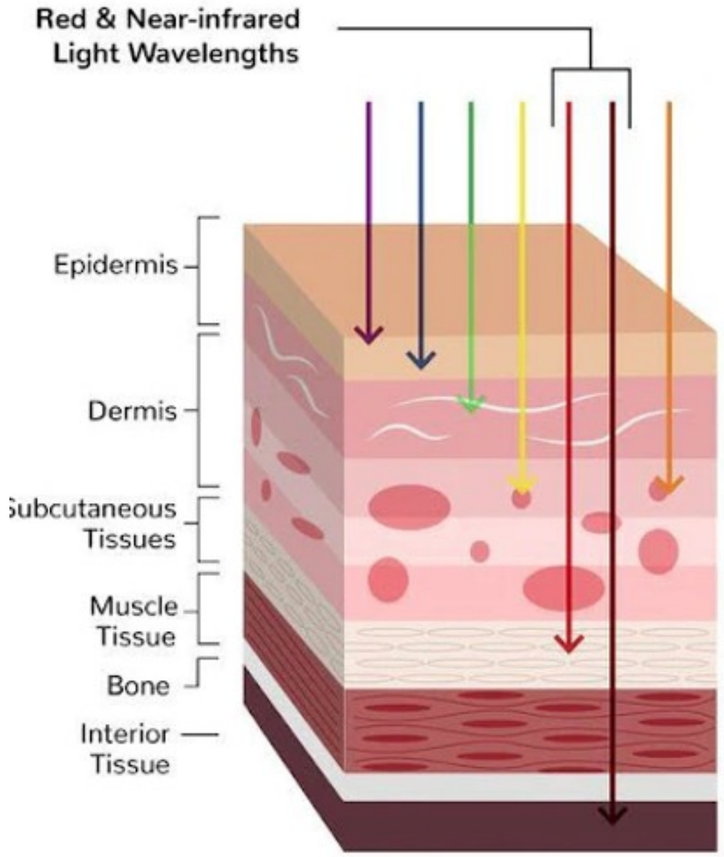
# Solar spectrum



# Solar spectrum



# Penetration of different wavelengths




NIR-A has the deepest penetration into tissue of all wavelengths of sunlight, up to 23cm (9 inches)

# Benefits of Red/IR Light

- Increases mitochondrial ATP production
- Increases HSP
- Activates cell stress response
- Increases autophagy
- Anti-inflammatory
- Wound healing
- Increases human growth factor
- “Detoxification”

# Near IR Sauna

# Far IR Sauna

# ACTIV-6 & New COVID-19 Variants

**Dr. Pierre Kory Overview**

**November 2, 2022**

# National Institutes Of Health ACTIV-6 Trial Studying Ivermectin

Research

JAMA | Original Investigation

## Effect of Ivermectin vs Placebo on Time to Sustained Recovery in Outpatients With Mild to Moderate COVID-19
### A Randomized Clinical Trial

Susanna Naggie, MD, MHS; David R. Boulware, MD, MPH; Christopher J. Lindsell, PhD; Thomas G. Stewart, PhD; Nina Gentile, MD; Sean Collins, MD, MSci; Matthew William McCarthy, MD; Dushyantha Jayaweera, MD; Mario Castro, MD, MPH; Mark Sulkowski, MD; Kathleen McTigue, MD, MPH, MS; Florence Thicklin; G. Michael Felker, MD, MHS; Adit A. Ginde, MD, MPH; Carolyn T. Bramante, MD, MPH; Alex J. Slandzicki, MD; Ahab Gabriel, MD; Nirav S. Shah, MD, MPH; Leslie A. Lenert, MD, MS; Sarah E. Dunsmore, PhD; Stacey J. Adam, PhD; Allison DeLong, BS; George Hanna, MD; April Remaly, BA; Rhonda Wilder, MS; Sybil Wilson, RN; Elizabeth Shenkman, PhD; Adrian F. Hernandez, MD, MHS; for the Accelerating COVID-19 Therapeutic Interventions and Vaccines (ACTIV-6) Study Group and Investigators

REPORTS & MULTIMEDIA / FEATURE

# The Disinformation Playbook

## How Business Interests Deceive, Misinform, and Buy Influence at the Expense of Public Health and Safety

Published Oct 10, 2017 | Updated May 18, 2018

# ACTIV-6: Only Understood Within Context of a *Pharma Disinformation Campaign*

Ivermectin threatens a market in the hundreds of $Billions for vaccines and competing patented pharmaceutical products.

Pharma Disinformation campaigns are routinely employed to address such threats (see HCQ in 2020).

- Disinformation is done through the control of what are called "**high-impact medical journals**"
- The high-impact journals have **rejected dozens of positive trials** for ivermectin (9/16/20 Substack)
- The high impact medical journals have only published trials with **non-statistically significant benefits**
- The high impact medical journals publish "**counterfeit science**," the most provable example is ACTIV-6
  - Problem: ACTIV-6 found a highly statistically significant effect of ivermectin.
  - They manipulated and buried these data to find "ineffectiveness."
  - JAMA was happy to ignore these manipulations and publish the study

# Trials Such as ACTIV-6 Propel Major Media Disinformation Narratives Against Ivermectin

- "Standard doses cannot achieve effective anti-viral blood concentration in humans" – **FALSE**
- "Trials showing effectiveness were all low quality and cannot be trusted to guide policy" – **FALSE**
- "Trials showing effectiveness were all too small and cannot be trusted to guide policy" – **FALSE**
- "Trials showing effectiveness were all done in countries with endemic parasites" – FALSE
- "Trials showing effectiveness were fraudulent or suspected of fraudulence or were retracted" – **FALSE**
- "Large, rigorous, high-quality trials instead found ivermectin to be ineffective" – **FALSE**

# ALL TRIAL RESULTS ARE INTERPRETED IN THE CONTEXT OF WHAT IS ALREADY KNOWN

## Ivermectin for COVID-19

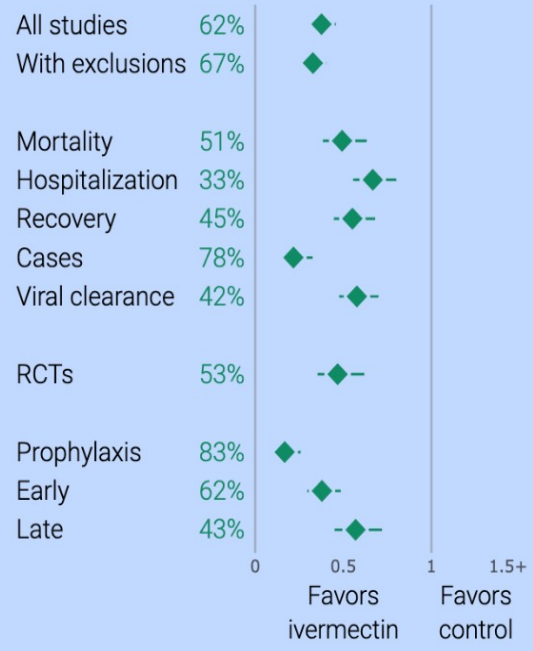
**93 studies from 1,014 scientists**
**134,223 patients in 27 countries**

Statistically significant improvement for **mortality**, **ventilation**, **ICU**, **hospitalization**, **recovery**, **cases**, and **viral clearance**.

**83%, 62%, 43%** improvement for prophylaxis, early, and late treatment CI [74-89%], [51-70%], [28-55%]

**53%** improvement in **43 RCTs** CI [38-65%]
**51%** lower **mortality** from **48** studies CI [37-62%]

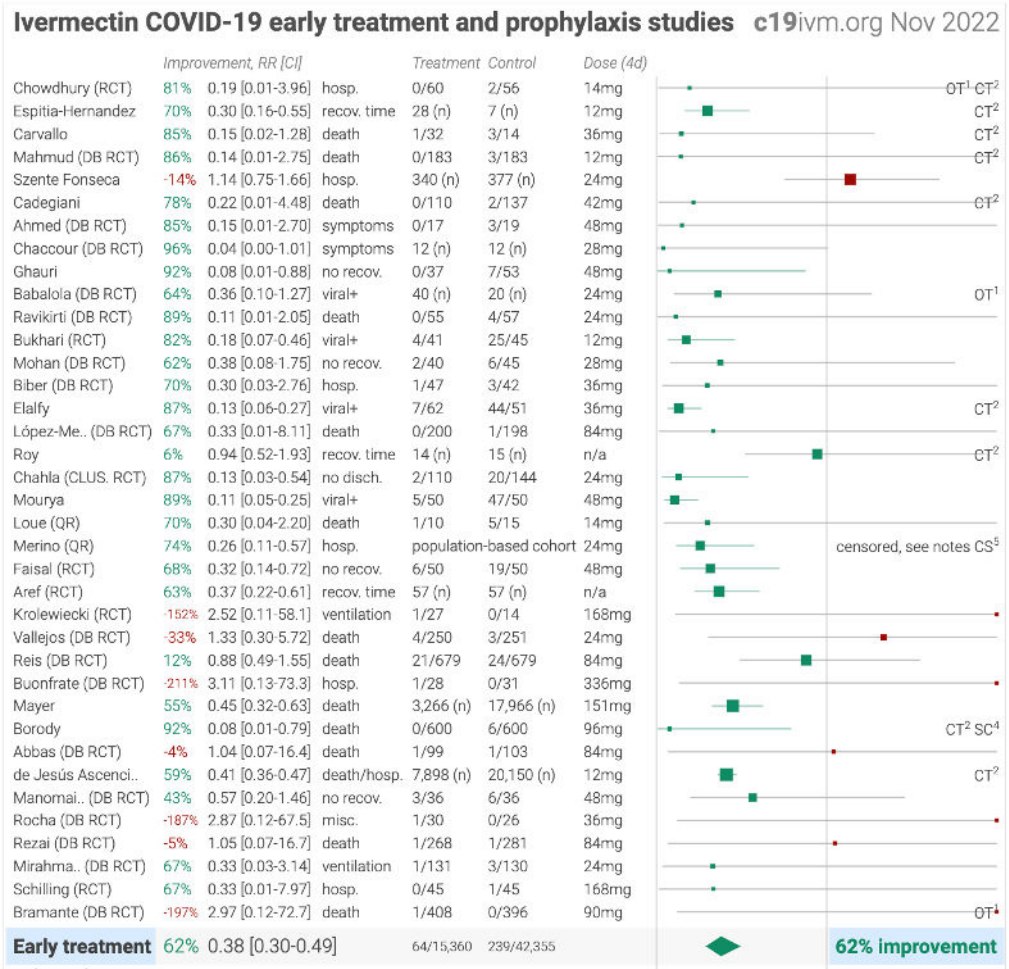
COVID-19 IVERMECTIN STUDIES. NOV 2022. IVMMETA.COM

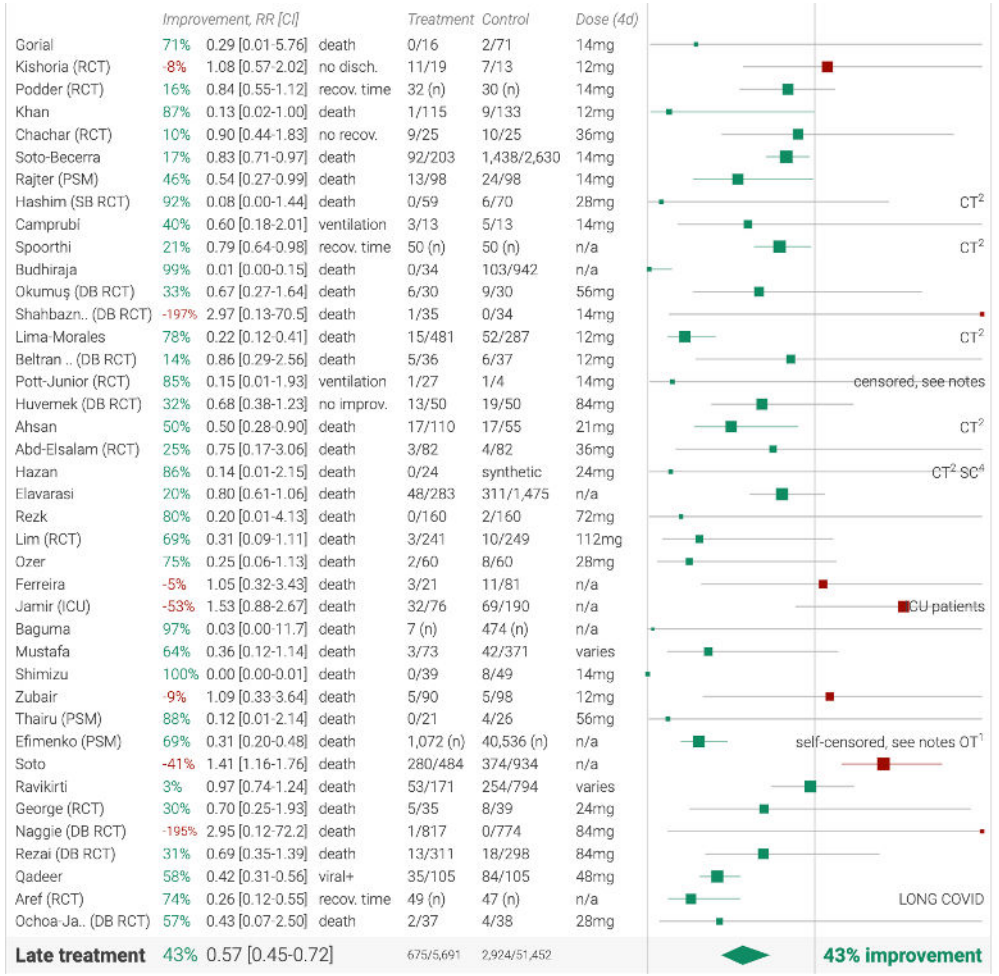



| | Improvement, RR [CI] | | | Treatment | Control | Dose (4d) | |
|---|---|---|---|---|---|---|---|
| Gorial | 71% | 0.29 [0.01-5.76] | no recov. | 0/16 | 2/71 | 14mg | |
| Kishoria (RCT) | -8% | 1.08 [0.57-2.02] | no disch. | 11/19 | 7/13 | 12mg | |
| Podder (RCT) | 16% | 0.84 [0.55-1.12] | recov. time | 32 (n) | 30 (n) | 14mg | |
| Khan | 87% | 0.13 [0.02-1.00] | no recov. | 1/115 | 9/133 | 12mg | |
| Chachar (RCT) | 10% | 0.90 [0.44-1.83] | no recov. | 9/25 | 10/25 | 36mg | |
| Hashim (SB RCT) | 41% | 0.59 [0.46-0.77] | recov. time | 70 (n) | 70 (n) | 28mg | $CT^2$ |
| Spoorthi | 21% | 0.79 [0.64-0.98] | recov. time | 50 (n) | 50 (n) | n/a | $CT^2$ |
| Shahbazn.. (DB RCT) | 32% | 0.68 [0.47-1.00] | recov. time | 35 (n) | 34 (n) | 14mg | |
| Lima-Morales | 59% | 0.41 [0.30-0.55] | no recov. | 75/481 | 118/287 | 12mg | $CT^2$ |
| Beltran .. (DB RCT) | -37% | 1.37 [0.33-5.70] | no disch. | 4/36 | 3/37 | 12mg | |
| Rezk | 33% | 0.67 [0.35-1.27] | no recov. | 14/145 | 20/138 | 72mg | |
| Lim (RCT) | -2% | 1.02 [0.85-1.23] | no recov. | 116/241 | 116/247 | 112mg | |
| Thairu (PSM) | 55% | 0.45 [0.31-0.67] | no disch. | 61 (n) | 26 (n) | 56mg | |
| George (RCT) | 19% | 0.81 [0.52-1.27] | recov. time | 35 (n) | 39 (n) | 24mg | |
| Naggie (DB RCT) | 24% | 0.76 [0.55-1.00] | clin. ord. | 817 (n) | 774 (n) | 84mg | |
| Rezai (DB RCT) | 24% | 0.76 [0.60-0.96] | no recov. | 311 (n) | 298 (n) | 84mg | |
| Aref (RCT) | 74% | 0.26 [0.12-0.55] | recov. time | 49 (n) | 47 (n) | n/a | LONG COVID |
| **Late treatment** | 32% | 0.68 [0.57-0.82] | | 230/2,538 | 285/2,319 | | **32% improvement** |

$Tau^2 = 0.08$, $I^2 = 70.6\%$, $p < 0.0001$

- Ivermectin has the largest evidence base for an “unproven drug” in history. Never has such an example existed, unless you count HCQ
- High quality vs low quality grades are arbitrary – no evidence they reach different conclusions



# PHARMA's "Big Five": The 5 Trials Published In High Impact Medical Journals (out of 93)..

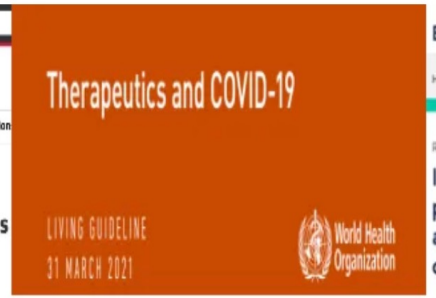
## *All launched media firestorms against ivermectin*

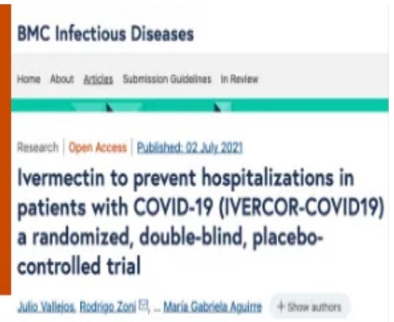
Original Investigation

March 4, 2021

**Effect of Ivermectin on Time to Resolution of Symptoms Among Adults With Mild COVID-19**

A Randomized Clinical Trial



BMC Infectious Diseases

Research | Open Access | Published: 02 July 2021

**Ivermectin to prevent hospitalizations in patients with COVID-19 (IVERCOR-COVID19) a randomized, double-blind, placebo-controlled trial**

Original Investigation

February 18, 2022

**Efficacy of Ivermectin Treatment on Disease Progression Among Adults With Mild to Moderate COVID-19 and Comorbidities**

The I-TECH Randomized Clinical Trial

Steven Chee Loon Lim, MRCP[1]; Chee Peng Hor, MSc[2,3]; Kim Heng Tay, MRCP[4]; et al

Author Affiliations | Article Information

*JAMA Intern Med.* 2022;182(4):426-435. doi:10.1001/jamainternmed.2022.0189

The NEW ENGLAND JOURNAL of MEDICINE

FREE

Effect of Early Treatment with Ivermectin among Patients with Covid-19

Research

JAMA | Original Investigation

**Effect of Ivermectin vs Placebo on Time to Sustained Recovery in Outpatients With Mild to Moderate COVID-19**

A Randomized Clinical Trial

Susanna Naggie, MD, MHS; David R. Boulware, MD, MPH; Christopher J. Lindsell, PhD; Thomas G. Stewart, PhD; Nina Gentile, MD; Sean Collins, MD, MSci; Matthew William McCarthy, MD; Dushyantha Jayaweera, MD; Mario Castro, MD, MPH; Mark Sulkowski, MD; Kathleen McTigue, MD, MPH, MS; Florence Thicklin; G. Michael Felker, MD, MHS; Adit A. Ginde, MD, MPH; Carolyn T. Bramante, MD, MPH; Alex J. Slandzicki, MD; Ahab Gabriel, MD; Nirav S. Shah, MD, MPH; Leslie A. Lenert, MD, MS; Sarah E. Dunsmore, PhD; Stacey J. Adam, PhD; Allison DeLong, BS; George Hanna, MD; April Remaly, BA; Rhonda Wilder, MS; Sybil Wilson, RN; Elizabeth Shenkman, PhD; Adrian F. Hernandez, MD, MHS; for the Accelerating COVID-19 Therapeutic Interventions and Vaccines (ACTIV-6) Study Group and Investigators

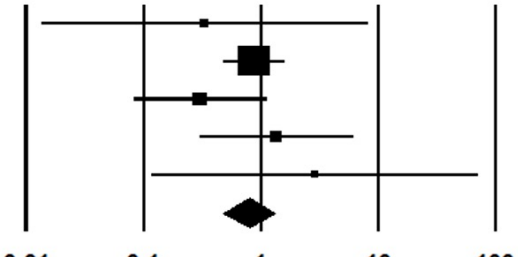
# The Big 5 – "High-quality," "Rigorous" Trials

- These were the only trials where the investigators all had severe conflicts of interest with the Pharmaceutical Industry or the NIH (same thing)
- These were the only trials that employed a maximum dose
- These trials all allowed many more days from first symptoms than the trials testing Paxlovid or Molnupiravir
- These trials all limited the dose and duration despite knowing there was a dose responsiveness in terms of efficacy
- These were the only trials published in high-impact medical journals
- These were the only trials that generated a media-firestorm of negativity to ivermectin

# FUN FACT: Meta-Analysis of the Big 5

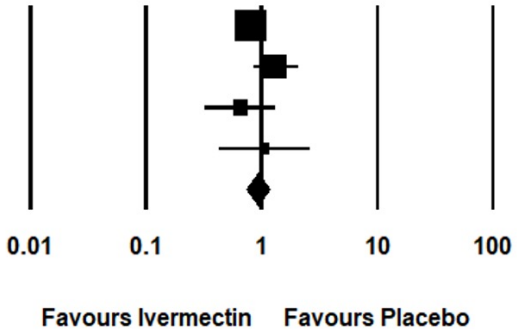
## Mortality

| Study name | Odds ratio | Lower limit | Upper limit | Z-Value | p-Value | Ivermectin Dead / Total | Control Dead / Total |
|---|---|---|---|---|---|---|---|
| Lopez-Medina | 0.328 | 0.013 | 8.109 | -0.681 | 0.496 | 0 / 200 | 1 / 198 |
| Reis | 0.871 | 0.480 | 1.580 | -0.454 | 0.649 | 21 / 679 | 24 / 679 |
| Lim | 0.301 | 0.082 | 1.108 | -1.805 | 0.071 | 3 / 241 | 10 / 249 |
| Vallejos | 1.344 | 0.298 | 6.068 | 0.385 | 0.701 | 4 / 250 | 3 / 251 |
| Naggie | 2.846 | 0.116 | 69.960 | 0.640 | 0.522 | 1 / 817 | 0 / 774 |
| | 0.786 | 0.478 | 1.293 | -0.948 | 0.343 | | |




## Hospitalization

| Study name | Odds ratio | Lower limit | Upper limit | Z-Value | p-Value | Ivermectin Hospi / Total | Control Hospi / Total |
|---|---|---|---|---|---|---|---|
| Reis | 0.809 | 0.588 | 1.114 | -1.297 | 0.194 | 79 / 679 | 95 / 679 |
| Lim | 1.318 | 0.841 | 2.066 | 1.204 | 0.229 | 52 / 241 | 43 / 249 |
| Vallejos | 0.650 | 0.323 | 1.309 | -1.207 | 0.227 | 14 / 250 | 21 / 251 |
| Naggie | 1.053 | 0.426 | 2.606 | 0.112 | 0.911 | 10 / 817 | 9 / 774 |
| | 0.919 | 0.726 | 1.163 | -0.703 | 0.482 | | |




Meta Analysis

# ACTIV-6 – The most brazen example of scientific fraud amongst the Big 5 trials

- This trial was written up claiming ivermectin to be ineffective
- This trial was presented with the conclusion that ivermectin is ineffective
- The media generated yet another firestorm of negative articles about ivermectin (the main purpose of the trial – Pharma does this)
- **REALITY:** this was a profoundly positive trial showing statistically significant improvements in the main outcome.
  - This shocked the investigators and their funders (Fauci/Pharma) because it was a trial they purposely designed and conducted to fail. Instead, ***they failed***.
  - In this talk I will take you through the manipulations, obfuscations, and mis-leading presentations by the investigators and journal (JAMA) in order to hide the fact the **trial data showed ivermectin worked**

# The First "Tell" Of Scientific Fraud

- The longer you wait to enroll patients in an acute viral syndrome model.. The less likely the medicine will have impact
- Pfizer Paxlovid trial within 3 days from first symptoms
- Merck Molnupiravir trial a median of 2 days from first symptoms (25,000 patients)
- Ivermectin Trials:
  - Lopez Medina – 7 days from symptoms
  - TOGETHER - 7 days from first symptoms
  - Vallejos- 7 days from first symptoms. Rx began > 7 days for 74 patients
  - ACTIV-6 – 7 days from first symptoms. Rx began > 8 days for 25% of patients
  - PRINCIPLE trial – up to 14 days (changed from an initial 7 days )

# ACTIV-6 Trial: Experience of One Study Subject: *Do Your Own Research Substack*, Alexandros Marinos

- Feb 17, 2022 (Thursday) - Felt tired p.m.
- Day 1 - Feb 18, 2022 (Friday) - Woke up feeling fine, by that afternoon had a cough and tickle in throat. (Later defined as first day of symptoms.)
- Feb 19, 2022 (Saturday) - Woke up feeling worse than day prior. By dinner was in bed and feverish.
- Feb 20, 2022 (Sunday) - Was the worst day. Bed ridden with fever and body aches.
- Feb 21. 2022 (Monday) - Took a RAT [*ed: rapid antigen test*] out of curiosity. It indicated positive almost instantly.
- Feb 22, 2022 (Tuesday) - Nothing.
- Day 6 - Feb 23, 2022 (Wednesday) - Signed up online to be contacted. I specified Ivermectin
- Feb 24, 2022 (Thursday) - Received consent documentation. I spoke with the trial people for screening. They asked if I had a preference between IVM and fluvoxamine, I said I preferred IVM. Was enrolled into that after answering some questions about basic health and any other medications I may be taking. Incidentally lost sense of smell on same day, but fever and aches were gone. Cough was improving.
- Day 8 - Feb 25, 2022 (Friday) - Got enrollment questionnaire.
- Feb 26, 2022 (Saturday) - Nothing.
- Feb 27, 2022 (Sunday) - Nothing.
- Day 11 - Feb 28, 2022 (Monday) - First daily check-in. Medicine filled & shipped.
- Day 12 - Mar 1, 2022 (Tuesday) - Meds arrived. Daily check-in.
- Mar 13, 2022 (Sunday) - Last daily check-in.
- Mar 28, 2022 (Monday) - Last weekly check-in.
- May 29, 2022 (Sunday) - Last long-term check-in.

# ACTIV-6 Trial – Decisions Designed to Ensure Ivermectin's Efficacy Did Not Reach Statistical Significance

- They copied the same dose limiting tactics from the other ”rigorous” trials
  - Invented a weight limit beyond which all patients got the same dose. That limit was 198 pounds. In the United States of Obesity
  - Resulted in the highest risk patients being underdosed (the obese)
  - 40% of subjects were over this weight limit
  - Compared to FLCCC dosing at the time, limiting the dose and duration resulted in 60% less ivermectin than an FLCCC doctor would have given in treating a patient. Also, the FLCCC has never used monotherapy. No early treatment doctor has.
  - If you don't think these decisions were made on purpose, I have a bridge to sell you

# ACTIV-6 – How They Manipulated The Presentation of Data to Find Ivermectin Ineffective

Primary Outcome Measures:

1. Number of hospitalizations as measured by patient reports.
   [ Time Frame: Up to ~~14~~ 28 days ]

2. Number of deaths as measured by patient reports
   [ Time Frame: Up to ~~14~~ 28 days ]

3. Number of symptoms as measured by patient reports
   [ Time Frame: Up to ~~14~~ 28 days ]

# ACTIV-6 – How They Manipulated The Presentation of Data to Find Ivermectin Ineffective

| | OR (CrI)[a] | Posterior P(efficacy) |
|---|---|---|
| Day 7 | 0.76 (0.55, 1.00) | 0.97 |
| Day 14 | 0.73 (0.52, 0.98) | 0.98 |
| Day 28 | 0.90 (0.60, 1.21) | 0.74 |

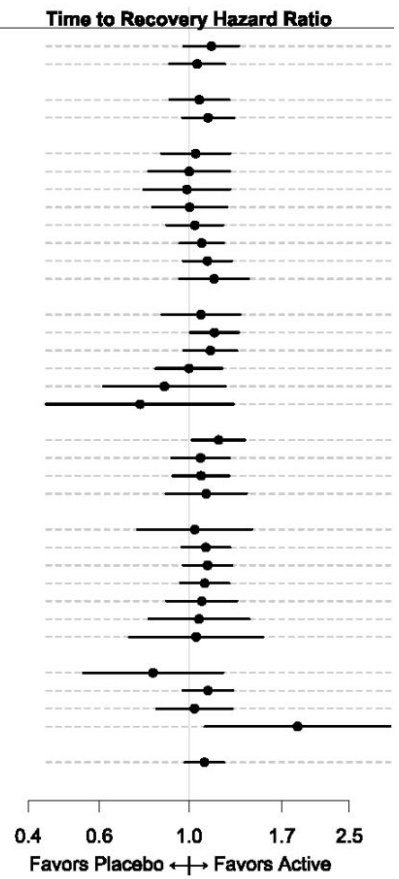
[a]OR<1 favors ivermectin

https://www.youtube.com/watch?v=N6iN49jhLUA

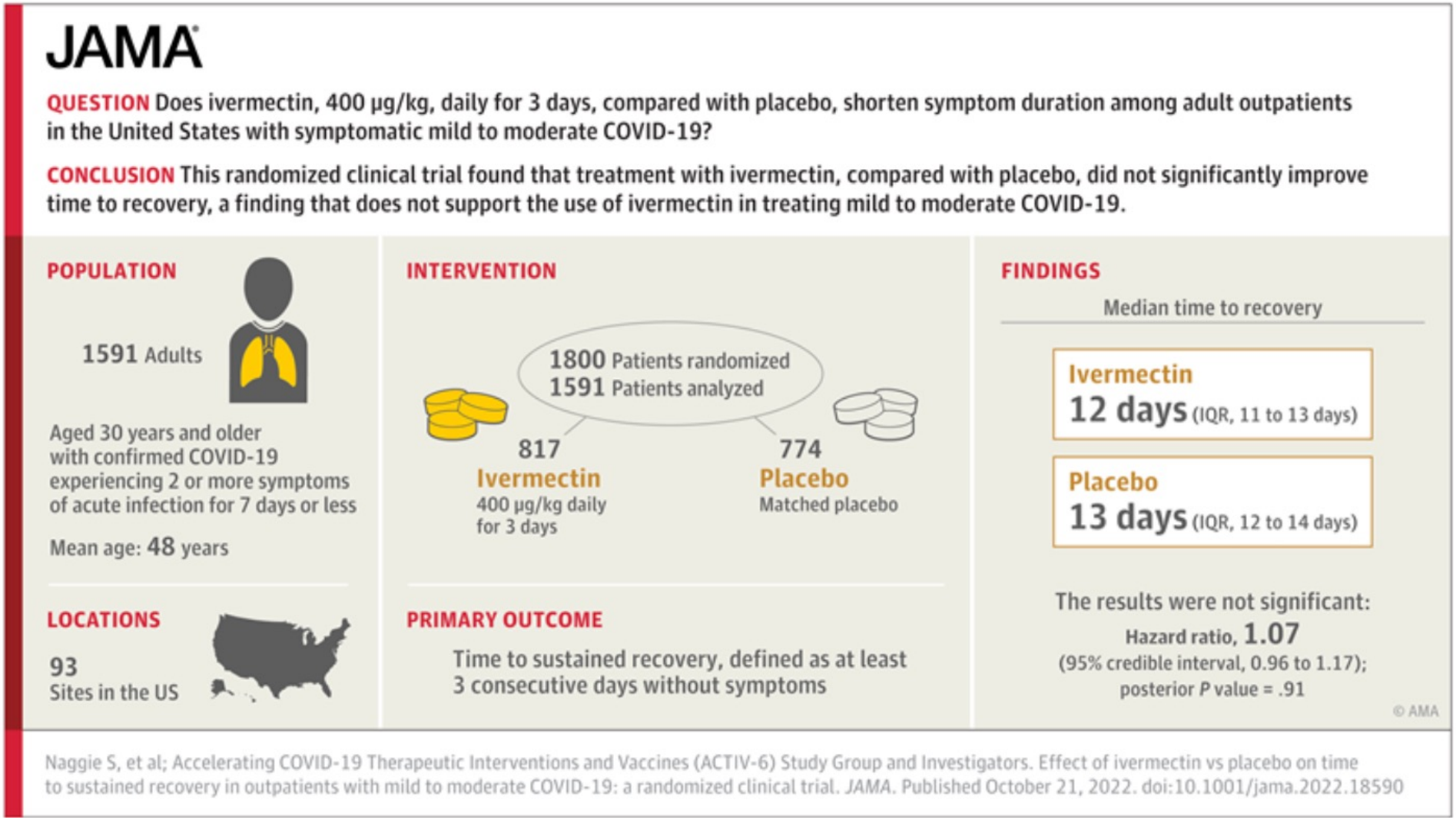
# In the Appendix:
## *The authors leave out critically important data*

**Ivermectin Versus Placebo**

| Characteristic | Subgroup | Ivermectin N | Placebo N | HR (95% CI) | HTE p-value |
|---|---|---|---|---|---|
| Vaccination status | Vaccinated | 397 | 380 | 1.14 (0.97, 1.33) | 0.474 |
| | Not vaccinated | 420 | 394 | 1.05 (0.90, 1.23) | |
| Sex | Male | 309 | 350 | 1.06 (0.90, 1.26) | 0.663 |
| | Female | 508 | 424 | 1.12 (0.96, 1.30) | |
| Calendar time | 2021-10-15 | | | 1.04 (0.85, 1.27) | 0.667 |
| | 2021-11-01 | | | 1.00 (0.79, 1.26) | |
| | 2021-11-15 | | | 0.99 (0.77, 1.27) | |
| | 2021-12-01 | | | 1.00 (0.81, 1.24) | |
| | 2021-12-15 | | | 1.03 (0.88, 1.22) | |
| | 2022-01-01 | | | 1.08 (0.95, 1.22) | |
| | 2022-01-15 | | | 1.11 (0.97, 1.28) | |
| | 2022-02-01 | | | 1.16 (0.95, 1.41) | |
| Symptom onset, days | 3 | | | 1.07 (0.86, 1.34) | 0.386 |
| | 5 | | | 1.16 (1.01, 1.33) | |
| | 7 | | | 1.13 (0.97, 1.32) | |
| | 9 | | | 1.00 (0.83, 1.21) | |
| | 11 | | | 0.87 (0.61, 1.23) | |
| | 13 | | | 0.76 (0.44, 1.29) | |
| Age, years | 40 | | | 1.18 (1.02, 1.38) | 0.953 |
| | 50 | | | 1.07 (0.91, 1.26) | |
| | 60 | | | 1.07 (0.91, 1.26) | |
| | 70 | | | 1.10 (0.88, 1.39) | |
| Body mass index, kg/m² | 20 | | | 1.03 (0.75, 1.43) | 0.911 |
| | 25 | | | 1.10 (0.96, 1.26) | |
| | 30 | | | 1.11 (0.97, 1.28) | |
| | 35 | | | 1.09 (0.95, 1.26) | |
| | 40 | | | 1.08 (0.88, 1.32) | |
| | 45 | | | 1.06 (0.79, 1.41) | |
| | 50 | | | 1.04 (0.71, 1.53) | |
| Symptoms on study day 1 | None | 53 | 54 | 0.82 (0.55, 1.22) | 0.101 |
| | Mild | 491 | 433 | 1.11 (0.97, 1.29) | |
| | Moderate | 224 | 247 | 1.03 (0.83, 1.28) | |
| | Severe | 49 | 40 | 1.86 (1.10, 3.16) | |
| Overall mITT population | | 817 | 774 | 1.09 (0.98, 1.22) | |



# Not So Subtle Fraud



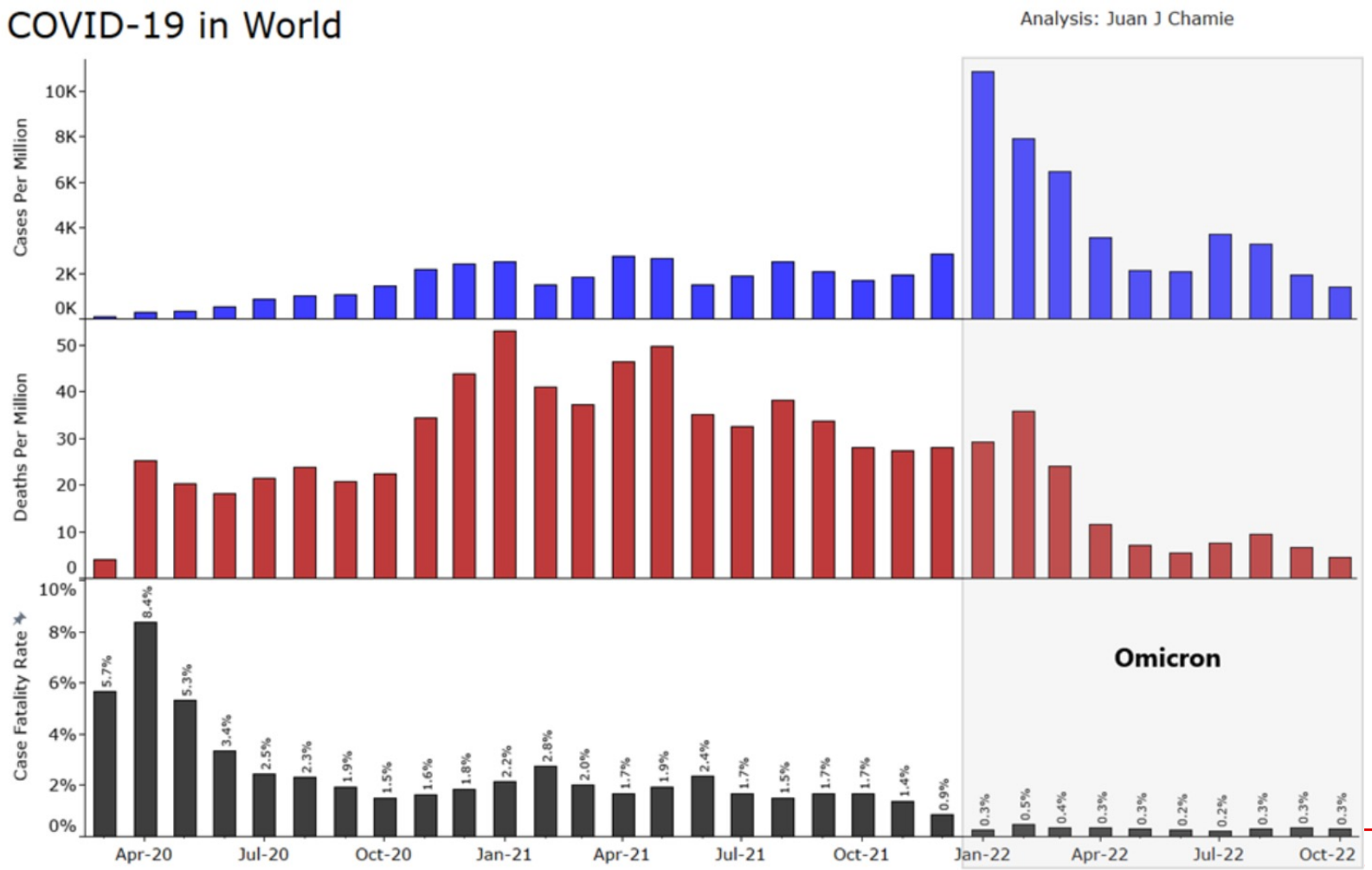

Naggie S, et al; Accelerating COVID-19 Therapeutic Interventions and Vaccines (ACTIV-6) Study Group and Investigators. Effect of ivermectin vs placebo on time to sustained recovery in outpatients with mild to moderate COVID-19: a randomized clinical trial. *JAMA*. Published October 21, 2022. doi:10.1001/jama.2022.18590

# ACTIV-6

- Most patients were underdosed
- Medications sent by mail, reaching patients days (sometimes weeks) after symptom onset
- All steps were done remotely (and not on weekends!)
- Patients able to choose which drug to be randomized for
- Changed the primary endpoint to a subjective measure (3 consecutive days without symptoms)

# New Variants: BQ.1.1 and XBB.1

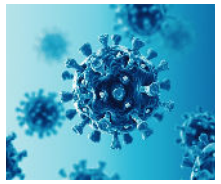
- Pre-Omicron Variant Severity vs. Omicron Severity




Data source: OurWorldInData.org. Retrieved from: 'https://ourworldindata.org/coronavirus

Data source: OurWorldInData.org. Retrieved from: 'https://ourworldindata.org/coronavirus

# New Variants: BQ.1.1 and XBB.1

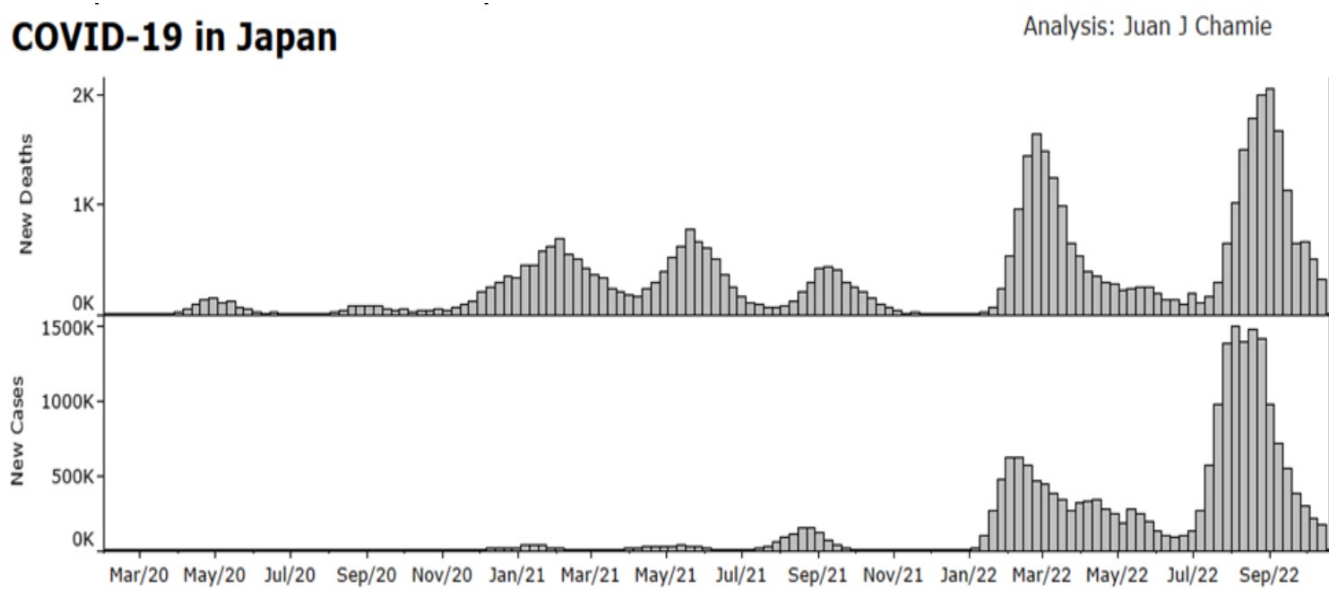


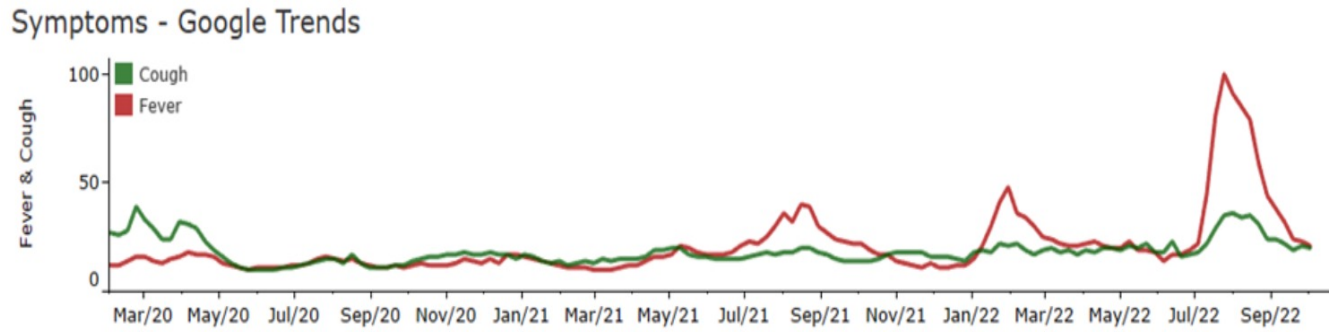
## Variant BQ.1.1

- Omicron evolved in South Africa initially named as BA.1
- numerous subsequent variants, latest is called BQ.1.1.

## BA5:

- Emerged out of Japan, still the dominant variant in much of the world and still dominant in US (80% of cases).
- BA5 was especially hard in Japan, Taiwan, South Korea

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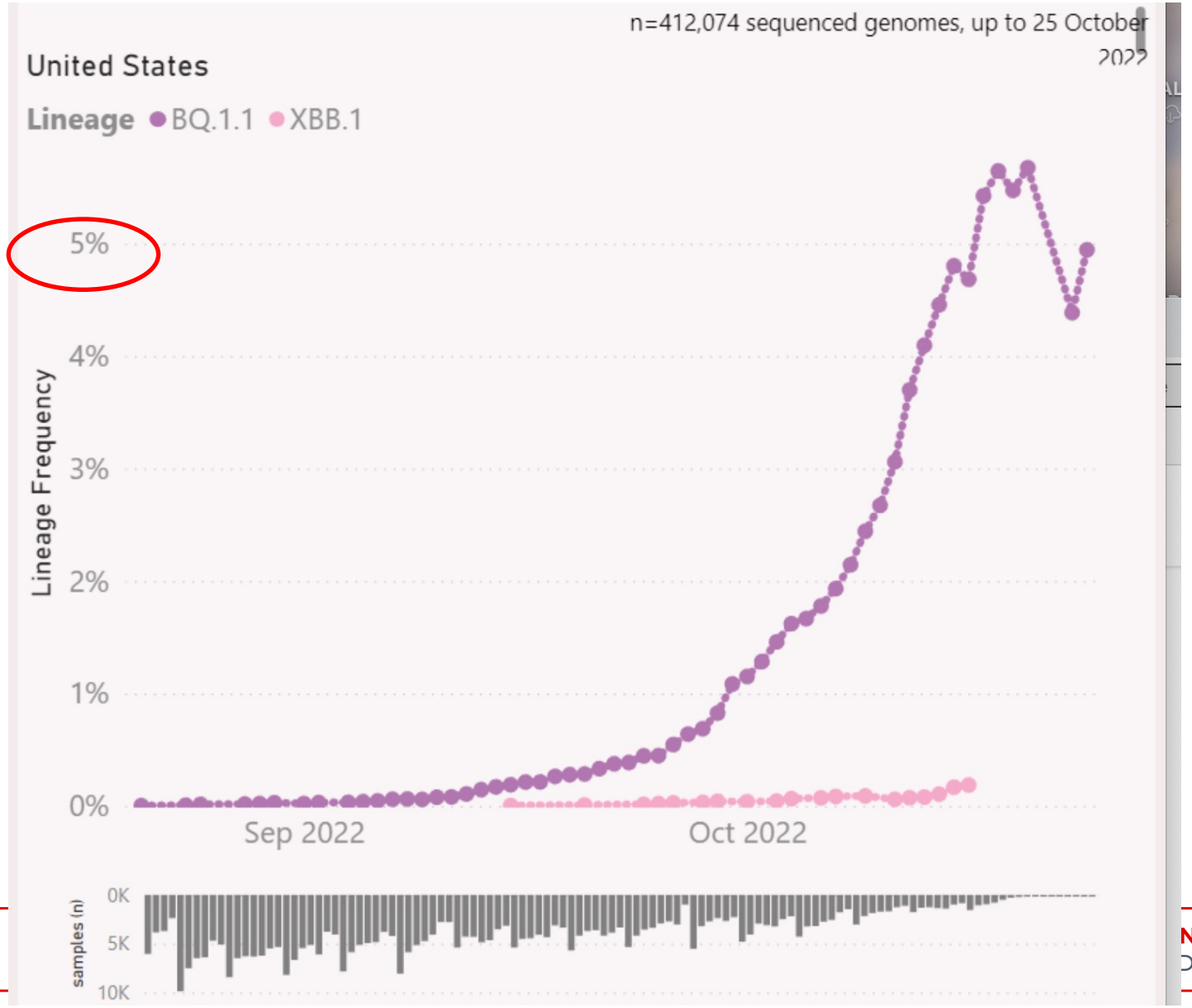
# New Variants: BQ.1.1 and XBB.1

In the United States:

- BQ.1.1 - 5% of cases
- XBB.1 - less than 0.5%



# New Variants: BQ.1.1 and XBB.1

## BQ1.1: No Apparent Increase in Severity compared to earlier Omicron

- Nigeria has almost 100% BQ.1.1
- No increase in cases or fever searches in Google

## XBB.1: 100% of cases in Singapore with an increase in hospitalizations