

Courier Mail Wednesday 12/08/2020 Page: 47

Section: General News
Region: Brisbane, AU
Circulation: 135007
Type: Capital City Da

Type: Capital City Daily Size: 426.00 sq.cms.



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Why do they ignore a potential saviour?



IMAGINE if a renowned Australian gastroenterologist invented an effective, cheap, readily available treatment for COVID-19 and his own country ignored him.

That's what has happened to Professor Thomas Borody, who is famous for inventing a cure for the bacterial infection that causes peptic ulcers, saving millions of lives around the world.

This time, Dr Borody, of Sydney's Centre for Digestive Diseases, has found a promising treatment for COVID-19 using Ivermectin, a drug that has been used safely to treat parasitic infections for half a century. He combines it in a "triple therapy" with zinc and the antibiotic Doxycycline to attack the virus from multiple angles.

Clinical trials on his Ivermectin triple therapy are under way in 32 countries and are about to start in California. Dr Borody says the trick is "treating patients very early", within seven days of onset, before the virus spreads through their organs.

Already results using the drug offlabel have been promising. In Bangladesh, 400 patients with mild to moderate symptoms were treated and 98 per cent cleared the virus within four to 14 days. In the Dominican Republic, in 1300 patients the average duration of infection fell from 21 days to 10 days. Mortality in already sick

patients at Broward County Medical Centre in Florida dropped by 48 per cent. The results have been so remarkable that the government of the most populous Indian state, Uttar Pradesh, last week approved the use of Ivermectin for COVID-19 patients and also as a prophylactic for health workers.

Dr Borody calls Ivermectin a "wonder drug". But ever since he received the positive preliminary results of the overseas trials, he has been banging his head against a brick wall trying to get someone in Australia to take notice.

He has sent letters to the Morrison government and the Victorian government, urging them at least to make Ivermectin available to high-risk patients and as a preventive dose for frontline workers.

"I wrote to the federal and state governments," he said on the weekend.

"I wasn't even responded to ... It got to a certain level of the fortress, but I don't think it got to the decision-makers. You can see how frustrating it is, whereas a big state of India says let's use it. If nothing else, make it available in aged care homes immediately. Our elderly are at the highest risk and this is a very safe option, especially when we have nothing else except ventilators."

He says Ivermectin is on the World Health Organisation's list of essential medicines, and has been safely used since 1975 to treat parasitic infections such as river blindness and head lice.

US President Donald Trump uses Ivermectin in cream form to treat the skin condition rosacea, according to his

White House health records. Dr Borody says he may absorb enough through his skin to protect him.

But despite the drug's proven safety record and promising results on COVID-19, "the government in Australia – and the US – does not have a curative plan". It's all about lockdowns and vaccines

And because no "no large company is pushing it", Borody says, the government won't listen. "Not only is it too good to be true, it's cheap," he says. An Ivermectin tablet can cost as little as \$2.

This isn't going to make money for anyone. It just needs a doctor to write a

script," he said.

And therein lies the problem. The pharmaceutical industry doesn't like cheap off-patent drugs such as Ivermectin because they don't reap huge profits like new drugs and vaccines do.

The demonisation of the malaria drug hydroxychloroquine is a case in point. After President Donald Trump described it as a promising treatment, "maybe a game-changer" for COVID-19 at a March 19 press conference at the White House, the media derided him as a quack and discredited the drug.

The negative publicity played into the hands of Big Pharma, who stand to make tens of billions from vaccines and new drugs. The jury is still out on hydroxychloroquine. But the campaign against it has been ferocious.

Dr Borody is anxious that Ivermectin doesn't meet the same fate. Without any institutional backing, he has joined forces with California researcher Dr Sabine Hazan, founder of Ventura Clinical Trials, to fund trials themselves, at about \$3500 per patient.

Dr Hazan said on Sunday that she is "hopeful this is going to be a game-changer for COVID-9". But she is at pains to point out there is no "one pill solution" for everyone. If the trials go well, with expedited FDA approval, the Ivermectin triple therapy could be on the market in blister packs before Christmas. That's for patients in America. Australia will have to wait.

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MONTHS TO COVER CURRENT AFFAIRS

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