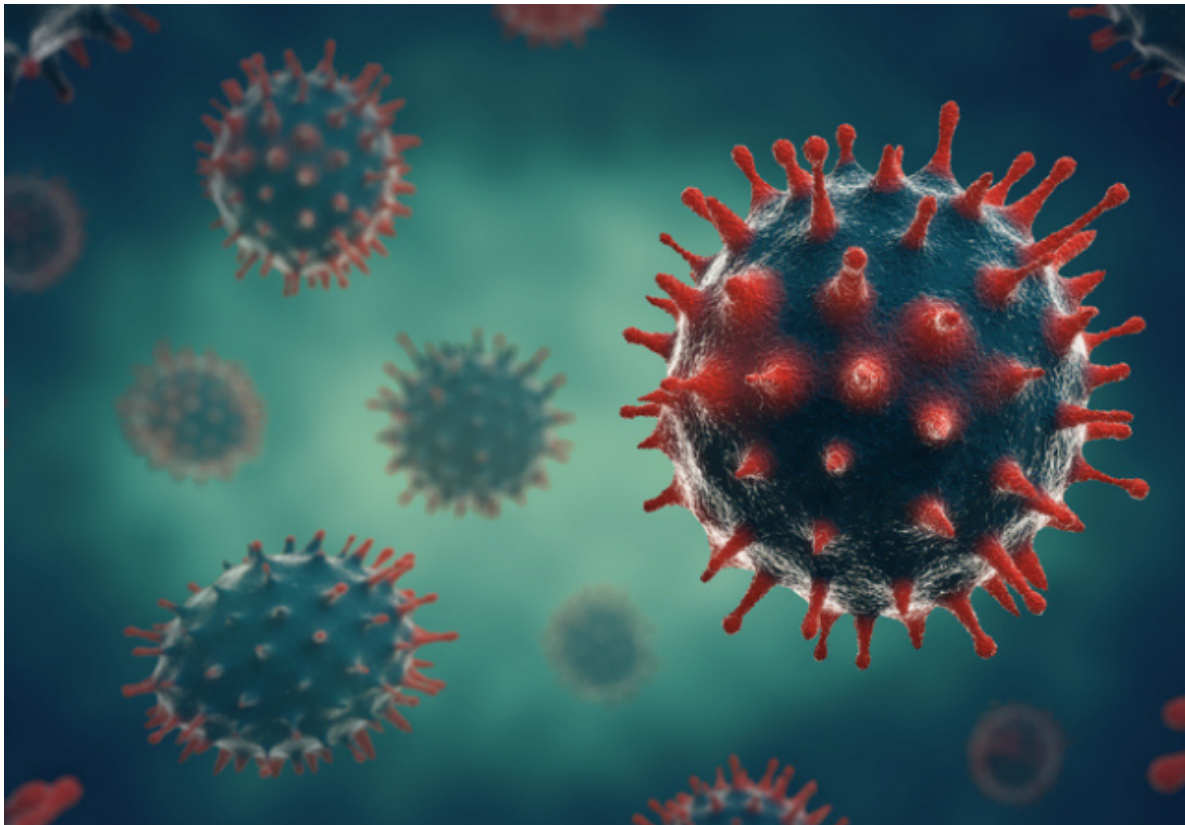




Join TrialSite Connect

# This Doctor has COVID. He has a plan. For all of us.

OCT 30, 2020 | BLOG, NEWS, POPULAR POSTS, TSN NEWS



[Like](#) [Share](#) 1.3K people like this. Be the first of your friends.

By Mary Beth Pfeiffer

He is 57 years old with mild asthma, hypertension and atherosclerotic cardiovascular disease. His medical issues did not stop him from jogging six miles last Saturday, October 24th. But nor did his blue-ribbon fitness stop him from testing positive two days later for COVID-19.



Join TrialSite Connect

The key difference, however, is that McCullough is getting early treatment. Unlike too many other patients, the internist has access to essential medications and the expertise to use them. For the rest of us, the National Institutes of Health recommends [no early treatment at all](#) while [government](#) edicts [discourage](#) or forbid doctors from using drugs that haven't been subject to lengthy trials.

In the last two weeks, COVID-19 cases have [soared 42 percent](#) in the United States, and deaths have gone up 16 percent. The lack of early stage care for the infected alarms a growing number of physicians and advocates, who have started [Facebook groups](#), networked through Twitter, filed [lawsuits](#) and organized [protest groups](#).

Media reports regrettably sometimes paint them as misguided and ill-informed. McCullough is about as mainstream and COVID savvy as it gets. And he believes that a medically sound and ethical COVID approach should involve aggressive care with drugs that are safe, even if not specifically approved for COVID. Indeed, only one drug – the [minimally effective](#) remdesivir – has the [FDA's stamp of approval](#) for COVID-19.

McCullough shared his unfolding COVID experience with me after, rather unexpectedly, revealing his infection last Tuesday October 27th in a [webinar](#) on COVID treatment sponsored by the policy group [COVEXIT](#). About 40 minutes into his low-key, fact-filled talk, McCullough said, “You may have noticed that I sneezed a little bit through the presentation. Yesterday I got the bad news that myself, I, developed COVID-19.”

And so, this researcher, who has treated more than 100 COVID patients, went from physician to patient in an early treatment protocol that he helped design. The protocol is a collaboration of about two dozen U.S. and Italian researchers; it was [published](#) in August in the American Journal of Medicine and



Join TrialSite Connect

pulmonary disease.

“We cannot have patients at risk, like myself, sit at home with no treatment,” McCullough said during the webinar. “It’s wrong and it shouldn’t happen.” Sick with COVID and showing signs of respiratory distress, McCullough continued his crusade two days later, posting a [YouTube video](#) on why the hospital-dependent approach must change. In Italy, he said, 12 percent of hospital patients on oxygen succumb to COVID, as do 22 to 34 percent of Americans who land in the ICU. “All of this,” he commented, “in my view is largely avoidable.”

### Treat patients like Trump

Significantly, President Trump’s care is an instructive, though hardly practical, model in two ways, McCullough maintains.

First, “President Trump in the United States had an illness at about my level of severity right now,” told viewers from Belgium, Denmark, Kosovo, Australia, Canada and the U.S. “He had fever, nasal congestion and other symptoms. He received prompt treatment.” Second, Trump’s care included two of the three types of drugs, though not the same drugs, that McCullough recommends starting early – namely an antiviral drug, which in Trump’s case was the classic [underperformer](#) remdesivir, and a steroid to tamp down COVID’s sometimes harmful immune response, dexamethasone. (The third drug class recommended by McCullough is an anticoagulant to stop blood clotting and potential stroke.)

That’s where the similarities between the models end.

The day he tested positive, McCullough began treatment with two drugs that for decades have successfully fought off human parasites and are on the WHO’s List of Essential Medicines: [ivermectin](#) on the first day



Join TrialSite Connect

reviewed early-stage [studies](#) has found it effective, particularly with an antibiotic and zinc. A recent [meta-analysis](#) of 126 studies found that early treatment led to a 63 percent reduction in the outcome measured, including in mortality and hospitalization.

Ivermectin, known as a [wonder drug](#) against river blindness in the tropics, is emerging as a less-controversial antiviral for COVID with an excellent safety record. Several studies have shown promise in [preventing](#) and [treating](#) COVID at several stages, including a combination drug trial with ivermectin that saved critically ill patients in [Broward County](#), Florida. Both antiviral drugs are being used against COVID in poorer or third-world countries that have few choices in care – Guatemala, Peru, parts of India, Bangladesh, Brazil and Greece — and citizens there appear to be benefitting. One theory holds that COVID rates are low in [Africa](#) because of routine mass administration of ivermectin for parasite control. Clearly more studies are needed.

Beyond their effectiveness, these generic drugs are cheap and available. Outpatient care with ivermectin or hydroxychloroquine costs \$10 to \$20 in the United States. Compare that to \$3,000 for Trump's remdesivir course, excluding its cost of intravenous administration.

In addition to the antiviral drugs, McCullough's daily regimen includes zinc sulfate, azithromycin and aspirin. On day six of his infection, Thursday, he developed a cough and shortness of breath and expected to begin five days of prednisone. He said then that he planned "for a prolonged illness" – up to 30 days — because of his age and complicating conditions.

However, by day 7, he posted a second [YouTube video](#) in which he said he felt "much better" and would hold off on prednisone until needed. "I feel like I've turned the corner and hopefully will start recovery," he reported. In summing up his response to the drugs, he said ivermectin gave "some minor relief from the viral malaise and waves of fever, chills and feeling of illness." But of all the



Join TrialSite Connect

studies are urgently needed.

Regardless, having had the chance at early treatment for COVID, McCullough said, “I fully expect to return to work and avoid the risks of hospitalization and death.”

Not a one-drug treatment

When the history of COVID is written, McCullough said, it will be “very unkind” to those who crafted a paradigm that withheld treatment until patients were so debilitated that hospitalization was needed. The National Institutes of Health will be called to account. “It didn’t do a single clinical trial for patients at home for COVID-19, not a single one,” McCullough told me.

McCullough acknowledges that his “sequenced, multi-drug regimen”—antivirals, antibiotics, anti-inflammatories and anti-thrombotics—has not been clinically proven. While it has worked well for most of his patients, he cited one early-treated patient who at that moment was “fighting for his life” in an ICU. “We can’t figure out why some do worse,” he said. In general, he said, “We must take COVID seriously... We can’t wait until patients are getting really sick to start treatment. The minute you start feeling symptoms, we gotta get you on medications right away.”

With options narrowing and coronavirus circulating widely, with case counts and hospitalizations destined to get far worse in coming weeks, McCullough says there is every reason to make a major push to treat early with known, safe, available medications. “The mass of infected people is so large now, it’s mind-boggling,” he said in our interview. “The hospital system will be on its knees by Thanksgiving.”

Then, perhaps, the menu of early treatment advocated by McCullough and other “rebels,” as he calls them, may finally be given a chance.



Join TrialSite Connect

Mary Beth Pfeiffer is an investigative journalist, science writer and author of two books. Follow her on Twitter: @marybethpf.

### McCullough's Regimen

Dr. McCullough's personal treatment regimen, as of Day 7

- Ivermectin, 12 mg a day for 3 days
- Hydroxychloroquine, 200 mg twice a day for 5-30 days in an open label safety study
- Zinc sulfate, 220 mg a day all days
- Vitamin C 3000 mg a day all days
- Vitamin D3, 5,000 IU all days
- Azithromycin, 250 mg twice a day all days
- Aspirin, 325 mg a day all days
- Colchicine or Placebo as part of the COLCORONA Research Study Medication for 30 days
- Prednisone, 60 mg five days (holding it for backup if pulmonary symptoms worsen)
- Apixaban 5 mg twice a day (holding it for backup if pulmonary symptoms worsen)

Other steps McCullough is taking at home:

- Contacted all individuals that he and infected housemate had come into contact with.
- Keeping windows open to reduce the viral density and remove stagnant air; goal is to reduce risk of re-inoculation.
- Sterilizing surfaces daily under the assumption that everything is contaminated with COVID-19.
- Enrolled in a clinical trial, which he recommends that patients seek out.



Join TrialSite Connect

preventing hospitalization or death.



Facebook



Twitter

1



LinkedIn

1



Source: TrialSite News

## 15 COMMENTS

BO K ON OCTOBER 31, 2020 AT 1:58 AM

Great article, solid ideas. One thing to mention, azithromycin has PRE-COVID documented history of qt prolongation and a 2x to 3x higher mortality rate. Those precovid stats and autopsies finding the virus attacks the heart, probably a good idea not to use Zpack in the home setting. Find another heart safe antibiotic as it would be a tragedy to die from antibiotics instead of covid.

REPLY

PAUL ELKINS ON NOVEMBER 1, 2020 AT 4:26 PM

Very good point BO K! The cardiac damage from Covid-19 and multiple QTc Prolongation drugs should be avoided. Doxycycline does not cause QTc prolongation. It's also been proven to have antiviral properties in other RNA viruses such as Dengue. With respect to Covid-19 there is some supportive early data that it could have direct benefits in addition to preventing secondary infections. It's been difficult to tease out the Covid-19 benefits from Doxy since it's typically used in combination i.e. with IVM. However, here is a recent paper where it was used alone in Long Term Care Facilities with positive results:

<https://www.cureus.com/articles/37354-clinical-outcomes-of-early->



Join TrialSite Connect

REPLY

JIM GOODYEAR ON OCTOBER 31, 2020 AT 5:19 AM

Thank you and good luck to you Dr Mccullough. I hope the medical community follows your lead in treating patients early with Ivermectin. Dr Thomas Borody of Australia has a triple therapy he recommends that includes Zinc and Doxycycline. He suggests treating early also. He also recommends vitamins D3 and B along with the “triple therapy”.

Professor Thomas Borody MB, BS, BSc(Med), MD, PhD, DSc, FRACP, FACP, FACG, AGAF, FRS(N) said:

“The three medications are on chemist shelves right now. GPs can email [GP@CDD.com.au](mailto:GP@CDD.com.au) to obtain the dosing protocol and COVID-19 treatment information for their patients.

By this stage of fighting this disease, any doctor who sends a person home knowing they have covid without treatment with at the very least, Ivermectin should know they may be held liable if the patient gets worse instead of better.

REPLY

FULLER ON OCTOBER 31, 2020 AT 6:27 AM

Very helpful.

I have ordered Ivermectin and Doxycycline for my shielding wife (blood cancer plus diabetes )and myself ,74 years old, Will use at first sign of fever cough taste symptoms.

Please keep us posted with any tips on how to move governments to such antiviral treatment , while the world waits for a reliable safe Vaccine. Could be a wait !

Good luck Dr McCulloch and Thank you to Beth Miller





Join TrialSite Connect

GENER TOPACIO ON OCTOBER 31, 2020 AT 7:41 AM

In the Philippines, a doctor developed an antiviral injection which was previously used to treat dengue fever, ebola, HIV, snake bite, Sars and others in spite of having a patent in USA but was never given a chance to be used to treat covid-19. The main components of this antiviral injection is dexamethasone & procaine patent no: WO2016053121A1

REPLY

JANET ALDERTON ON OCTOBER 31, 2020 AT 8:52 AM

I completely agree with this approach.  
Also, long haul (long covid) patients must also be treated and not just ignored. IncellDx has been testing cytokine levels in long haulers for free. Dr. Bruce Patterson and Dr Ram Yogendra will be publishing the results of these analyses in a few weeks.

REPLY

MICHAEL MALONE ON OCTOBER 31, 2020 AT 9:08 AM

I FULLY AGREE. SEE THOMAS BORODY , SIMPLIFY THE SOP ; AND BLISTER PACK ie for mass use. no time to lose

REPLY

PHILIP MCDUNNOUGH ON OCTOBER 31, 2020 AT 3:16 PM

Thank you for this very informative article. It would be nice, and this is a minor point of contention, if you were to distinguish between test positive cases for the virus SARS-COV2 and the illness Covid 19. There is not a 42% increase in



Join TrialSite Connect

TRIALSITE ON NOVEMBER 1, 2020 AT 7:24 AM

Dear Philip.

This is an interesting point and we'll forward it to the author for thoughts.

Thanks for the visit to the TrialSite—we appreciate it.

Best Regards,

Publisher

REPLY

DR. C A SHOEMAKER ON NOVEMBER 1, 2020 AT 5:23 PM

SARS COV2 and COVID 19 virus are different names for the same virus.

The doctor in my opinion is simply clarifying that these outpatient treatments will work in the current environment regardless of how you name it.

REPLY

SHARON CHEATLE ON OCTOBER 31, 2020 AT 3:45 PM

Thank you for bringing current relevant news regarding the use of Hydroxychloroquine Ivermectin, & zinc as early treatment to the forefront. May this reach many physicians & others to keep patients out of the hospital & decrease suffering & fatalities.

REPLY

SHARON CHEATLE ON OCTOBER 31, 2020 AT 3:47 PM



Join TrialSite Connect

GEOFF ON OCTOBER 31, 2020 AT 4:30 PM

Home isolation kits are on issue in Goa, as in Dr McCulloch's philosophy.

You can see the contents here, including ivermectin, vitamins and instruments.

<https://www.goa.gov.in/wp-content/uploads/2020/10/Home-Isolation-Monitoring-Kits-For-COVID-19-Launched.pdf>

REPLY

RAPHAEL STRICKER, MD ON NOVEMBER 1, 2020 AT 2:34 AM

What's better than treatment with nine drugs when you are already infected with coronavirus and suffering from COVID-19 and fighting for your life?

HCQ PrEP to prevent infection in the first place.

<https://www.webwire.com/ViewPressRel.asp?ald=265075>

<https://www.facebook.com/unionsquaremedical/community/>

REPLY

RICK KEIZER MD ON NOVEMBER 1, 2020 AT 9:28 AM

I would add N-Acetyl-Cysteine (NAC) 600 mg twice daily from the beginning based on work by DeFlora 1997 showing great improvement in H1N1 influenza symptom attenuation. Multiple subsequent trials on influenza and RSV have shown similar benefit and the mechanisms of action have been elucidated and safety has never been questioned. But it didn't work on every viral infection, does it work on betacoronavirus?

Does anyone know a good test for reduced Glutathione reserve in your hepatocytes and immune system?

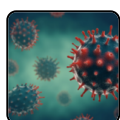


Join TrialSite Connect

## POPULAR POSTS



Humanigen Announces First Patient Dosed in NIH ACTIV-5/Big Effect Trial Evaluating Lenzilumab™ for COVID-19



This Doctor has COVID. He has a plan. For all of us.



What is the Zelenko Protocol and is it Relevant to Helping Prevent COVID-19 Hospitalization?



Regeneron's COVID-19 Outpatient Trial Shows Positive, Prospective Results



Dr. Paul Marik: Ivermectin Works and Should be Accepted for Large Observational Studies



Argentinian Preclinical Animal Research Reveals Potential Ivermectin-based Nasal Spray Targeting SARS-CoV-2

SUBSCRIBE: NEWSLETTER



SUBSCRIBE: YOUTUBE





Join TrialSite Connect

Advertise with us today!

## 24/7 NEWS FEED

Aquestive Therapeutics Signs Royalty Monetization Agreement with Marathon Asset Management for up to \$125 Million

Inventiva announces the publication of a scientific paper on the role of PPARs in the treatment of NASH in the medical journal Nature Review Gastroenterology & Hepatology

Catalyst Pharmaceuticals to Hold Third Quarter 2020 Financial Results and Corporate Update Conference Call and Webcast on Tuesday, November 10th, 2020

Multiple Abstracts Highlighting Assembly Biosciences' Hepatitis B Core Inhibitor Development Programs Accepted for Presentation at the 2020 AASLD The Liver Meeting Digital Experience™

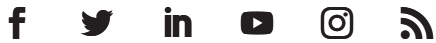
Albireo's Odevixibat PFIC Phase 3 Results Accepted for AASLD Late-Breakers

Baudax Bio to Report Third Quarter 2020 Financial Results and Host Conference Call and Webcast on November 9, 2020

SEE MORE

POPULAR LINKS

---



admin@trialsitenews.com

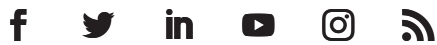
Join TrialSite Connect

Privacy Policy

Terms Of Use

Advertise With Us

## CONNECT WITH US



TRIALSITE NEWS IS THE ONLY DIGITAL MEDIA  
DEDICATED 100% TO TRANSPARENT AND OPEN

COVERAGE OF CLINICAL RESEARCH TRIAL SITES  
AROUND THE GLOBE. BASED IN THE SILICON SLOPES  
IN DOWNTOWN SALT LAKE CITY, UTAH, WE ARE  
FOUNDED BY A TEAM OF EXPERTS IN THE CLINICAL  
TRIALS INDUSTRY AND DEDICATED TO  
TRANSPARENCY, QUALITY AND CLINICAL TRIAL  
INNOVATION.

COPYRIGHT © TRIALSITE NEWS. ALL RIGHTS RESERVED.

We use cookies to ensure that we give you the best experience on our website. If you continue to use this site you consent to our use of cookies.

Ok