Dr. Steve's Field of Vision

Ivermectin versus Molnupiravir for COVID-19: Things that make you go Hmmmm . . .

". . . we definitively are telling people, do not take ivermectin . . . we do not support that at all . . . The good thing is--is that-- It's going to be a little while, but there is going to be a medicine that's similar to Tamiflu called Molnupiravir. Probably available at the end of the year that has shown great success [taken] twice a day--being sent for FDA approval--and it will act much like Tamiflu does for the flu, when you give it early in the disease process for five days. You can prevent the severity of the illness [COVID-19]--so promising on the forefront."

--Dr. James Nevin, Chief Medical Officer,
Carle-Bromenn Medical Center, Normal, Illinois

That was the advice given by this prominent Central Illinois medical physician recently at the COVID-19 Virtual Round Table sponsored by the, The Pantagraph and broadcast on www.pantagraph.com. (https://pantagraph.com/lifestyles/health-med-fit/watch-now-central-illinois-medical-leaders-urge-vaccinations-as-covid-strains-hospitals/article_5b455075-670e-5249-82f6-3611b477b0ec.html)

Hmmmm . . .

Molnupiravir is the new kid on the block being heralded as a "game changer" as a therapeutic agent in the treatment of COVID-19. But what do we really know about this "game changer"? The real answer is: not much.

Molnupiravir is the antiviral drug produced by the pharmaceutical company Merck. It was developed for treating mild to moderate cases of COVID-19. The clinical trial of the drug was halted prematurely because, as Merck tells it their drug, " . . . reduced the risk of hospitalization or death by approximately 50% . . . no deaths were reported in patients who received molnupiravir, as compared to 8 deaths in patients who received placebo."

Merck reported some pretty good news in regards to the side effect profile of Molnupiravir, too: "The incidence of any adverse event was comparable in the molnupiravir and placebo groups (35% and 40%, respectively). Similarly, the incidence of drug-related adverse events was also comparable (12% and 11%, respectively). Fewer subjects discontinued study therapy due to an adverse event in the molnupiravir group (1.3%) compared to the placebo group (3.4%)." (Merck and Ridgeback's Investigational

Oral Antiviral Molnupiravir Reduced the Risk of Hospitalization or Death by Approximately 50 Percent Compared to Placebo for Patients with Mild or Moderate COVID-19 in Positive Interim Analysis of Phase 3 Study - Merck.com)

That sounds pretty good, right? But, what's the down side?

Well, that study performed by Merck had only 775 patients enrolled in it and was conducted over a total treatment period of twenty-nine days. That's a pretty good sample size, but, not really all that big by comparison to many other drug trials. And twenty-nine days is certainly not a very long time to follow patients after completing the treatment. So, we have no long-term follow up regarding side effects or adverse events.

Long term safety data is one of the reasons for some having vaccine hesitancy. Those who are passing on the vaccines due to lack of long term safety data won't likely be swayed to take Molnupiravir for the same reason.

Additionally, an article from the *Journal of Infectious Diseases* reports that Molnupiravir may not only interfere with the coronavirus' ability to replicate, but may also hold risks for the person taking it in the form of oncogenesis--that's a fancy science word for a substance that promotes the generation of tumors. (Shuntai Z et al. B-DN4-hydrosycytinitine inhibits SARS-CoV-2 through lethal mutagenesis but is also mutagenic to mammalian cells. J of Infections Diseases. 1-August-2021;224:415-419.)

Will tumors in the patient taking Molnupiravir be the consequence of taking it? We don't know because there is no long term safety data on the drug.

Hmmmm . . .

Next we have the cost of Molnupiravir. The cost Merck will charge for the five day, ten pill treatment course is $700. Their cost to produce the drug is about $17.74 for the ten pills according to analysts at the Harvard School of Public Health and King's College Hospital in London. (https://www.youtube.com/watch?v=M8SQCDIVf1s&t=461s)

"Merck already has a deal with the Biden administration to supply 1.7 million courses of molnupiravir to the U.S. government for $1.2 billion. . . Merck said it expects to make 10 million courses of the drug by the end of 2021, meaning $7 billion in revenue." (Merck's molnupiravir will be a blockbuster drug during pandemic. What about endemic COVID-19? | FiercePharma)

Hmmmm . . .

Do you think the FDA will be feeling any pressure to grant an emergency use authorization for this drug when a deal has already been struck with the Executive Branch of our government for enough medication to treat 1.7 million Americans and another ten million is in the pipeline?

So, here we have it, Molnumpiravir: an expensive drug, with limited data related to clinical effectiveness and no long term data on safety.

Hmmmm . . .

Let's contrast that with the elephant in the room: Ivermectin.

Ivermectin is frequently characterized as a drug used only to treat roundworm infections in horses and other animals. Detractors often fail to tell the real story that this old drug, with a very safe side-effect profile, also exists in human formulations and won a Nobel Prize in Medicine in 2015 for its effectiveness in treating parasitic infections in humans. Those human parasitic infections often result in the victims of the disease becoming blind. Ivermectin is listed as an "essential medicine" by the World Health Organization (World Health Organization Model List of Essential Medicines, 21st List, 2019. Geneva: World Health Organization; 2019. Licence: CC BY-NC-SA 3.0 IGO).

Ivermectin has much research behind it demonstrating evidence of its effectiveness for treating COVID-19, and there is a web site that is tracking—in real time—new studies that are emerging that are studying Ivermectin in the prevention and treatment of COVID-19 (https://ivmmeta.com). This web site currently reports that there are now sixty-four clinical trials that have been completed, and thirty-two of these trials are of the "randomized controlled" variety (the GOLD STANDARD in medicine to find if some treatment method works or doesn't work). Over 47,000 patients have been included in these studies.

A quick review of the findings indicates an 86% improvement in prevention, 66% improvement when used early in treatment, 40% improvement when used as late treatment and 62% improvement in mortality. That's the quick and dirty summary, but don't take my word for it, check the web site included above so you can see for yourself.

Hmmmm . . .

The vigiaccess.org website that tracks adverse events reported for drugs lists under 6,000 adverse events with the use of Ivermectin since 1992 with over 3.7 billion doses given. For comparison, since there is no published data on the safety profile of Molnupirivir, the antibiotic Amoxycillin has 128,339 adverse events reported in the same database over the same time period.

The cost for seventy-two 3mg pills of Ivermectin is $349 from the Honeybee Health Online Pharmacy. (https://honeybeehealth.com/drugs/details/stromectol/edenbridge) That would be the equivalent of a three month preventive regimen of the drug.

One more thing, Merck, the producer of Molnupiravir was also the original producer of Ivermectin. Merck has denounced Ivermectin as a treatment for COVID-19.

Did I mention that the Merck patent for Ivermectin has run out and there is no money in producing it for Merck?

Hmmmm . . .

So in summary Molnupiravir has been studied in 775 patients versus over 47,000 for Ivermectin. Molnupiravir has no long term safety data to report and there is some evidence that it could cause tumors in humans versus an exemplary safety profile for Ivermectin that dates back to 1992. Molnupiravir costs $700 for a therapeutic course of ten pills--that equals $70/pill--versus Ivermectin costing $349 for a three month prophylactic dosing supply that equals $4.85/pill.

Finally, Ivermectin is listed on the National Institutes of Health under Table 2E as an antiviral agent that is "approved or under evaluation for the treatment of COVID-19." (https://www.covid19treatmentguidelines.nih.gov/tables/table-2e/)

Given this information, I wonder if physicians that deny Ivermectin to patients suffering with COVID-19, who experience long-term poor outcomes, or death, would be considered guilty of malpractice?

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