GPs Start Prescribing Low-Dose Ivermectin Triple Therapy for COVID-19

Sydney, Australia – Australian triple therapy specialist Professor Thomas Borody, internationally famous for curing peptic ulcers using a triple antibiotic therapy saving thousands of lives, said 34 prescriptions for the inexpensive low-dose Ivermectin Triple Therapy 10-day treatment protocol have been written by GPs.

There have been numerous requests for the protocol via the GP@CDD.com.au including 57 Australian GPs, 30 doctors from overseas, and enquires from 184 members of the public (the protocol is only available to verified GPs as a prescription only).

Professor Thomas Borody MB, BS, BSc(Med), MD, PhD, DSc, FRACP, FACP, FACG, AGAF, FRS(N) said we could probably end the lock-downs and open our economy within 8-10 weeks using these TGA approved medications.

The Ivermectin triple therapy seems to be the cheapest, safest, and rapidly-curing treatment for Australians, and used broadly could stimulate the Australian economy.

Professor Borody said:

“Australian GPs can legally prescribe the medications as “off-label” to their COVID-19 positive patients. They can also prescribe it as a shorter, preventative medication.

In-fact more than 60% of prescriptions in Australia are “off-label”. It's not a new concept. It's happening legally every day to manage diseases and save lives.”


4.7. ‘Off-label prescribing’ is the prescription of a registered medicine for a use that is not included in the product information approved by the TGA, including when the medicine is prescribed or administered for another indication, at a different dose, via an alternate route of administration, or for a patient of an age or gender outside the registered use.

4.8. Off-label prescribing may be clinically appropriate, but there are clinical, safety, ethical, medico-legal and financial issues related to off-label use. The AMA supports the guiding principles for the quality use of off-label medicines developed by the Council of Australian Therapeutic Advisory Groups for public hospitals[3]. These principles should also guide private practice where relevant, in particular:

(a) off-label use of a medicine should only be considered when other options are unavailable, exhausted, not tolerated or unsuitable
(b) the patient/carer must be involved in decision-making
(c) outcomes, effectiveness and adverse events should be monitored and reported to facilitate evidence-based decisions.

Professor Borody, an internationally regarded physician with 4 FDA approved drugs, is famous for developing the triple therapy that cured patients with peptic ulcers saving more than 18,000 lives in Australia alone and millions internationally. [See Professor Borody’s published research papers ORIC here http://orcid.org/0000-0002-0519-4698]

“No trial has shown Ivermectin-based therapy to be ineffective. In-fact, international trials report almost 100% cure rate with symptom improvement within 4-6 days,” he said.

This needs to be available for aged care facilities and frontline health workers today.
We have written to the Federal Health Minister Greg Hunt and Victorian Premier Daniel Andrews for an urgent medical briefing to bypass the raft of “advisors” who failed to understand TGA-approved medicines do not require animal studies.

Ivermectin, known as “the wonder drug” was discovered in the 1970s and is on the World Health Organization (WHO) list of essential medicines.

“There is mounting worldwide clinical literature pointing to a 100% cure rate using Ivermectin Triple Therapy,” said Professor Borody.

Professor Borody says his research has led him to a triple therapy of Ivermectin, zinc and an antibiotic – which are all TGA and FDA approved,

The therapy comprises:
1. Ivermectin - TGA and FDA approved as an anti-parasitic therapy with an established safety profile since the 1970s. Known as the “Wonder Drug” from Japan.
2. Zinc
3. Doxycycline – TGA and FDA approved tetracycline antibiotic that fights bacterial infections, eg acne or urinary tract infections, viral and malarial infections.

Professor Borody is involved in a Phase 2 study in the US to potentially develop the triple therapy as a single “blister pack” compliance product.

Professor Borody said:

“Our study in the US is looking at developing the triple therapy as a single product which requires FDA approval, even though all 3 medications separately are already approved.”

Link to clinical trial: https://clinicaltrials.gov/ct2/show/NCT04482686?term=Ivermectin+borody&draw=2&rank=1

About the Centre for Digestive Diseases (CDD) https://centrefordigestivediseases.com/

The Sydney-based Centre for Digestive Diseases’ (CDD) provides patients with innovative therapies not available in the rest of the world.

The Hospital features cutting-edge technologies enabling our specialists to provide world-class treatments.

Professor Borody is also known internationally for his work on gut microbiome infections and re-purposing antimicrobial drugs for new diseases including Crohn’s disease and the triple therapy cure for peptic ulcers. His discovery prevented premature deaths in over 18,000 people and saved the Federal Government a reported $10 billion [THEMA REPORT p 7]

He has developed 4 FDA approved pharmaceuticals for the USA and international markets.

There are currently 28 Covid-19 Ivermectin treatment studies running globally.

Some recent research papers include:

WHO: Mass treatment with ivermectin: an underutilized public health strategy
https://www.who.int/bulletin/volumes/82/8/editorial30804html/en/

ResearchGate: A Randomized Trial of Ivermectin-Doxycycline and Hydroxychloroquine-Azithromycin therapy on COVID19 patients.
https://www.researchsquare.com/article/rs-38896/v1

MedRxiv: Effectiveness of Ivermectin as add-on Therapy in COVID-19 Management (Pilot Trial)
https://www.medrxiv.org/content/10.1101/2020.07.07.20145979v1

Journal of Antibiotics: Ivermectin: a systematic review from antiviral effects to COVID-19 complementary regimen
https://www.nature.com/articles/s41429-020-0336-z
ResearchGate: A Case Series of 100 COVID-19 Positive Patients Treated with Combination of Ivermectin and Doxycycline


Journal of Bangladesh College of Physicians and Surgeons:
A Case Series of 100 COVID-19 Positive Patients Treated with Combination of Ivermectin and Doxycycline

Journal of Bangladesh College of Physicians and Surgeons:
Comparison of Viral Clearance between Ivermectin with
Doxycycline and Hydroxychloroquine with Azithromycin
in COVID-19 Patients

MedRxiv: ICON (Ivermectin in COvid Nineteen) study: Use of Ivermectin is Associated with Lower Mortality in Hospitalized Patients with COVID19
https://www.medrxiv.org/content/10.1101/2020.06.06.20124461v2

ChemRxiv: Has Ivermectin Virus-Directed Effects against SARS-CoV-2? Rationalizing the Action of a Potential Multitarget Antiviral Agent

https://chemrxiv.org/articles/preprint/Has_Ivermectin_Virus-Directed_Effects_against_SARS-CoV-2_Rationalizing_the_Action_of_a_Potential_Multitar
get_Antiviral_Agent/12782258

Legal to prescribe off label according to AMA especially as there is nothing else except vaccine in next 6 months and we will still need some sort of treatment.

Monika from Melb re her mum can do interviews... mum 94 with covid in nursing home with 20 others infected and 15 staff management refusing treatment...

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