

99 ivermectin COVID-19 controlled trials and 24 in silico, 20 in vitro and 13 in vivo studies

compiled and analyzed at c19ivm.org

46 Randomized Controlled Trials

24 *Early Treatment Studies*

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18 Late Treatment Studies

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4 Prophylaxis Studies

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53 Non-Randomized Controlled Trials

13 Early Treatment Studies

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The Global War on Ivermectin Kory, P., International Covid Summit III, European Parliament, Brussels. <https://ci9ivm.org/koryII.html>

Review of the clinical evidence for ivermectin for COVID-19 and the methods used in many countries to hide the efficacy, covering: extreme financial conflicts of interest, coordinated censorship, refusal of Merck to run a trial requested by the co-discoverer Satoshi Ōmura, false statements by Merck, biased and fraudulent trials designed to produce null results, political rejections and retractions of positive studies, political opinion articles and editorials, funders controlling the work and conclusions of scientists, methods used by WHO to claim insufficient evidence, reasons why effective low cost treatments are problematic for pharmaceutical companies, and widespread false statements by media and authorities.

Ivermectin systemic availability in adult volunteers treated with different oral pharmaceutical formulations. Ceballos et al., Biomedicine & Pharmacotherapy, doi:10.1016/j.biopha.2023.114391

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Retrospective 157 inpatients and 185 outpatients in Egypt, showing improved recovery with mebendazole. For outpatients, the treatment group was younger (40 vs. 48). Mebendazole was offered to patients when ivermectin/HCQ were unavailable.

PRINCIPLE Trial Ivermectin arm: unexplained delay and extension [ISRCTN86534580](https://doi.org/10.1186/1745-6215-8-80)

The PANORAMIC trial for molnupiravir randomized 25,000 patients a median of 2 days from onset Butler. The PRINCIPLE trial for ivermectin enrolled patients up to 14 days from onset, a delay incompatible with the recommended use of antiviral treatments, and incompatible with current real-world protocols. (more at <https://ci9ivm.org/principleivm.html>)

Did Use Of Ivermectin In Latin America Sabotage Clinical Trials and Confuse The World Of Medicine? Marinos, A., Do Your Own Research

Meta analysis of ivermectin trials showing community use of ivermectin in Latin America associated with lower observed efficacy in trials, consistent with the side effect profiles, Google Trends analysis, and investigator statements.

興和/新型コロナウイルス感染症患者を対象とした「K-237」（イベルメクチン）の第Ⅲ相臨床試験結果に関するお知らせ Kowa Press Release

Kowa reports no significant differences in their trial, with no mortality, almost no severe cases, and recovery within ~4 days, leaving minimal room for statistically significant improvement.

The Criminal Censorship of Ivermectin's Efficacy By The High-Impact Medical Journals - Part 1.

[The Criminal Censorship Of Ivermectin By The High Impact Medical Journals - Part 2](#)

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Kory, P., Pierre Kory's Medical Musings

Review of censorship and negative publication bias for ivermectin research.

The Miracle Not-Heard Around The World: The Success of Uttar Pradesh. Kory, P., Pierre Kory's Medical Musings

Detailed review of Uttar Pradesh's use of ivermectin, the dramatically better results compared to states declining ivermectin, and the censorship of ivermectin use. If Uttar Pradesh was a country, it would be the 6th largest in the world.

Not All Ivermectin Is Created Equal: Comparing The Quality of 11 Different Ivermectin Sources. Williams, T., Do Your Own Research

In Vitro analysis of ivermectin from 11 different sources showing highly variable antiparasitic efficacy. Multiple sources and brands were more effective than the US mass produced Edenbridge brand.

The Problem With The TOGETHER Trial. Marinos, A.

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Forensic analysis of the Hill meta analysis discovering an unlisted author potentially connected to changes and also related to the WHO ivermectin analysis. <https://c19ivm.org/harperhill.html>

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