

The War on Ivermectin

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✓ Fact Checked

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STORY AT-A-GLANCE

- › In his book, “The War on Ivermectin: The Medicine That Saved Millions and Could Have Ended the COVID Pandemic,” Dr. Pierre Kory details the history of ivermectin and the how and why behind Big Pharma’s suppression of this drug when it was found to work against COVID-19
- › After spending his career as an internist and critical care physician, Kory has now turned his attention to long-haul COVID and post-jab injury syndromes
- › Daily ivermectin use is a mainstay of the treatment plans for long-haulers and those with COVID jab injuries, as the drug very effectively binds to the toxic spike protein that is causing most of the damage in both of these conditions
- › Methylene blue can be helpful for those struggling with crippling fatigue, as it boosts mitochondrial respiration and improves energy metabolism. It’s actually the parent molecule for hydroxychloroquine and chloroquine, off-patent drugs used to treat COVID-19 along with zinc
- › “The War on Ivermectin” reveals the disinformation playbook used by Big Pharma and its many allies to suppress highly useful and inexpensive medicines in order to protect and increase corporate profits

In this interview, return guest Dr. Pierre Kory discusses his new book, [“The War on Ivermectin: The Medicine That Saved Millions and Could Have Ended the COVID Pandemic.”](#) In it, he details the history of ivermectin and the how and why behind Big Pharma’s suppression of this drug when it was found to work against COVID-19.

Like Dr. Paul Marik and Dr. Peter McCullough, Kory has been threatened by the American Board of Internal Medicine, which is seeking to yank his medical license. While a family doctor in private practice can operate without board certification, most medical centers will not hire a doctor who isn't board certified in his specialty, and insurance companies won't put you on their panel.

Kory's Response to the American Board of Internal Medicine

Kory, however, is not overly concerned about this threat – which is really little more than an intimidation tactic to shut him up – as he has no intention of ever going back to a hospital setting.

"I'm done," he says. "There's no way I could walk into a hospital. I've just learned too much. I've learned too much about pharmaceutical control of almost all of the medical evidence. There's no way I can fit. Now I'm a square peg in a round hole.

So, to be honest, I don't think [losing my board certification] would have an impact. I am now in private practice. I have a bustling telehealth practice and I'm very happy. I'm outside the system, I can do and say and care for the patients in a manner that I best see fit.

Anyway, our reply [to the American Board of Internal Medicine] was different than Peter's. He presented all the evidence to support all the statements they accused him of as being misinformation; very data driven, evidence-based.

What we did is, our lawyer looked at their policy on misinformation and the process of 'convicting' someone of misinformation, and it required that they provide us the evidence showing that we are wrong and misinformed.

But the letter to us was bizarre. It was this hodgepodge of statements that I'd made or written on my Substack, and it was just implied that that's misinformation ...

So, we wrote back very simply, 'Excuse us, but your letter does not follow your own misinformation policy. We ask that you kindly reissue the letter with the evidence showing that we're wrong.' And we've gotten radio silence ever since."

Kory's New Specialty

After spending his career as an internist and critical care physician, Kory has now turned his attention to long-haul COVID and post-job injury syndromes – complex chronic illnesses. To that end, he's collaborating with doctors who've spent decades treating other tricky conditions, such as chronic Lyme disease, fibromyalgia and chronic fatigue syndrome.

"So, not only do I have a new career and practice, but also a new intellectual focus and it's much more satisfying. I'm literally returning people to levels of function that they weren't at before.

These were oftentimes healthy people with full careers, children, they exercised, ate right and now they're fully disabled with numerous organ system complaints.

And I'll tell you, getting them from 20% [function] to 40% [function] is a big deal, when they can actually do just a little bit more than they were doing before, and when you get them to 80%, it's transformative.

But it's way more challenging. And I tell my patients, 'Listen, I have to be humble here. I'm trying to figure this out. I'm collaborating, I'm reading, I'm learning from you.' I'm learning from each patient, because we're doing a lot of empiric therapies.

We're trying things, and so I learn. Each patient serves as their own control and I'm finding different things work on different patients. But the real challenge that I'm finding is that I don't have any biomarkers or tests that I find helpful to direct therapies.

A lot of the tests are normal, even inflammatory markers. Clotting markers are normal, and yet I know that they have inflammatory processes and they're thrombogenic. So, I wish there was more research and guidance."

Treating Long-Haul COVID

One of the primary complaints of those struggling with what we're now calling "long-haul COVID" is fatigue, a lack of energy to do even the most basic things. Since mitochondria are responsible for 90% of the energy production in your body, it stands to reason that impaired energy production in the mitochondria, or more simply, mitochondrial dysfunction, is at play.

The challenge is how to recover that function. One fascinating drug that can help in this regard is [methylene blue](#), which helps mitochondrial respiration and improves brain energy metabolism. Methylene blue is actually the parent molecule for hydroxychloroquine and chloroquine, off-patent drugs commonly used to treat not only malaria but also COVID-19.

Best known as a fish tank antiseptic and textile dye for blue jeans, it was actually the first synthetic drug in modern history, developed in 1876. Since then, we've discovered it has many really important medicinal benefits. Importantly, it's the only known antidote for metabolic poisons, i.e., any poison that interferes with oxygen transport or displaces oxygen, either from the blood or from the mitochondria.

Basically, as an electron cyler, methylene blue acts like a battery, but unlike other compounds that do the same thing, it doesn't cause damaging oxidation in the process. You can review [my interview with Dr. Francisco Gonzalez Lima](#) here for more information.

If anything interferes with oxygenation or cellular respiration, such as cyanide, methylene blue is able to bypass that point of interference through electron cycling, thus allowing mitochondrial respiration, oxygen consumption and energy production to function as it normally would. And, the effect is typically felt within hours, as it

increases, by about 30%, the ability of the mitochondria to produce ATP in the electron transport chain. Kory has also found it useful.

“My really sick patients use methylene blue,” he says. “Some of the really sick ones that aren’t responding to medicine, I send to a clinic where they do apheresis, ozone, methylene blue, infrared. One of them actually was discharged on oral methylene blue. And so, I want to figure out how to implement oral methylene blue.”

Trial and Error

Methylene blue is far from a cure-all, however. Any number of processes could be impacting your mitochondria, and they all need to be addressed. Adding to the complexity is that remedies that work really well in one long-hauler or COVID jab-injured patient often will not work for another, even though they present with very similar symptoms.

“We’ve [found] about six or seven different pathophysiologic mechanisms, and one of them is mitochondrial dysfunction, but I don’t know which is the predominant one in each patient,” Kory says. “I have no way of figuring that out. The only way I figure it out is by responses to therapy.

For instance, I had one young woman recently. I tried a number of therapies and what resurrected her, finally, was when I started to treat mast cell activation. I put her on antihistamine, famotidine [a heartburn medication], ketotifen [an asthma medication], and Boom.”

The Case for Sun Exposure

Daily sun exposure for about an hour around solar noon can also be important, as the near-infrared wavelengths will trigger [melatonin production in your mitochondria](#), where you need it the most.

Melatonin is a potent antioxidant, so getting plenty of sunshine on bare skin is a simple way to reduce reactive oxygen species (ROS) that cause damage, and secondarily increase the efficiency of ATP production. Kory has been recommending this as well.

COVID Really Revealed the Level of Corruption in Science

During our conversation, the issue of medical journals came up, and their role in the corruption of science. Kory notes:

“That's the other transformation that Paul [Marik] and I have undergone. We really looked to those journals thinking they were the most sophisticated and that was the top levels of science. But seeing what was published in those journals throughout COVID uncovered the absolute control by the pharmaceutical industry.

I mean, what appears in those journals is what they allow to appear in those journals. Period. I know of many positive studies of repurposed drugs rejected. We've seen them pull the following – JAMA and The New England Journal both – where instead of rejecting [the paper] they hold onto it as if they're considering it, and then the rejection comes months later.

I've never heard of that in my career. Usually, when I've tried to submit manuscripts, they either say, 'This is interesting. We're sending it out for peer review,' or they say, 'This is not of sufficient interest to our readership at this time.'

They rejected positive trials of ivermectin. And then, probably the greatest and most saddening corruption that they pulled, is that they published the Together trial on ivermectin, which is so brazenly fraudulent and corrupt.

There are so many documented actions those investigators took in order to ensure they did not have a statistically significant benefit for ivermectin. Yet the New England Journal of Medicine published it. When you look at the design and the conduct of the trial, it should never be published. It was brazenly corrupt.

The investigators were all working for either their own companies or other companies whose sole job was to do research contracts for pharmaceutical companies. I mean, what would happen in their careers had they published a positive trial on ivermectin? That's it. Bye. No more contracts."

The War on Ivermectin

According to Kory, the idea for "The War on Ivermectin" was birthed after reading an article titled "The Disinformation Playbook,"¹ published by the Union for Concerned Scientists. He explains:

"What happened is that after my ivermectin testimony² [December 8, 2020, before Sen. Ron Johnson], which went viral and brought a lot of attention to the FLCCC ... our protocols were looked in to. Doctors started prescribing ivermectin.

And I thought — this is how naive I was — I literally thought that we were providing a major intervention that would alter the trajectory of the pandemic, without question. It would reduce cases, hospitalizations and deaths, and now you have an effective early outpatient treatment. And I thought that news would be welcomed.

I thought the FLCCC would come out as heroes. It was really Paul who identified the data signal first. He said, 'Wow. You got to see what these studies are starting to show.' I jumped in right behind him. I was the first author of that comprehensive review paper.

I worked a lot and I got deeply expert on ivermectin. But what happened in the next few months is that everything started going sideways, and I could not figure it out. I saw hit pieces. To you, this is not news. You're probably like, 'Yep. I've seen that before.'

The thing is, I didn't know. I didn't know that what I was really doing — bringing forth data supporting the efficacy of a generic drug — that is poking the bear.

And when I say poking the bear, what is anathema to the pharmaceutical industry and their whole business model is they cannot have generic off-patent drugs become standard of care. It obliterates the market for their pricing new pills.

I didn't know I was stepping into a war. In the history of pharma, I don't think any single medicine threatened as many [drug] markets and campaigns. The only other medicine that did that was hydroxychloroquine, but they already killed hydroxychloroquine in 2020.

I was coming out now with ivermectin, and it threatened hundreds of billions of dollars in perpetuity for these insanely lethal vaccines, monoclonal antibodies, remdesivir, paxlovid, molnupiravir – all of the markets for their novel new pills to enter. I mean, I don't think any medicine has ever threatened that much of a market.

So, we were getting attacked. I did an interview with the Associated Press and the article that came out, I mean, I almost had a heart attack [reading it]. I saw unending attacks on ivermectin and it was coming in different directions. I saw academia getting all hot and bothered.

'It's a fringe medicine. It's unproven. The trials are small.' I saw all these narratives and I didn't know they were narratives at the time. I thought people were being stupid ... Now, I see everything. I see everything they do now, even before they do it, because they're really predictable."

The Disinformation Playbook

The turning point came when Kory received a two-line email from Dr. William B. Grant (who also co-wrote my review paper³ on vitamin D for COVID prevention). The email said, "Dr. Kory, what they're doing to ivermectin is what they've done to vitamin D for decades." Attached was a link to The Disinformation Playbook article.⁴

“It’s a short article. It’s very well-designed. They have little diagrams and then they have examples of disinformation campaigns. They describe the five plays, which they name after American football plays. And these are the tactics that pharma used. I read the article and I was like, ‘Yes. Yes. Yes. Yes. Yes.’

Suddenly, the world made sense – and not in a good way. It was very ugly, because I was like, ‘That’s what’s going on. There’s a massive disinformation campaign directed at ivermectin.’ From that moment on, everything that happened, every day, it was almost like I got tied to a front row seat for a horror movie. I’ve had to watch a horror movie unfold ever since.

Millions dying, hospitals overflowing. And there’s a drug that could prevent that. It could avert catastrophe. It would’ve definitely either put the brakes on or stopped the vaccine campaign obsession, which is in my mind, is one of history’s greatest humanitarian catastrophes.

It’s a holocaust out there with these vaccines. That’s easily proven from immense sources of data now, from life insurance data, disability data, excess mortality data. Now we’re even seeing birth rates dropping.

So, the theme of the book is centered around that. It’s my experiences and knowledge of what they do ... It’s almost like a teacher’s manual, because I saw everything they pulled, how they did it and how successful they were – the fire plays, the blitz, harass the scientists that come out with inconvenient science, the diversion, inject doubt where there is none.”

Indeed, these disinformation tactics have a long history. They’re not new. It’s just that people in general have not been aware of these tactics, so they worked like a charm and could be used over and over again.

Disinformation Is an Old PR Tool Used by Toxic Industries

In the 1950s, the tobacco industry hired a PR agency called Hills and Knowlton, which established all the strategies Kory just listed and discuss at depth in his book. The

tobacco industry used it so effectively, they were able to quash cancer concerns for another 50 years.

Their disinformation campaign didn't end until attorneys general across the country finally decided to collaborate and bring massive lawsuits against the tobacco industry, winning not only settlements but also – and more importantly – limiting their ability to practice disinformation through media and advertising.

The telecommunications industry has used the same tactics since the '90s. They actually hired the same PR firm to protect their business and hoodwink customers, and they're still going strong. Unlike tobacco, which was finally understood to cause cancer, electromagnetic field (EMF) exposure from cell phones and Wi-Fi is still not recognized as a biological danger, despite massive amounts of evidence.

The drug industry, though, has perhaps used the disinformation playbook the longest, and it's high time to break their magic spell. The way we do that is by educating ourselves and others about how they use disinformation to manipulate you. Once you know their playbook, it's like being equipped with X-ray vision.

"I think 'The War on Ivermectin' is almost as important as Bobby Kennedy's book, 'The Real Anthony Fauci,' where he, in a highly-referenced fashion, documents the control of medicine and the medical sciences and how it's literally controlled by pharma and how depraved that control is," Kory says.

"They do not care. The pharmaceutical industry is a documented criminal industry. They've released many, many products that have caused untold deaths and what do they do? They try to suppress that evidence for as long as possible. They get caught. They pay a fine. They do it again."

Academic Freedom Is an Illusion

Kory also became wise to the fact that these kinds of medical disinformation campaigns have been routine for decades. Ivermectin was just the last in a long line of repurposed drugs that were being suppressed, lest it threaten Big Pharma profits. Cancer drugs,

heart medications and psychiatric remedies have all been buried in the same way. He continues:

“So, I started to learn about how pharma practices disinformation, and I think the most terrible disinformation campaigns, which caused more deaths than any other, were the ones on hydroxychloroquine and ivermectin ...

So, the book is about all of the tactics that I witnessed. It’s also about my personal journey. I’ve been through a lot. I’ve lost three jobs. One I left voluntarily. One was mutual. The third was a firing. Also, my proudest contribution to COVID [was writing what] I thought was the best paper of my life. It was a paper that argued that the pulmonary phase of COVID is actually an organizing pneumonia, or what they used to call BOOP.

I wrote a paper with one of the top chest radiologists in the world. I consulted pathologists. I looked at autopsy data, even just the CAT scans were in a pattern of organized pneumonia, which is a terrible descriptor for the disease, because it suggests that it’s an infection and it’s not.

Organizing pneumonia is an inflammatory response to a lung injury. The gold standard of care is corticosteroids. That’s the only thing that’s been shown to really reverse organized pneumonia.

I gave testimony in the Senate in May 2020, telling the world that it was critical to use corticosteroids in the hospital phase of disease. I got attacked by the University of Wisconsin. By the way, you know another thing that I learned? Academic freedom isn’t real. As soon as you’re a professor with an opinion that goes against orthodoxy or the system, oh, you’re going to feel the pressure ...

I was vindicated on corticosteroids. It’s now the standard of care around the world. However, the standard of care dose is 6 milligrams of dexamethasone, which is too low, [and] methylprednisone is far superior in its effects on the lung.

It's well-known that in fulminant cases, like whited out lungs on a ventilator, you need ... 1,000 milligrams of methylprednisone for three days in a row. Six milligrams of Dex is equivalent to about 32 milligrams of methylprednisone."

COVID Hospitalizations Eradicated With Ivermectin

While there are many individual success stories out there, one that Kory believes best illustrates the power of ivermectin against COVID is that of Itajai, Brazil, a city of 220,000 people. In June 2020, they implemented a prophylaxis program using ivermectin. The program was advertised throughout local media, and people were encouraged to participate and take ivermectin four times a month, on days 1, 2, 15 and 16.

On the appropriate days, they set up tents and centers where people could get the drug, and the entire program was carefully logged in an electronic database. In all, 159,000 Brazilians participated, of those 113,000 elected to take the ivermectin. Kory and eight co-authors published a paper⁵ on the results in March 2022.

"The 113,000 [who took the ivermectin] were older, sicker, fatter. Way more cardiovascular disease and diabetes. And, obviously, they were probably more worried about the impacts on their health.

So, when you look at that comparison, I mean, there are massive negative confounders. But despite those confounders, even when you didn't propensity match, there were insanely positive benefits in the ivermectin group.

They died much less, I think it was 70% lower risk of dying, 68% lower risk of hospitalization and 50% lower risk of getting COVID. And that was in the sickest of the sick in that city. Then, when we did propensity matching, matching them for age and other things, it was even greater.

There's a follow up study which is astounding, where ... they were able through pharmacy records to split the ivermectin group into two. Regular ivermectin users, those who took all their pills, and irregular, those who missed doses.

And when you look at the regular users, the ones who were most adherent to the protocol, no one went to the hospital. There was a 100% reduction in hospitalization and a 90% lower risk of dying. It's astounding ... I've never seen a more proven therapy in any disease model, which they successfully got everyone to believe is a horse dewormer used by unvaccinated conspiracy theorists."

Dosage Recommendations

Ivermectin recommendations have changed over time, as newer variants have acted differently, requiring updated approaches. At present, Kory still recommends ivermectin for prevention, if you really feel you need it. Current COVID variants are very mild, however, and rarely cause severe problems (unless you got the COVID jab).

For those struggling with long-haul COVID, ivermectin is a mainstay. "It's the most frequently effective therapy," Kory says. "I do have in my practice a minority who are ivermectin non-responders, but the majority respond in either small or large ways." Importantly, ivermectin is the most effective drug available for binding to the spike protein.

So, if there's circulating spike protein in your body, be it from natural infection or the jab, ivermectin will help bind to it, thereby preventing much of the spike's negative impacts.

Ivermectin also repolarizes macrophages from the M1 to the M2 subtype. M1 is hyperinflammatory and M2 is hypo-inflammatory. So, it reduces inflammation. In addition to that, ivermectin has at least 18 other mechanisms of action and downstream effects that can be helpful.

For long-haulers and the COVID jab injured, Kory typically starts patients out at 0.3 mg per kilo of bodyweight once a day. For most, that dose works well. It's still unclear how long people need to stay on this daily dose. Oftentimes, when they try to cut back, symptoms return, which suggests they still have spike protein in their bodies. Fortunately, the safety profile of ivermectin, even for long-term use, is very good.

Save the Date: Medical Conference in Orlando, October 2022

Hopefully, more doctors will get involved in the treatment of spike protein injuries. October 15 and 16, 2022, the Front Line COVID-19 Critical Care Alliance (FLCCC) will be holding a medical conference in Orlando, Florida, titled “Understanding and Treating Spike Protein Induced Diseases.” You can [register for the conference on the FLCCC’s website](#).

“We have a lineup of speakers, deeply studied in treatment of complex chronic illnesses from different specialties. There are a lot of ways to approach this disease, so it's really important. It really is directed at the treating providers. Because one of the many abject failures is they literally don't recognize vaccine injury.

There's no clinic for the vaccine injured. They're abandoned, and I'm just going to be crude here – they're pissing off the doctors because all of these patients are showing up that doctors have no idea what's wrong with.

They have no knowledge of the mechanisms. They have no knowledge of what some effective therapies can be. So, they're not treating these patients. They're abandoned and gaslit.

Some doctors actually get angry when the patients relate their symptoms to the vaccine. They don't want to hear it. They don't want a vaccine injured in their practice. I have numbers of patients where the physician literally told them, ‘You don't need to schedule a follow up.’

So, for those [doctors] who still have a shred of humanity, empathy and understanding that the spike protein is a toxin that causes immense amounts of disease, I hope they attend and/or watch the lectures that we'll stream afterwards.

We're coming at this very humble. I mean, there are very few trials on therapies in these two syndromes. So, it's really about clinical knowledge, expertise and

experiences from this disease and other diseases.

I am looking forward to it because I want to learn. I want to listen to those other speakers and hear about what they think and how they approach this. And I think it's going to be a really tremendous conference. I think a lot of laypeople will show up too ...

Laypeople who are much more deeply studied and knowledgeable on what's really going on. They didn't go to medical school, but they're deeply studied and they read papers. They watch, read a lot of data sources.

So, I think it would be of interest to laypeople who want to learn how to either help themselves, or help their friends and colleagues, just like they did with COVID. You know how many laypeople passed around our protocols and tried to get their friends and relatives access to the medicines on our protocol? They saved lives. They saved lives by doing that."

More Information

In the interview, Kory also reviews the clear and present danger the COVID jab poses to women, especially if they're pregnant or want to get pregnant in the future. We also review the blatant fraud perpetrated by Pfizer to hide the massive number of miscarriages that occurred in its human trial.

In summary, the miscarriage rate is 87.5%, which is just astounding. No woman in her right mind would pull that trigger if she had that information.

We also discuss the worldwide drops in birth rates (which began after the rollout of these experimental jabs), the complete absence of any supporting data for the authorization of COVID shots for children (which is yet another medical fraud perpetrated on the American people), and the lie that COVID is a pandemic of the unvaccinated (it's actually the complete opposite).

So, for more on those topics, please listen to the full interview, or read through the transcript. You can also find more of Kory's work on [PierreKory.substack.com](https://pierrekory.substack.com). Last but not least, be sure to pick up a copy of "[The War on Ivermectin: The Medicine That Saved Millions and Could Have Ended the COVID Pandemic](#)" to learn all about how the biggest, most lethal medical disinformation play was perpetrated, right before your eyes.

Sources and References

- ^{1, 4} [Union for Concerned Scientists, The Disinformation Playbook](#)
- ² [Senate.gov Testimony of Pierre Kory](#)
- ³ [Nutrients 2020; 12\(11\): 3361](#)
- ⁵ [Cureus March 2022; 14\(3\): c61](#)