



# Dr. Steve's Field of Vision

## In Defense of Truth

We have been told many things about the Coronavirus and the disease it causes since the early part of 2020. The popular media and elected officials report daily information that directly affects our lives. Unfortunately, much of that reporting is either partially, substantially, or completely false.

Take for example an article published on the Pantagraph web site on 25-September-2021 (Ivermectin Overdoses Low in Illinois, With None Reported in McLean County) that derides a treatment for COVID-19. The treatment is an old drug discovered decades ago known as 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, 21<sup>st</sup> List, 2019. Geneva: World Health Organization; 2019. Licence: CC BY-NC-SA 3.0 IGO).

The Pantagraph article quotes an expert saying, that in regard to taking ivermectin for the treatment of COVID-19, “At this point, the evidence heavily leans that there’s, there’s no benefit of taking Ivermectin.” The expert leaves room in his remarks that this could change in the future, but speaks quite definitively that the evidence is clear at this point in time.

Seriously?

In April of this year a study was published in the American Journal of Therapeutics that reviewed eighteen randomized controlled trials (the “gold standard” in medicine to demonstrate whether some kind of treatment works or doesn’t work) on the use of ivermectin to prevent (doctors use the fancy word “prophylaxis” to mean “prevent”) or treat patients with COVID-19. This review of the eighteen investigations of this drug found, “. . . large, statistically significant reductions in mortality, time to clinical recovery, and time to viral clearance. Furthermore, results from numerous controlled prophylaxis trials report significantly reduced risks of contracting COVID-19 with the regular use of ivermectin. Finally, the many examples of ivermectin distribution campaigns leading to rapid population-wide decreases in morbidity and mortality indicate

that an oral agent effective in all phases of COVID-19 has been identified.” (Kory P et al. Review of the Emerging Evidence Demonstrating the Efficacy of Ivermectin in the Prophylaxis and Treatment of COVID-19. American Journal of Therapeutics. April 2021.)

Does that sound like evidence that “heavily leans” towards no benefit from taking this established and very safe drug?

In addition, 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 ([www.ivmmeta.com](http://www.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 (remember—the GOLD STANDARD in medicine to find if some treatment method works or doesn’t work). A quick review of the findings indicates an 86% improvement in prevention, 68% improvement when used early in treatment, 40% improvement when used as late treatment and 58% 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.

Does that sound like evidence that “heavily leans” towards no benefit from taking this old and very safe drug?

Truth is being bent and twisted.

Now, let’s turn to the COVID-19 vaccines for a minute.

For the record: I am not an “anti-vaxer.” I have repeatedly encouraged those at high risk for poor outcomes from a COVID-19 infection to take the jab. This has included many of my patients, my eighty-four year old mother, other family members and patients in high-risk categories such as those that are obese and those with diabetes and/or hypertension—“Get in line and get your vaccine,” I have advised. I continue to stand by that advice for those at greatest risk.

We were originally told that the mRNA vaccines (Moderna and Pfizer) were 94% to 96% effective at preventing COVID-19 infections and the Johnson & Johnson vaccine 66% effective. We were also told that all the vaccines were 100% effective against hospitalization and death.

Our Governor and U.S. President are continually stating that the pandemic is a, “Pandemic of the unvaccinated.” Is this true?

If one goes to the Worldometer website (<https://www.worldometers.info/coronavirus/#countries>) you can find the number of COVID-19 infections reported by country. Two of the MOST VACCINATED countries on the planet are Israel and the United Kingdom. These two countries began vaccinating

their populations earlier than the United States and their vaccination rates are higher than those in the U.S.

Both the U.K. and Israel showed huge spikes of cases of COVID-19 in mid-December of 2020. Then the vaccines were rolled out in late December of 2020. Cases began to plummet in both countries and were practically nonexistent by April and May of 2021.

These vaccines were a very effective PROTOTYPE reducing the number of cases to almost zero of the original “wild type” of the coronavirus. Then, Mother Nature figured a way around the very narrow protection of the vaccines as the virus began to mutate. The Delta variant took off in August and September of this year. Go to the Worldometer web site and look at the graphs of Israel and the U.K. The number of daily cases is highest in July through September of this year in the MOST VACCINATED POPULATIONS ON THE PLANET! Who do you think is getting sick—only the unvaccinated? Hardly. What happens in Israel and the U.K. will happen here in the U.S. They are one to three months ahead of our country in terms of the COVID-19 timeline.

In support of what I have just said, a recent article in the British Medical Journal states, “More vaccinated people are dying of the delta variant of covid than unvaccinated people, according to a recent report from Public Health England. The report shows that 489 of 742 people (65.9%) who died of the delta variant within 28 days of a positive covid test between 1 February 2021 and 2 August 2021, had received at least one dose of the vaccine. 54.1% (402 of 742) had received both doses.” (Significant Proportions of People Admitted to Hospital, or Dying From COVID-19 in England Are Vaccinated. British Medical Journal. 25-August-2021.)

The U.S. is spiking cases as well. In my office in the past week (19-September through 25-September 2021) I had six patients—ALL VACCINATED—that had just recovered from a COVID-19 infection!

Does this sound like a “pandemic of the unvaccinated”?

The truth is being bent and twisted.

In spite of these facts, our Governor and President are now attempting to use coercion to get more people vaccinated. Using executive orders they are attempting to force all health care workers and employers with 100 or more employees to get the shots. These mandates require even those with natural immunity against the virus to submit to injection—in spite of the fact that a recent study from Israel demonstrates a thirteen to twenty-seven times greater protection by natural immunity versus vaccine immunity. (Gazit S et al. Comparing SARS-CoV2 natural immunity to vaccine-induced immunity: reinfections versus breakthrough infections. 10-September-2021) These mandates also require employers to violate federal HIPAA law to collect and report vaccination status of their employees to the state and federal governments!

“GET VACCINATED! GET VACCINATED! GET VACCINATED!” That is all we are told that will protect us against the virus. But, emerging evidence is suggesting otherwise.

In the meantime, low hanging fruit is being ignored by our public health agencies. Why are therapies such as Vitamin D3 supplementation and chelated Zinc being overlooked by these public agencies? These two simple supplements have been shown to bolster immune function against COVID-19. Why haven't the Centers for Disease Control, the Food and Drug Administration and the National Institutes of Health been waging war against obesity—the single greatest condition that makes a COVID-19 infection a more virulent killer? Imagine if those agencies had spent that past sixteen months counseling about weight loss, proper nutrition and exercise—how might the death count have been reduced by these simple strategies that cost virtually nothing?

The truth is being bent and twisted.

Why are State and Federal governments forcing vaccines into the arms of Americans when the current data suggests waning protection from these shots? Perhaps, it is because the truth about other potentially life saving therapies is being suppressed and falsified in the media and by government agencies? Perhaps it is because the Federal Government has used YOUR money to purchase only ONE arrow for its quiver against the coronavirus?

Let me be clear, I am NOT saying you should not get vaccinated. I am merely saying that you should do so with a clear understanding of the protection you may or may not be afforded by it.

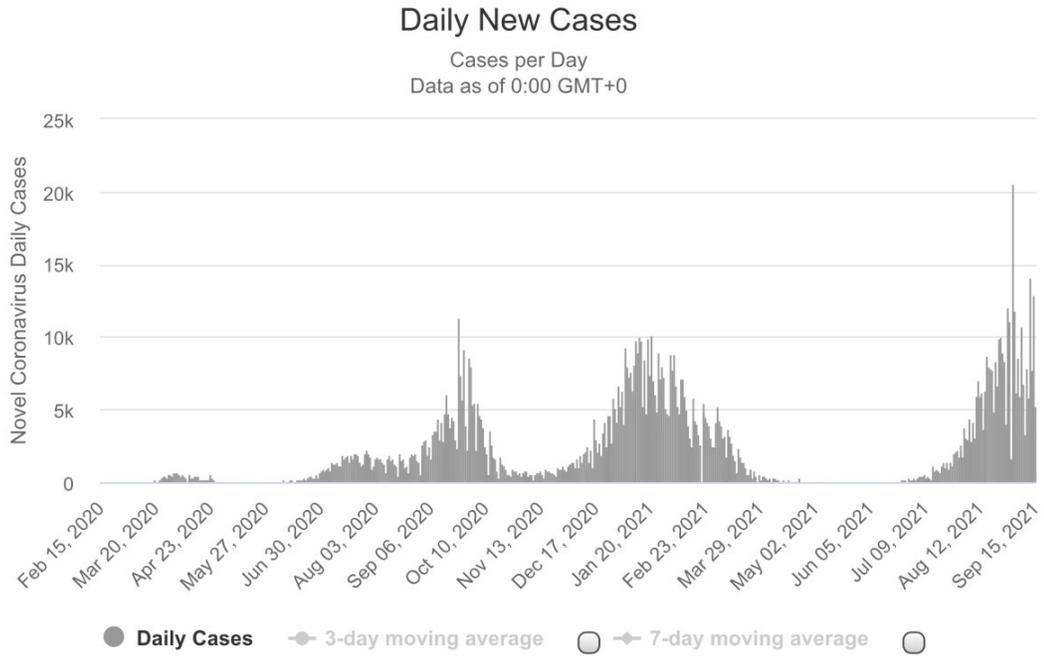
I don't know what the motivations for suppressing the data on simple vitamin and mineral supplementation, weight loss, the effectiveness of ivermectin and the data demonstrating waning protection from the vaccines is supposed to accomplish. All I know is that the “truth” is being bent and twisted perhaps under the assumption that YOU are not smart enough, or capable enough to handle the truth.

The truth shall set you free. You need to know what is true and what is being bent and twisted. Be skeptical of what you see in media reports, open your eyes and investigate for yourself.

Stand in defense of truth.

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## Daily New Cases in Israel



## Daily New Cases in the United Kingdom

