Dr. Steve's Field of Vision

Local Physicians Opinions Challenged

On the 1st of October, Chris Coates, Editor of the Pantagraph hosted a COVID-19 Roundtable discussion that was broadcast on www.pantagraph.com. This is the specific link to the panel discussion: 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

Two of the panel members were Dr. Ted Clark, a practicing emergency physician and chief medical officer at Decatur Memorial Hospital and Dr. James Nevin, chief medical officer for Carle BroMenn Medical Center in Normal and Carle Eureka Hospital. There were others, but these two stood out for me.

At 10:19 minutes into the discussion a question was posed regarding a recent study from Israel indicating that natural immunity is thirteen times more effective than vaccine induced immunity (Gazit S et al. Comparing SARS-CoV2 natural immunity to vaccine induced immunity: reinfections versus breakthrough infecrtions.) The question was why hospital administrators are not recognizing this fact and are still trying to compel hospital employees to get the vaccine. None of the panelists actually addressed the question but simply held to the talking point that everyone MUST get the vaccine and natural immunity couldn't be trusted.

Seriously?

Those with previous infection are donating their antibodies to be used as treatment for those with serious complications of COVID-19. Where do these physicians think those life saving antibodies used in treatment came from?

To suggest that a vaccine that only produces antibodies for the spike protein from the original "wild type" coronavirus I superior to a natural response of the immune system that would produce antibodies that has accounted for ALL the proteins/antigens populating the surface of the coronavirus is absurd. It also suggests that these physicians do not understand the mechanism as to how the vaccine works versus natural immunity.

Have these physicians forgotten everything they were taught in medical school about the immune response?

I challenge those physicians on the panel to answer the question posed and address the medical literature that indicates natural immunity is superior to vaccine mediated immunity.

When asked about alternative treatments such as Ivermectin (26:09), Drs. Nevin and Clark flatly stated that there was no evidence to support the use of Ivermectin in the treatment of COVID-19.

Those opinions fly in the face of published research

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 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.)

Also in regards to ivermectin, there is a web site that is tracking—in real time—new studies that are emerging that are studying this established drug in the prevention and treatment of COVID-19 (www.ivmeta.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). 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.

Interestingly, ivermectin is in a class of drugs known as protease inhibitors. Protease inhibitors interfere with a virus' ability to replicate by deactivating an enzyme a virus uses to copy its genetic code during the process of replication. Dr. Nevin talked positively about a new drug to be released—and there are two that are completing Phase 3 clinical trials from Pfizer and Merck—that are used to treat COVID-19. Interestingly, these two "new" drugs are protease inhibitors. Ivermectin is off patent and there is little money to be made by Merck, the original producer, consequently, big pharma has waged war against ivermectin, and these physicians appear to have been affected by this misinformation.

I would challenge the physicians on the panel to address the data from their own medical literature.

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