

If you can prove that the NIH and WHO got their treatment guidelines right, you could win \$2M



SteveKirsch
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18 Comments



This is the second in a series of articles arguing that obeisance to constrictive evidence-based medicine (EBM) treatment protocols in a pandemic is causing an unnecessary loss of hundreds of thousands of lives.

In my previous article, I showed that the current NIH and WHO treatment guidelines for fluvoxamine and ivermectin don't fit the evidence at all. A FOR recommendation for both these drugs is a near-perfect fit to all the data.

In this article, I will make it clear to everyone that their recommendations are so indefensible that no qualifying enabler (see list below) will be able to come forward to support these recommendations even if I offer a million dollar incentive for them to do so.

Any drug protocol used for treating COVID early must fall into one of three categories:

I claim that there has been abundant evidence on the table for at least the past 7 months, all in plain sight, that both fluvoxamine and ivermectin when given early at an effective dose are helpful because a HELPFUL hypothesis is a near perfect fit to all the evidence and that the other two alternatives, neutral or harmful, don't fit the eviden...

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
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SteveKirsch

Silicon valley tech entrepreneur. CEO of M10. Started COVID-19 Early Treatment Fund because repurposed drugs are fastest, cheapest way to end the pandemic and the government wasn't funding the top drugs/researchers. We funded the fluvoxamine trials. Taken early enough fluvoxamine can help prevent hospitalization and long haul COVID (PACS). Close to 100% effect size in clinical use.

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