

Argentinian Doctor Shares His Ivermectin Experience

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Argentina has extensive medical experience with ivermectin. Before the COVID-19 pandemic, it was used to treat dengue fever, which is endemic in Argentina

Early in the pandemic, Dr. Hector Carvalho, a retired medical professor in Argentina, devised two ivermectin trials to assess the drug’s usefulness against SARS-CoV-2. His treatment protocols are used in five Argentinian provinces. In one province, the death rate was reduced to one-third in less than a month, in the middle of the outbreak

When used preventatively, ivermectin is administered in conjunction with carrageenan, which also has antiviral properties

When treating mild cases, ivermectin is administered with aspirin; in moderate cases with aspirin and corticosteroids, and in severe cases, ivermectin is given with enoxaparin, an anticoagulant drug

These drug combinations were selected based on what was known about other viruses that cause similar health effects as SARS-CoV-2, such as the rhabdovirus’ effect on neurology, the paramyxovirus, which causes hyperinflammation in the lungs, and the dengue virus, which overamplifies the immune system

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In this interview, we continue the COVID-19 discussion with a medical expert from Argentina, Dr. Hector Carvalho, whose focus since early 2020 has been the prevention and treatment of COVID-19.

Carvalho graduated from medical school in 1981 — the same year AIDS emerged as a global pandemic. In the first two years, AIDS killed 2 million people. Since 1981, it has claimed the lives of 35 million. While officially retired for a couple of years, the 2020 COVID pandemic brought him out of retirement.

“My first fire baptism was with AIDS,” he says. “I have dedicated my professional time to teaching and assisting. I graduated as a professor in 1996, and worked as a professor for the School of Medicine in Buenos Aires, which is public. Later, I was an associate professor of internal medicine for two private schools of medicine until I retired a couple of years ago.”

Ivermectin Is a Potent Antiviral

Interestingly, Carvalho had experience with ivermectin as an antiviral before the COVID outbreak. Argentinian doctors were using it against dengue fever, which is endemic in Argentina. So, when SARS-CoV-2 emerged, they decided to take another look at the drug to see if it might be useful.

“We came across some studies that were being conducted in Australia at the Monash University by people like Dr. Kylie Wagstaff,” Carvalho says. “We supposed that it would be very useful because the virology in effect already proved that, and we decided — even before they published their first findings — to replicate what they were doing, but in vivo. That is, not in the laboratory but in human beings.”

In early April 2020, Carvalho and his team developed two trials submitted to the National Library of Medicine in the United States. One was for preexposure¹ (prevention) and the

other for treatment. In both cases, ivermectin was used as an adjunct to other compounds, as they didn't believe it was a silver bullet by itself.

For preventive purposes, they used ivermectin together with carrageenan, a food emulsifier and thickener that has a long history of use in both food and medicine. According to Carvallo, carrageenan has antiviral effects too, so the ivermectin was used in combination with topical carrageenan, administered through the nose and mucus membranes of the mouth.

In the treatment trial, ivermectin was combined with aspirin for mild cases, aspirin and corticosteroids for moderately severe cases, and enoxaparin (an anticoagulant drug) for severe cases.

These drug combinations were selected based on what was known about other viruses that cause similar health effects as SARS-CoV-2, such as the rhabdovirus' effect on neurology, the paramyxovirus, which causes hyperinflammation in the lungs, and the dengue virus, which overamplifies the immune system.

Early Treatment Is Crucial

Like so many other doctors, Carvallo knew right from the start that early treatment would be crucial and that telling patients to just wait it out at home until they couldn't breathe would be a death sentence.

"We knew from the very first day we entered the school of medicine that the sooner you treat any illness, the more chances you will have to be successful in the treatment," he says. "You have to treat quickly, and strongly. This is natural thinking. Nobody has to be a genius to know that. In this case, inexplicably, many doctors have been told to do nothing.

To keep the patients in their homes on their own with just a few pills of Tylenol — which we know it's good for nothing — until they cannot breathe properly. Then they have to be referred to the hospital. That is patient abandonment under any law in any country ...

If you walk around a corner and you see your neighbor's house on fire, you may call 911. You may play hero and enter the house and try to save them. You may cry out for help. The only thing you must not do is nothing.

I believe in any attempt to keep a mild patient, mild. What I cannot accept as a medical doctor — because it is against our oath — is to remain with arms folded until that person gets worse. That's criminal ... There's only one reason for all this. The reason is summarized in one word, greed."

Aspirin was chosen for its anticoagulant effects. Another option recommended by American doctors is NAC, an over-the-counter supplement that both prevents blood clots and breaks up existing ones. NAC also has other benefits that makes it useful against COVID-19. Argentina does not allow the sale of supplements without prescription, so no dietary supplements were used in these particular trials.

"That doesn't mean we say they are not good," Carvallo says. "We simply adjusted ourselves to what was there. We believe in the effectiveness of hydroxychloroquine. We

believe in the effectiveness of azithromycin. Vitamin D, zinc, doxycycline. We believe in those compounds too. But we have not tried them.”

Situational Update in Argentina

So far, only five of the 24 provinces in Argentina have authorized these ivermectin-based protocols for prevention and early treatment, but at least that’s better than the U.S., where ivermectin is rejected outright. In many U.S. hospitals, doctors who dare prescribe it face being fired.

As you’d expect with something that actually works, those five provinces are indeed faring better in terms of infection rates, hospitalizations and deaths. In one province, the death rate was reduced to one-third in less than a month, in the middle of the outbreak, when no vaccines were available.

Argentina didn’t start rolling out their COVID shots until March 2021, and the vaccination campaign has been slow. Carvalho estimates no more than 40% of the population has received two doses so far.

He believes the slow vaccine uptake is partly due to logistical challenges, and partly due to safety concerns. “Many people have preferred to use alternative methods instead of vaccines,” he says. Argentina may still move to make the injections mandatory, though.

“You know what? Making an experiment mandatory and using the media to convince everybody to use it is not new,” Carvalho says. “It was done during the second World War. Josef Mengele and Joseph Goebbels did that.

One made any experiment he wanted on people that were hopeless and at the camps. The other one was a minister of propaganda who convinced everybody that everything was OK ... That’s what we are seeing. Let’s forget about science — common sense has been disregarded.”

Carvalho himself ended up taking the Chinese COVID shot, as proof of vaccination was required for him to travel to Europe. In an effort to counter any potential side effects, he continues to take aspirin to prevent blood clots, and ivermectin. “I keep on using Ivermectin,” he says, “I’ve been using it for over a year.”

Recommended Dosing Schedule

In the U.S., ivermectin has been mocked and misrepresented as a veterinary drug. In reality, it’s been approved for human use for decades, and won the Nobel Prize for medicine in 1995, at which time it was considered a miracle drug.

“Even people from the CDC have said, ‘You are not a horse. You are not a cow. Why should you use Ivermectin?’” Carvalho says. “I would answer them, if they consider ivermectin is only for veterinary use, they are neither horses nor cows, they are asses. The fact is, we use ivermectin on a weekly basis for preexposure, that’s for prevention. The dose is 0.2 mg per kilo [of bodyweight. To calculate pounds into kilos, divide your weight in pounds by 2.2].

We adjust the dose to the patient’s weight. One of the worst comorbidities for somebody contracting the virus is obesity. You cannot give the same dose to a skinny

person and to an obese or morbid obese person. So, we adjust for that.

We use it once a week. Now that Delta is appearing in South America, we are considering reducing it to three or four days between doses. Do you know why we use it on a weekly basis? Because ivermectin will work for 3.5 days. For the other three days, you will be exposed.

You may contract the virus, but even before the virus can replicate enough to pass from the incubation period to the invasion period, you will take ivermectin again. So, you won't know it exists. You won't even realize you have contracted the disease. Your immune system will have [encountered] the virus and will start creating immunity ...

We keep on using that four months. We'll stop for a couple of months because ivermectin will accumulate in the fat tissue. After two months of not using it, we start again."

Carvallo also points out that natural immunity is far stronger than artificial immunity created by the COVID shots. This is no surprise, because that's how it's always been with all other viruses. The key is to prevent the infection from getting a strong foothold. With early treatment, you'll get through the infection just fine, and have robust and likely lifelong immunity.

Addressing Toxicity Concerns

As for the safety of ivermectin, studies in Africa have used doses that were 10 times higher than the 0.2 mg/kg recommended for COVID, without toxic effects. Hydroxychloroquine, on the other hand, has a far narrower safety margin. This is well-known, and was clearly used to discredit the drug. As explained by Carvallo:

"What they did with hydroxychloroquine in order to discredit it was easy. Hydroxychloroquine is also very useful against COVID. But the safety margin is narrow. What they did was to use three times the dose in order to cause toxicity. There were 200 studies in favor of hydroxychloroquine.

There was one study talking about the toxicity, and all the scientific community in the world latched on to that one. That's crazy. In the case of ivermectin, it was so wide a gap between safety and toxicity that they couldn't do that. So, they just disregarded it."

Now, there are veterinary formulations of ivermectin. Do not use these, as they typically contain polyethylene glycol (PEG), which is toxic to humans. Ironically, the COVID shots actually contain PEG. Many are allergic to this substance, which is why anaphylaxis is such a common acute side effect of the jabs.

Why Are COVID Jabs Still Recommended?

As of September 24, 2021, the U.S. Vaccine Adverse Event Reporting System (VAERS) had received 15,937 reports of deaths following the COVID shot, 71,036 hospitalizations and more than 752,800 adverse events in total.²

Calculations by Steve Kirsch, executive director of the COVID-19 Early Treatment Fund, based on VAERS data suggests the actual death toll may be around 212,000.³ He estimates

side effects and deaths are under-reported by a factor of 41 or more, so the total number of injuries is likely between 2 million and 5 million.

Even if we were to accept the official VAERS numbers, the death toll is astronomical. Under normal circumstances, a pandemic vaccine would be pulled after about 50 deaths. No explanation has ever been given for why the COVID shots are still being universally recommended after nearly 16,000 reported deaths.

What we're living is really a classic imitation of George Orwell's book "1984." Almost everything government and health officials say is the exact opposite of the truth. Right is left. Up is down. Black is white. For those who know the facts, it's a surreal experience. Double standards have also become the norm. As noted by Carvallo:

"The vaccine is almost sacred. It's like a Bible. Whatever we say in favor of other treatments is a sin. Nobel Prize [winners] of medicine, like Luc Montagnier and Satoshi Omura, have been censored on the media. It's crazy."

What's more, we already have evidence showing the shots don't work as advertised. They lose effectiveness very rapidly. The answer we're given is booster shots. Israel is already talking about a fourth dose, and the injections have not even been out for a full year yet.

"If you give a medicine and don't get a positive result in a few days, you reconsider either your diagnosis or your treatment," Carvallo says. "You don't insist on the same thing because it's insane to insist on the same thing trying to get different results."

The reason we keep getting more variants is because the vaccine is "leaky." It doesn't prevent you from getting infected, so the virus starts to mutate to evade the vaccine-induced antibody. Carvallo agrees, adding that it's equally insane that the shots are designed to produce antibodies against just one portion of the virus, the spike protein, rather than act against the pathogenesis of the virus.

According to projections, we could potentially see billions of people die or be permanently disabled from these experimental injections. How are we going to take care of them all? Who's going to pay for their care?

When you recover from a natural infection, you have both humoral and cellular immunity, and even though humoral immunity (antibodies) will decrease within a few months, you still have latent cellular immunity that will spring into action when needed.

The COVID shots do not provide any cellular immunity, which is why they cannot achieve herd immunity, even if 100% of a population is injected. Carvallo also points out that the SARS-CoV-2 virus is now the weakest it's ever been. The real enemy at this point is the propaganda that keeps fear alive.

Now's the Time to Take Control of Your Health

Carvallo is one of those rare individuals who has been able to perform research others cannot at this time. He's retired, so he has no funding or career to lose. He hopes that, eventually, more doctors will go back to thinking for themselves and return to their oath to do no harm, and to focus on what's best for their patients rather than the bureaucracy currently dictating what they can and cannot do.

According to projections, we could potentially see billions of people die or be permanently disabled from these experimental injections. How are we going to take care of them all? Who's going to pay for their care? Already, U.S. entitlement programs — Social Security, Medicare and Medicaid — are nearing bankruptcy.

According to David Martin, Ph.D.,⁴ pension programs and entitlement programs will all run out by 2028, and as they run out of money, the drug industry will collapse as well, as they are the primary beneficiaries of these programs. Medicare and Medicaid pay for the bulk of the drug dependency in America.

So, in just a few years' time, we'll be facing a convergence of collapses on multiple fronts, and at the same time, large portions of the population may be severely ill and wholly dependent on these systems for their survival.

Society also requires all sorts of infrastructure, and if large portions of society are crippled or dead, society will collapse from lack of qualified workers alone. So, the COVID shot mandates are clearly making an already precarious situation far worse, as the financial system would be collapsing anyway.

The best thing anyone can do right now to prepare for this convergence of collapses is to focus on your health. Make sure you're as healthy as you can be. Be sure to optimize your vitamin D level, for example, and avoid toxins of all kinds. Getting used to growing some of your own food would also be a good idea, as would looking into ways to protect your retirement assets.

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Notes

¹ [Journal of Biomedical Research and Clinical Investigation November 17, 2020; 2\(1.1007\) \(PDF\)](#)

² [OpenVAERS Data as of September 24, 2021](#)

³ [SKirsch.io/vaccine-resources](#)

⁴ [Z3News October 2, 2021](#)

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