

Special Report: Two Ivermectin Success Stories

What you learn might save your life

By [Joel S. Hirschhorn](#)

Global Research, December 12, 2021

Region: [USA](#)

Theme: [Science and Medicine](#)

All Global Research articles can be read in 51 languages by activating the “Translate Website” drop down menu on the top banner of our home page (Desktop version).

To receive Global Research’s Daily Newsletter (selected articles), [click here](#).

Visit and follow us on Instagram at [@crg_globalresearch](#).

Ivermectin has been attacked by pro-vaccine interests despite it being a cheap, safe and proven medicine for COVID treatment and prevention. Despite a mountain of clinical and test evidence showing that it really works, Big Media, Big Pharma and Big Government have stubbornly fought its use. Its use in a number of countries, notably India, has proven its effectiveness against COVID. Here are recent stories of its successful use worthy of serious attention.

Story 1. Hospitalized Patients

Most work on IVM has been on its early use when a person first gets COVID, because of its positive impact on the initial virus replication stage of the infection. If you get stricken with COVID and are seriously ill your doctor and hospital will not provide ivermectin. But several cases have shown that courts can force hospitals to allow IVM use.

As the following examples show it has been found life-saving for critically ill, hospitalized patients with little chance of survival when government approved protocols are used. Yet hospitals have stubbornly refused to use IVM even when patients or family members have strongly requested its use as patients face probable death. In response to this awful situation, some gutsy people have used the judicial system to get hospitals to do what is justified by medical science, save lives by using IVM.

In Illinois it took [a court](#) to force a hospital to capitulate to family demands to give a very sick elderly patient IVM. The hospital used the approved ways to treat the patient without success. These included the proven unsafe and very expensive drug remdesivir, intubation and ventilator use for a month in the ICU. None of it worked and the patient was given only a 10 to 15% percent chance of surviving.

Sun Ng, 71, who was visiting the United States from Hong Kong to celebrate his granddaughter’s first birthday. He became ill with COVID-19 and within days was close to death. He was hospitalized on Oct. 14 at Edward Hospital, in Naperville, Illinois.

Recognizing that her father was facing death, Ng's only child, Man Kwan Ng, with a doctoral degree in mechanical engineering, did her own research and decided that her father should take IVM. But the hospital refused to administer IVM and denied access to a physician the family located who was willing to administer it. This is typical of virtually all US hospitals.

Frustrated and seeing her father near death, the daughter went to court on her father's behalf and on Nov. 1 Judge Paul M. Fullerton of the Circuit Court of DuPage County granted a temporary restraining order requiring the hospital to allow IVM be given to the patient. And just like many other cases in the country, this hospital refused to comply with the court order. But the daughter and her attorney refused to give up. At a subsequent court hearing on Nov. 5, Fullerton said one physician who testified described Sun Ng as "basically on his death bed." The judge was informed IVM can have minor side effects such as dizziness, itchy skin, and diarrhea at the dosage suggested for Ng. And the judge said that the "risks of these side effects are so minimal that Mr. Ng's current situation outweighs that risk by one-hundredfold."

The judge issued a [preliminary injunction](#) that day directing the hospital to "immediately allow ... temporary emergency privileges" to Ng's physician, Dr. Alan Bain, "solely to administer Ivermectin to this patient." As of several months ago, Dr. Bain had [treated](#) over 40 patients with IVM. But the hospital resisted the order on Nov. 6 and 7, denying Bain access to his patient. But the fight continued.

An emergency report was filed with the court on Nov. 8 and Fullerton heard from both sides. The judge admonished the hospital and restated that it must allow Bain inside over a period of 15 days to do his job. Then the hospital filed a motion to stay the order but judge Fullerton denied it, again directing the hospital to comply.

The hospital finally gave in. Ng showed signs of improvement almost immediately. He passed a breathing test that he hadn't been able to pass in the prior three weeks, looked more alert and aware. The first dose of IVM showed immediate results and he got it from Nov. 8 through Nov. 12. He recovered from COVID-19 and was discharged by the hospital on Nov. 27, some six weeks after admission.

The drug "most definitely" saved the elderly patient's life "because his condition changed right immediately after he took ivermectin," said the attorney. Also recommended was that family members "find ivermectin themselves" and have it on hand "and use it when someone starts to develop symptoms." Great advice.

The attorney in this case was Kirstin M. Erickson of Chicago-based [Mauck and Baker](#).

Ivermectin was also at the center of [three successful court cases](#) in three upstate counties of New York involving hospitalized COVID patients – 65, 80 and 81 years old. All were given the drug under court order and recovered and were discharged. They were against hospitals in Buffalo, Rochester, and Batavia, N.Y. As in the Illinois case, the three patients were in ICUs and on ventilators when given IVM and had little chance of living.

The attorney for these cases was [Ralph Lorigo](#). Not surprisingly, as he has helped many families, with about 40 similar cases nationwide, he was the subject of an [article](#) titled "Ralph Lorigo has built a potentially lucrative brand as the go-to guy for desperate people willing to buck science in the pandemic's fourth wave. Now doctors are speaking out." As he has succeeded in getting courts to overcome hospital stubbornness, some physicians

have spoken out against him. A law website [said](#) this: “Hospitals reeling from surging Covid-19 cases are facing a new pandemic battle: lawsuits from guardians of patients on ventilators demanding treatment with ivermectin.”

Lorigo has become a much in-demand attorney for people across the country desperate to force hospitals and doctors to give dying loved ones IVM to do what the approved protocols have failed to do, namely save the lives of extremely ill COVID patients. In courts he has had to combat the mistaken beliefs of doctors and hospitals that IVM is not effective against COVID. The situation is stacked against lawyers but sometimes courts have gone against the medical establishment.

Lorigo said his cases were the result of “legitimate disputes” between hospitals, doctors and families, and called hospitals “arrogant” in the matter. “They only stick to their protocols,” he said. “It’s like they think they’re gods. They wear white coats, but they’re not God.” Absolutely correct.

The attorney has not always succeeded in saving lives with IVM. A Texas [case](#) sadly had a 74-year-old man die amid his family’s push for the hospital to give him IVM. Pete Lopez’s family said he was previously prescribed IVM at a VA hospital, but was admitted before he was able to take it. The family sought a court order against Memorial Hermann in Sugar Land, Texas. Lopez had battled his COVID infection for almost a month and was put on a ventilator. His family won a court order for the hospital to treat him with IVM but the hospital refused to administer the drug. And so, Lopez died. In this pandemic, hospitals to a large extent are killing machines.

Lorigo and other attorneys have to fight the notion that IVM is “unproven.” But medical science is on their side. There really is a mountain of medical evidence that lawyers can use in courts. One important example is a [published](#) medical 2021 study of patients hospitalized with confirmed severe acute COVID respiratory syndrome at a four-hospital consortium in South Florida. There were 280 patients with 173 treated with ivermectin and 107 in the usual care group. Analysis showed statistically significant lower mortality rates in the group treated with IVM as compared with the group treated with usual care: 15.0% vs 25.2%, respectively. That is a big reduction in deaths. The article noted: “Interpretation: Ivermectin was associated with lower mortality during treatment of COVID-19 patients, especially in patients who required higher inspired oxygen or ventilatory support.” Mortality was even lower for a subgroup of patients with severe pulmonary involvement (what most court cases are): 38.8% vs. 80.7% for IVM and usual care, respectively, a very significant result. The study emphasized: “We showed that ivermectin administration was associated significantly with lower mortality among patients with COVID-19, particularly in patients with more severe pulmonary involvement.”

All this explains why good judges have made the correct decision to give dying COVID patients a chance of surviving by letting them get IVM. Perhaps judges are paying attention to the huge number of COVID deaths of Americans, now approaching 800,000. Sounds like the medical establishment is not doing all that good.

Story 2. Early treatment with IVM

Here is what radio host and author Wayne Allyn Root [said](#) very recently: “Yes, it’s true. I beat COVID-19 in 48 hours with ivermectin.” He had a big wedding where he said: “Here’s the best story yet. I was healthy and strong at my wedding because of ivermectin. I caught

COVID-19 for the first time a few weeks ago. I beat COVID-19 in 48 hours with ivermectin and massive doses of vitamins, including intravenous vitamin C. Ivermectin is truly a miracle drug. I had had COVID-19 for a day when I decided to take it. The virus was gone in 24 hours. Yes, ivermectin and vitamins turned the deadly, run-for-your-life, lock-down-the-economy, mask-up-for-life, vaccinate-or-die COVID-19 into a minor common cold. And then it was gone in a day. Ivermectin made my bout of COVID-19 so mild, I never missed a day of work.”

“And lest you think I got a mild case, on the first day I had a fever, chills, a bad cough, mucus filling my lungs, awful pain in every muscle of my body, terrible exhaustion, and I lost my sense of taste. Sound familiar? It’s every symptom of COVID-19. I took two tests just to be certain. I tested positive twice. One day of ivermectin and it was gone. No one ever knew. Until now.”

He also noted: “My treatment was pretty much exactly the same as that used by [Joe Rogan](#) and NFL quarterback [Aaron Rodgers](#). Ivermectin plus mega doses of vitamins. The outcomes were the same, too. Ivermectin works like magic. It’s inexpensive. I never experienced any side effects. I thank God for ivermectin and mega doses of vitamin C, D3, zinc, quercetin, selenium, lysine, melatonin, garlic, liquid silver and probiotics.”

He added this: “No one has to fear COVID-19. No one has to be forced to take an experimental vaccine. No one ever has to choose between the vaccine and his job ever again. We have a miracle drug and a wonderful vitamin regimen that works fantastically. I’m exhibit A. Hey, liberals, are you listening? Have your heads exploded yet? Ivermectin works. It’s cheap, it’s effective and it has no side effects. India used it to make the worst COVID-19 outbreak in the world disappear almost overnight.”

On the political side he asked the reasonable question: “So why are President Joe Biden, the Democratic Party, Anthony Fauci and the CDC trying to hide the truth? Ivermectin can save millions of Americans from both COVID-19 and the risks of the COVID-19 vaccine. Ivermectin can save our economy. Ivermectin can save millions of jobs. Ivermectin can save trillions of dollars in costs from missed work, vaccines, hospitalizations and deaths. I’m playing the role of Paul Revere. ‘The ivermectin is coming, the ivermectin is coming.’ I want the whole world to know.”

IVM is not just coming; it is here and some great front-line doctors are using it successfully, including successful [protocols](#) of Dr. George Fareed and Dr. Brian Tyson. But most of the medical and public health establishment refuses to follow medical science and keeps letting hundreds of thousands of Americans die from COVID unnecessarily. Their government approved protocols and mindless advocacy for vaccines, that clearly have not worked well enough, spell death for very ill COVID patients. And it keeps many people from using IVM as an early treatment and preventive medicine.

*

Note to readers: Please click the share buttons above or below. Follow us on Instagram, [@crg_globalresearch](#). Forward this article to your email lists. Crosspost on your blog site, internet forums. etc.

This article was originally published on [Pandemic Blunder Newsletter](#).

Dr. Joel S. Hirschhorn, author of Pandemic Blunder and many articles, podcasts and radio shows on the pandemic, worked on health issues for decades. As a full professor at the University of Wisconsin, Madison, he directed a medical research program between the colleges of engineering and medicine. As a senior official at the Congressional Office of Technology Assessment and the National Governors Association, he directed major studies on health-related subjects; he testified at over 50 US Senate and House hearings and authored hundreds of articles and op-ed articles in major newspapers. He has served as an executive volunteer at a major hospital for more than 10 years. He is a member of the Association of American Physicians and Surgeons, and America's Frontline Doctors.

He is a frequent contributor to Global Research.

Featured image is from Shutterstock

The original source of this article is Global Research
Copyright © [Joel S. Hirschhorn](#), Global Research, 2021

[Comment on Global Research Articles on our Facebook page](#)

[Become a Member of Global Research](#)

Articles by: [Joel S. Hirschhorn](#)

Disclaimer: The contents of this article are of sole responsibility of the author(s). The Centre for Research on Globalization will not be responsible for any inaccurate or incorrect statement in this article. The Centre of Research on Globalization grants permission to cross-post Global Research articles on community internet sites as long the source and copyright are acknowledged together with a hyperlink to the original Global Research article. For publication of Global Research articles in print or other forms including commercial internet sites, contact: publications@globalresearch.ca
www.globalresearch.ca contains copyrighted material the use of which has not always been specifically authorized by the copyright owner. We are making such material available to our readers under the provisions of "fair use" in an effort to advance a better understanding of political, economic and social issues. The material on this site is distributed without profit to those who have expressed a prior interest in receiving it for research and educational purposes. If you wish to use copyrighted material for purposes other than "fair use" you must request permission from the copyright owner.

For media inquiries: publications@globalresearch.ca