

2 August 2021

Open Letter from the UK Medical Freedom Alliance to:

Professor Amanda Howe – President of the Royal College of General Practitioners (RCGP)

Professor Martin Marshall – Chair of the RCGP Council

Re: Prevention & Treatment of Covid-19 with Nutraceuticals and Pharmaceuticals

The UK Medical Freedom Alliance are an alliance of medical professionals, scientists and lawyers who are campaigning for Informed Consent, Medical Freedom and Bodily Autonomy to be protected and preserved.

We would like to share the available evidence regarding prevention and treatment modalities for Covid-19.

Covid-19 vaccines are currently heavily promoted as the ONLY way to manage and end the pandemic, despite no historical precedent for a pandemic ever having been ended or mitigated by vaccinating the entire population.

Covid-19 vaccines are not licensed but merely authorized for temporary emergency use, and the Phase 3 trials are not due to end until 2023. Many questions regarding efficacy and safety of the vaccines, especially regarding long-term effects, remain unanswered due to lack of data. Significant numbers of adverse effects, including deaths, are being reported to the VAERS Database in the USⁱ, Eudravigilance in Europeⁱⁱ, the MHRA in the UKⁱⁱⁱ and the WHO database^{iv}. In the report published by the MHRA on 22 July 2021, there were **over one million (1,082,942) adverse reactions** reported in the UK up to 14 July, including seizures, paralysis, blindness, strokes, blood clots and acute cardiac events. The report includes **1490 deaths. Emergency use of the Covid-19 vaccines is only justifiable in the absence of any alternative options.**

Throughout the pandemic, the majority of information about diagnosis and management of Covid-19 has been circulated not by practising physicians but by the government. Data to support this information has often not been peer-reviewed or made available for public scrutiny. Faced with an apparently new disease, diligent scientific research is urgently required. Instead, renowned scientists and doctors around the world have been heavily censored when offering any evidence or opinion challenging the Government narrative. This narrative is based on the understanding that there is no effective treatment for Covid-19 and that vaccines are the only way to end the pandemic. There still is no protocol for early ambulatory treatment of Covid-19 in the UK, despite a multitude of scientific evidence that there are several options available. **It is time to end the practice of “science by press release”, and for the medical profession to reinstitute due process of independently peer-reviewed evidence-based medicine.**

Covid-19 has an infection fatality rate of <0.1% for the majority of the population^{v vi}. Recovery occurs when an adequate immune response is initiated to overcome the infection. It is commonly acknowledged that the **individual risk of severe disease and death depends less on virus virulence than on age and comorbidities**, both of which directly impact the health of the immune system.

The paper “**Evidence Supporting a Phased Immuno-physiological Approach to COVID-19 From Prevention Through Recovery**” outlined in detail various measures which may be taken to support the immune system and therefore improve the response to Covid-19 at various stages of the disease, including prevention^{vii}.

Nutritional supplements have been clearly demonstrated, over the last 18 months, to have a role in prevention and treatment of severe Covid-19 disease, and a treatment protocol with specific therapeutics is warranted. As eloquently elaborated by cardiologist Dr Peter McCullough MD in his webinar “Pathophysiologic basis and clinical rationale for early ambulatory treatment of SARS-CoV-2 (Covid-19)”^{viii}, different approaches are required at different stages of the disease with varying combinations of therapeutics. His paper is a further reference advocating **intervention early in the disease process with the aim of avoiding hospitalization**^{ix}.

Nutraceuticals

There is a wealth of published evidence to support the use of nutraceuticals in the treatment and prevention of Covid-19^x.

- **Vitamin C**
Vitamin C is well known to have immunomodulatory properties, especially when given intravenously in high doses. Benefit in the management of Covid-19 has been demonstrated in both early and late stages^{xi xii}.
- **Vitamin D**
Vitamin D is essential for a fully functional and effective immune system. Studies have demonstrated that the majority of the UK population is deficient, especially those individuals with darker skins. This may well contribute to the correlation of ethnic minorities being particularly affected by more severe disease^{xiii}. Less favourable outcomes of Covid-19 disease have been associated with Vitamin D deficiency^{xiv} leading to a scheme by the UK government to provide supplementation to the vulnerable during the winter months^{xv}. Eliminating Vitamin D deficiency in the population would be an inexpensive and uncomplicated measure to reduce the risks of severe infectious disease, including Covid-19.
- **Zinc**
Zinc is a known inhibitor of viral replication, which has previously shown to be of benefit in treating the common cold^{xvi}. Its benefits have also been studied in relation to Covid-19^{xvii}, especially in combination with anti-malarials, acting as zinc ionophores.

Pharmaceuticals

As with any disease, treatment needs to be individualized, but below, we outline evidence for three specific pharmaceutical agents with demonstrable benefits.

- **Ivermectin**
Ivermectin is possibly the most thoroughly studied therapeutic for the management of Covid-19^{xviii}. Inhibition of viral replication has been demonstrated in vitro and in animal studies. Observational and randomized controlled studies have shown **benefits in prevention of disease and transmission, prevention of deterioration and in reduction of mortality** of up to 71%. It has been in common use for many decades with a good safety profile and is readily available at a low cost.

Dr Pierre Kory MD and the Frontline Covid-19 Critical Care Alliance have compiled a comprehensive review of evidence for efficacy and safety of ivermectin in the management of Covid-19, including a total of 6612 patients from 27 controlled studies, of which 11 have been published in peer-reviewed journals^{xxix}. Whilst the authors concede that further research is desirable, they argue that the compelling existing evidence needs to be acknowledged, especially in circumstances when the alternative appears to be to allow patients to deteriorate to the point of requiring hospitalization, which invariably then affects the outcome adversely.

The British Ivermectin Research Development (BIRD) Group, led by Dr Tess Lawrie (of the Evidence-Based Medicine Consultancy^{xx}) is a non-profit organisation campaigning for ivermectin to be approved to prevent and cure covid-19 around the world. Their website has a wealth of information about ivermectin published research and treatment protocols^{xxi}. Dr Lawrie recently co-authored a peer-reviewed meta-analysis, published in the American Journal of Therapeutics “Ivermectin for Prevention and Treatment of COVID-19 Infection -A Systematic Review, Meta-analysis, and Trial Sequential Analysis to Inform Clinical Guidelines”^{xxii} which concludes:

“Moderate-certainty evidence finds that large reductions in COVID-19 deaths [62%] are possible using ivermectin. Using ivermectin early in the clinical course may reduce numbers progressing to severe disease [86%]. The apparent safety and low cost suggest that ivermectin is likely to have a significant impact on the SARS-CoV-2 pandemic globally.”

- **Aerosolized Budesonide**

Following viral replication, an inflammatory response promotes the disease process. Over a year into the pandemic, the only therapy generally acknowledged as lifesaving for patients with moderate to severe disease is the oral or intravenous administration of corticosteroids^{xxiii}. However, inhaled budesonide, a commonly available steroid treatment for asthma, has also been used very successfully in Covid-19 patients^{xxiv}, and the Lancet recently published a randomized controlled trial (STOIC study) demonstrating that **early administration reduces the risk of hospitalization**^{xxv}.

- **Hydroxychloroquine**

Hydroxychloroquine (HCQ) has been used safely for many decades, especially as an anti-malarial drug. It is no longer patented and is therefore very inexpensive. In addition to its function as a zinc ionophore, it is also anti-inflammatory and impairs the endosomal transfer of virions within human cells. It has been observed that Covid-19 mortality rates in countries with high use of HCQ (mostly sub-Saharan countries where malaria is endemic) are 1-10% of the rates in countries where the use of HCQ has been purposefully restricted.

Early on in the pandemic, HCQ showed very promising results in the treatment of Covid-19 with reduction of mortality^{xxvi xxvii}. A protocol was proposed using HCQ in combination with zinc and azithromycin for maximum benefit (Zelenko protocol)^{xxviii}. Many further studies since then have demonstrated up to 67% benefit in the early and 25% in the late stages of disease^{xxix}. Observational studies indicate a 50% reduction in hospitalization.

The US National Institutes of Health published a study in 2005 demonstrating chloroquine to be a **potent inhibitor of SARS coronavirus infection and spread**^{xxx}. Whilst this study might

have prompted further research into the benefits of this drug for Covid-19, unfortunately landmark studies to investigate HCQ in the treatment of SARS-CoV-2 used doses of HCQ that significantly exceeded the recommended dose. Specifically, the WHO Solidarity and the UK Recovery trials utilized HCQ dosages of up to 2.4g on the first day^{xxxvi}. The dose recommended in the British National Formulary is 200-400mg (the same as used successfully in the Zelenko protocol) with a maximum of 6.5mg/kg per day^{xxxvii}. The majority of trials included in a meta-analysis exceeded this dose significantly^{xxxviii}. HCQ is known to have a narrow therapeutic window, and excess doses are likely to affect safety and outcomes.

Therefore, the **scientific evidence regarding efficacy and safety of HCQ for Covid-19 patients has unfortunately been significantly obfuscated**^{xxxix}. Flaws in research data even forced the Lancet to retract a publication on HCQ as a treatment for Covid-19^{xl}. One may only speculate over the reasons that prompted such unscientific conduct and the consequences for all patients who have been denied the potential benefits of HCQ as a result since then.

Whilst randomized controlled trials (RCTs) published in peer-reviewed journals are considered the gold standard of scientific evidence, a Cochrane review has previously suggested that “on average, there is little evidence for significant effect estimate differences between observational studies and RCTs”^{xli}. As such, findings of observational studies ought to be acknowledged and considered, especially in a situation of emergency, when few or no alternatives are available.

Data regarding the efficacy and safety of the Covid-19 vaccines certainly rest on much less robust evidence. It appears to have become common practice to glean advice given to patients from press releases, without the scrutiny of peer review or even a scientific debate. Prevention and management of illness should remain a matter between patient and their medical practitioner. We therefore urge you to study this letter including the references carefully, with the aim of **reclaiming the authority to decide what is best for your patients**.

Conclusion and Requests

- 1. The focus of good medical practice has always been on caring for the sick.** The aim of doctors managing a pandemic should therefore be appropriate treatment of individual patients, rather than the application of mass medical interventions, tests, and the administration of experimental products to the healthy population.
- 2. There is a wealth of evidence to support early treatment of Covid-19,** with cheap and readily available nutraceuticals and pharmaceuticals, to reduce morbidity and mortality. We appeal to you to share the interview with esteemed US doctor Dr Peter A. McCullough MD, MPH, FACP, FACC, FAHA, FCRSA, FCCP, FNKF, FNLA with all members of your college, as a [key educational resource](#), where he outlines the evidence and protocols for early ambulatory treatment of Covid-19^{xlii}.
- 3. Availability of effective treatments for Covid-19 renders the authorization of vaccines for emergency use void.** We appeal to you to remind all members of your college of the experimental nature of all Covid-19 vaccines, which are based on completely novel gene-based technologies that have never previously received regulatory approval for mass use in humans. The Hippocratic Oath commits all medical practitioners to **First Do No Harm**.

4. **Information about inexpensive and easily available options for disease prevention and treatment, as an alternative to vaccination, must be shared with all patients**, as part of an informed consent process. As outlined in our previous UKMFA Open Letter to GPs and vaccinators about obtaining informed consent for Covid-19 vaccination, available data regarding efficacy and safety of the Covid-19 vaccines, and their limitations, must also be shared^{xxxvii}.
5. We appeal to you to remind all members of your college that **vaccine manufacturers have requested and been granted exemption from all liability for injuries or deaths** caused by their products, and therefore **critical responsibility lies with the practitioner obtaining informed consent** prior to administration.
6. The relationship between doctors and patients depends fundamentally on trust. Patients trust professionals to adhere to their code of conduct and base their practice on robust and scientific evidence. Information about treatment options and the related scientific studies are freely available in the public domain. **The reputation of the medical profession is set to suffer irreparable damage if this evidence continues to be ignored**, together with the ever-mounting evidence regarding serious safety concerns associated with the Covid-19 vaccines.

We appeal to you to encourage all members of your college to educate themselves independently and comprehensively, as expected of a profession committed to guarding the safety of patients.

We hope that you find this information useful and trust you to disseminate it to the members of your college, in the interests of giving patients the highest standard of evidence-based medical care.

UK Medical Freedom Alliance

<https://www.ukmedfreedom.org>

ⁱ <https://www.openvaers.com/covid-data>

ⁱⁱ <http://www.adrreports.eu/en/index.html>

ⁱⁱⁱ <https://www.gov.uk/government/publications/coronavirus-covid-19-vaccine-adverse-reactions>

^{iv} <http://vigiaccess.org/>

^v http://www.who.int/bulletin/online_first/BLT.20.265892.pdf

^{vi} <https://onlinelibrary.wiley.com/doi/epdf/10.1111/eci.13423>

^{vii} <https://athmjournals.com/covid19/wp-content/uploads/sites/4/2020/05/imcj-19-08.pdf>

^{viii} <https://www.youtube.com/watch?v=kL1Tna3oXzE&t=393s>

^{ix} <https://www.amjmed.com/action/showPdf?pii=S0002-9343%2820%2930673-2>

^x <https://c19study.com>

^{xi} <https://c19vitaminc.com>

^{xii} <https://pubmed.ncbi.nlm.nih.gov/33537320/>

^{xiii} <https://pubmed.ncbi.nlm.nih.gov/33142828/>

^{xiv} [https://www.thelancet.com/journals/landia/article/PIIS2213-8587\(20\)30183-2/fulltext](https://www.thelancet.com/journals/landia/article/PIIS2213-8587(20)30183-2/fulltext)

^{xv} <https://www.gov.uk/government/publications/vitamin-d-for-vulnerable-groups/vitamin-d-and-clinically-extremely-vulnerable-cev-guidance>

^{xvi} <https://www.acpjournals.org/doi/10.7326/0003-4819-133-4-200008150-00006>

^{xvii} <https://c19zinc.com>

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