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Dr. Peter McCullough in New York on Dec. 24, 2021. (Jack Wang/The Epoch Times)

EXPERT VIEW PREMIUM

Dr. McCullough: Outpatient Treatments for COVID-19 Have Been Suppressed

By Jan Jekielek and Masooma Haq January 3, 2022 Updated: January 10, 2022

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The public should question why governments and public health officials around the world have put little to no emphasis on outpatient treatments in their efforts to fight the COVID-19 virus, instead promoting a massive effort on vaccines, according to Dr. Peter McCullough.

“Lots of messaging on the vaccine, but zero mentioning on treatment, none. And it’s been from the very beginning. There is a theme here, I hope everyone’s starting to get the theme. There is zero effort, interest, promotion, or care about early treatment of people who are sick with COVID-19,” McCullough told The Epoch Times. “But there is a complete and total focus on people who don’t have COVID-19 and giving them a vaccine.”

McCullough is an internist, cardiologist, epidemiologist, and lead author of the first paper on early COVID-19 outpatient treatment involving a multi-drug regimen. In a recent interview with EpochTV’s [“American Thought Leaders”](#) program, he discussed a wide range of evidence on COVID-19 preventative treatments that are being used around the world.

He said drug treatments must be prioritized in the effort to stamp out the threat of COVID-19. “Early treatment markedly changes spreads. So we reduce new cases, we reduce the intensity and severity and duration of symptoms. And by that mechanism, we reduce hospitalization and death.”

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The doctor cited recent treatments that have effectively killed the virus at the early stage of infection: Dr. Iqbal Mahmud Chowdhury conducted a protocol in Bangladesh that used a povidone-iodine rinse in the nose, mouth, and eyes to kill the virus. Another treatment effort by French Dr. Didier Raoult, who treated people using hydroxychloroquine, had great success.

“Chowdhury is the first author recognizing the fact that the virus is in the air, people breathe it in, it settles in the nose, and it begins to replicate. And it has to get to a certain threshold and overcome the other organisms in the nose and overcome our own immune system to become a clinical infection. So, there’s about a three-to-five-day window to actually zap the virus directly.”

Masks and hand sanitizer are illogical and data don't show them to be effective means to prevent COVID-19 infections because the virus is spread through the air, not hands, and is too small to be blocked by most masks, McCullough said.

McCullough said COVID creates "terrible inflammation" and hydroxychloroquine has been shown to be effective in reducing that, but instead of seeing an increase in using and studying the effectiveness of that drug, it has instead been restricted, and in some countries, doctors can be jailed for using it to treat their patients.

A map of where hydroxychloroquine is currently being used around the world for COVID-19 on March 1. (Courtesy of c19study.org)

In the United States, hydroxychloroquine can only be used in hospitals.

McCullough detailed the events that led to these restrictions. “There was a falsified paper published in Lancet ... which claimed to have tens of thousands of patients with COVID-19, hospitalized at multiple centers around the world, in their 40s, hospitalized with COVID-19.” He said the supposed study wasn’t verified, and it claimed the drug had negative health effects.

This “false” study led to medical professionals losing confidence in the drug, after which “hospital messaging started to say, ‘Listen, don’t use hydroxychloroquine.’”

“The NIH pulled the program on a fully funded trial in the midst of our initial wave of COVID-19. And then shortly after that, the FDA put out a statement: Hydroxychloroquine should not be used across the board, period,” he said.

“The next drug up on the block was ivermectin.”

The Epoch Times reached out to the NIH for comment on McCullough’s criticism of the NIH’s COVID-19 treatment guidelines. The NIH spokesperson declined to comment but said the NIH relied on a panel of many experts to develop the COVID-19 treatment guidelines.

The FDA told The Epoch Times that it’s committed “to speed patient access to medicines to prevent or treat COVID-19 provided they meet the agency’s rigorous standards,” but that the vaccines are the best way to prevent the disease and hospitalization.

McCullough said that, along with anti-hydroxychloroquine messaging, ivermectin was also maligned after the American Medical Association gave an opinion against it.

“So Americans saw the most confusing picture of hospitalized care of COVID-19 and a very confusing picture of outpatient treatment of COVID-19. My contributions, at least I tried to organize the outpatient treatment into concepts, where we would use drugs ... in the middle phase [to] treat inflammation, and in the late phase [to] treat blood clotting, and we stuck with those principles all the way through,” McCullough said.

He said it’s highly unusual for hospitals to not conduct trials on treatments for a disease, but with COVID-19, no major trials have been done to improve treatments and there have been no outcomes publicized by hospitals.

McCullough said improving treatments for those who are sick with COVID-19 has never been a priority for those in charge of public health because vaccines have been pushed from day one. He noted that CVS pharmacies were advertising the vaccines even before they were fully authorized.

CVS confirmed to The Epoch Times that it was advertising the vaccines in October 2020.

A sign at a drug store advertises the COVID-19 vaccine in New York City on Nov. 19, 2021. (Spencer Platt/Getty Images)

He said the U.S. media has almost completely blocked out what's going on around the world with treatments for COVID-19. "Anywhere where there has been an early oral drug approach, there has been success in terms of COVID-19. And now more recently—it was very fascinating—is anywhere where there's any attention to decontamination in the nose and the mouth with direct virucidal therapy, there have been stunning results."

He questions why the United States hasn't reviewed the work being done around the world to treat the disease. "We haven't seen panels of collaborating doctors. We've never seen a symposium on local therapy, what works best for the nose. No mention by public health officials." McCullough says those leading U.S. public health agencies are incompetent.

He suggests that there be a monthly review of new therapies used to treat COVID-19, both at a national and global level, for doctors to review and learn from peers. "The idea that there's no review, you'd think the World Health Organization would actually assign a task force. This is the biggest public health problem."

"So the treatment, inpatient and outpatient, of the biggest illness of our time, after two years, is an enigma."



Jan Jekielek

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Jan Jekielek is a senior editor with The Epoch Times and host of the show, "American Thought Leaders." Jan's career has spanned academia, media, and international human rights work. In 2009 he joined The Epoch Times full time and has served in a variety of roles, including as website chief editor. He is the producer of the award-winning Holocaust documentary film "Finding Manny."



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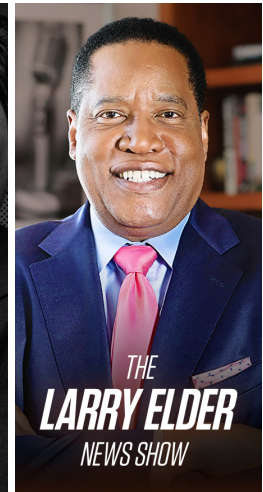
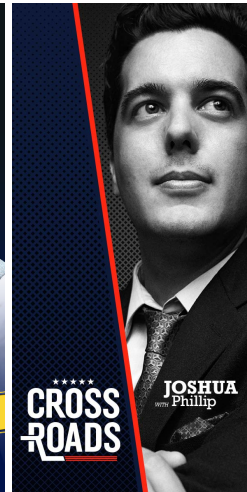
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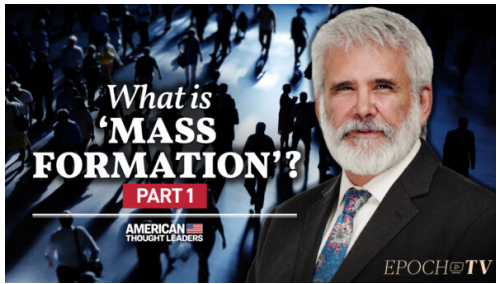
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