



Hydroxychloroquine tablets in a file photo. Canada experienced a brief shortage of the medicine used in treating COVID-19. (AP Photo/John Locher)

VIEWPOINTS

NY Doctor Proved Everyone Wrong About Hydroxychloroquine

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To date this doctor has treated 3,000 patients with COVID-19 symptoms, with only three high-risk patients dying.

Many doctors around the world started using the anti-malaria drug [hydroxychloroquine](#) (HCQ) early on in the COVID-19 pandemic. Among them is Dr. Vladimir Zelenko, a practicing physician in a Jewish community in Monroe, New York.

He garnered national attention in March 2020 when he told radio host Sean Hannity that he'd had a near-100% success rate treating COVID-19 patients with HCQ, azithromycin and zinc sulfate for five days. "I've seen remarkable results; it really prevents progression of disease, and patients get better," he said at the time.

In response, county health officials said Zelenko's claims were "unsubstantiated" and urged residents to listen to public health officials. In this interview, he explains how HCQ works against COVID-19, and discusses the lies spun about the drug to suppress its widespread use. Zelenko had a very active Twitter account and would get millions of views on his tweets, and like many other truth tellers in this crazy pandemic, he was censored and recently removed from Twitter.

"When we have a large population of people that need to be treated, it has to be oral, cheap, safe and effective," he says. "By the way, this is not new. This information was known in 2005 — even before.

There are papers with [Dr. Anthony] Fauci's name on it, calling [HCQ] a miracle drug. Fauci called HCQ a vaccine. There's a paper in which he called it an absolute dream treatment and vaccine. So, it's conveniently forgotten but that's what it is. It's a matter of scientific record."

What is most impressive to me is that he, through deep research and trial and error in the trenches, determined an incredibly effective protocol, and he did this under enormous personal health challenges. During the spring of last year, he was diagnosed with a type of pulmonary sarcoma that is typically considered terminal, and although improved, he continues to be under treatment for this condition.

Finding Solutions to Avoid a Death Trap

As SARS-CoV-2 swept through his tight-knit Jewish community, Zelenko was seeing anywhere from 50 to 250 patients per day. At this point, he's treated more than 3,000 patients with COVID-19-related symptoms. Only one-third of them actually received the triple-drug regimen. The remaining two-thirds were in low-risk categories and did not need drug treatment.

In all, Zelenko has only had 15 patients who ended up requiring hospitalization, four of whom were intubated. All were eventually successfully extubated and have recovered. The remaining 11 were admitted for intravenous antibiotics for pneumonia. In all, only three of his high-risk patients died from COVID-19, which puts the mortality rate for this treatment at just 0.3%.

“You cannot ignore that. That’s not even counting the risk stratification patients, which I chose not to treat. In other words, I was able to tell these patients, ‘I know you’re going to be fine. Go home, and you’ll be fine.’ And that has value.

If you include those, the mortality rate is even less. And this has been reproduced. You don’t have to listen to me. You can call it anecdotal all you want, but there are now Harvard professors of virology with 4,000 patient experiences.

Dr. George Fareed, for example, or Dr. Harvey Risch from Yale School of Epidemiology, who has shown that it’s absolutely statistically proven that HCQ used in the prehospital setting is absolutely effective. It’s impossible for it to be a mistake,” he says.

Why HCQ?

Zelenko tells the story of how he got started treating COVID-19 patients with HCQ:

“Hospitals were near capacity and all the outpatient services were closed. Half my staff was sick and all of a sudden I had a war zone. I basically started learning triage medicine, trying to save as many people as possible.

At that time, the whole world had been focusing on building respirators and hospital capacity [instead of putting] emphasis on prehospital care. I found that bizarre because that's never what we do in medicine. We [use] common sense and intervene in the earliest stages.

It's much easier to fix a small problem than a large problem. For example, someone has cancer, we don't wait for it to become metastatic disease. We treat as soon as possible. Someone has a small infection. We put the infection out. If you look at the CDC, they recommend starting the treatment of influenza with antiviral drugs within the first 48 hours, not the week, except when it came to COVID-19. We were told to send patients home, and when they get sicker, send them to the hospital, where there was a good chance they were going to get intubated, especially in March and April.

At that point, in the city, they had mortality rates above 80%. So, it was a death sentence. None of that made sense to me at all. So, I quickly started to brush up on my virology.

I wanted to understand how this virus works and more importantly, what I can do about it. A series on YouTube called MedCram, Episode 34, saved the world. It explains the biology behind how zinc inhibits RNA polymerase, and the fact that zinc can't get into the cell. So, it needs help.”

Zelenko goes on to describe how he settled on HCQ, a so-called zinc ionophore, meaning it shuttles zinc into the cell. He decided to treat high-risk patients as early as possible, and this turned out to be key. Early treatment really saves lives when it comes to COVID-19. This is not a situation where the wait-and-see strategy is well-advised.

According to Zelenko, during the first five days of SARS-CoV-2 infection, the viral load remains fairly steady. Around Day 5, it exponentially increases, potentially overwhelming the immune system. This also meant he could not afford to wait for test results, which took about five days. By then, most patients would already have progressed too far.

So, if a patient exhibited symptoms, especially if they reported loss of taste or smell as well, he'd start treatment immediately. In hindsight, about 90% of the tests of people experiencing symptoms had a positive test.

The Synergy of HCQ and [Zinc](#)

Zelenko likens HCQ and zinc to a gun and a bullet. HCQ is the gun that shoots the zinc into the cell. Zinc is the silver bullet that kills the virus by inhibiting an enzyme associated with viral replication inside the cell. The antibiotic azithromycin is given to prevent bacterial pneumonia and other secondary bacterial infections that are common in COVID-19.

Today, we have even more information, of course, which means there are more tools available besides HCQ, zinc and antibiotics. Ivermectin, for example, appears very useful, especially for prevention, as do steroids and blood thinners. So, Zelenko will now tweak the treatment of individual patients based on their symptoms.

“It’s not a cookie cutter approach, but what is absolutely the same is that high-risk patients must be treated as soon as possible, within the first five days from onset of symptoms, and they all survive,” he says.

The Psychological Operation Against HCQ

Unfortunately, as discussed by Zelenko, there was essentially a “psychological operation” put into place to scare people away from HCQ. A big part of that was turning it into a political issue. From the start, doctors who used the drug were threatened with the loss of their medical license, which is unheard of for a drug with such a long history of safe use.

The U.S. government made matters worse by only issuing emergency use authorization for in-hospital use and not for outpatient settings. Meanwhile, HCQ has been used for about 60 years in people with chronic conditions such as lupus and rheumatoid arthritis.

“So, the hypocrisy, the loss of common sense, the outright indoctrination killed a lot of people,” Zelenko says. “The root cause of it is the way we educate people.

It used to be that higher education was about teaching critical thought and deductive reasoning, analytical analysis.

Now we indoctrinate people into responding to stimuli like dogs, like automatons, like robots. Common sense no longer matters. That's my critique of higher education and why I think many physicians fell into the trap. Also, this country was traumatized. Even if a doctor was willing to give it, patients were afraid to take it."

The biggest reason for the fear was unfortunately due to falsified studies and trials using toxic doses. It's difficult to not suspect an ulterior motive in light of those facts. As noted by Zelenko, a main component of pandemic response, namely prehospital or outpatient treatment, was suppressed.

The question is why? One obvious reason was that it was a presidential election year, and then-president Trump came out in support of HCQ in March 2020. His announcement sparked immediate backlash from a chronically hostile media. "There were plenty of people willing to use every possible way to vilify the president and to discredit anything that might give him a win," Zelenko says.

Then, of course, there were financial interests at play. Millions of dollars were being invested into new drugs like remdesivir, for example — a drug that costs more than \$3,000 per treatment and is only for in-hospital use.

Hospitals were also paid tens of thousands of dollars more for COVID-19 patients, so there was no lack of incentive to get people into the hospital and keep them there either. Meanwhile, Zelenko's early outpatient treatment costs about \$20.

Fraudulent Studies Fueled Distrust

As for the fraudulent and misleading studies, the first to raise alarm was a VA study in Virginia, which found HCQ didn't prevent death. However, they only used it on late-stage patients who were already on ventilators. From there, they incorrectly extrapolated that it would not be helpful in earlier stages, which simply isn't true. Other trials simply used the wrong dosage.

While doctors reporting success with the drug are using standard doses around 200 mg to 400 mg per day for either a few days or maybe a couple of weeks, studies such as the Bill & Melinda Gates-funded Recovery Trial used 2,400 mg of hydroxychloroquine during the first 24 hours — three to six times higher than the daily dosage recommended — followed by 400 mg every 12 hours for nine more days for a cumulative dose of 9,200 mg over 10 days.

Similarly, the Solidarity Trial, led by the World Health Organization, used 2,000 mg on the first day, and a cumulative dose of 8,800 mg over 10 days. These doses are simply too high. More is not necessarily better. Too much, and guess what? You might kill the patient. As noted by Zelenko, these doses are “enough to kill an elephant.”

It’s really unclear as to why these studies used such enormous doses, seeing how the dosages this drug is normally prescribed in, for a range of conditions, never go that high. “All those studies did was prove that if you poison someone with lethal doses of a drug, they’re going to die,” Zelenko says.

Then there was the famous Lancet study that the World Health Organization used to justify essentially banning HCQ. This study was withdrawn when it was discovered that the data had been completely and utterly fabricated with falsely generated data from a fly-by-night company. It was supposed to be a meta-analysis of about 90,000 patients, which showed HCQ had lethal effects.

Unfortunately, before it was withdrawn, this fake study resulted in the WHO (or to quote Zelenko, the “world homicide organization”) putting a moratorium on the use of HCQ, which didn’t improve public trust in the drug. Even more egregious, the U.S. Food and Drug Administration used that fake paper as one of its justifications for removing the emergency use authorization for HCQ, even though the study had already been retracted.

Suppression of HCQ Needlessly Killed Tens of Thousands

According to Zelenko, “HCQ is the safest medication in the history of medicine, azithromycin is one of the most common antibiotics used in medicine, and zinc is a mineral that’s well-known

and well-tolerated. These drugs were affordable and available to take at home, which was very important. And they worked.”

“The virus is not dangerous if you approach it correctly. If you treat it in the right timeframe, it’s no different than a bad flu. You can deal with it.” ~ Dr. Vladimir Zelenko

June 30, 2020, Zelenko and two co-authors published a study showing that treating COVID-19 patients who had confirmed positive test results “as early as possible after symptom onset” with zinc, low dose HCQ and azithromycin reduced odds of hospitalization by 84% and all-cause death by 500% compared to no treatment at all.

Crazy enough, even though Zelenko went to great lengths to share his clinical findings with the White House and the National Institutes of Health, he received no support and was told they had no use for it.

“What’s happened over the last 20 years is that the academic elite and pharmaceutical industry have bred a monopoly on medical truth,” he says.

“They feel only data generated through randomized control trials, pharmaceutical sponsored trials, or those that are coming out of major academic institutions are to be viewed as truth. Anything coming from a frontline country doctor must be anecdotal.

That’s the crime here. And they created artificial barriers that prevented the flow of common sense and lifesaving information. You know which countries did take it seriously? See, this is a disease of affluence because the rich countries could afford the waste of money. The poor countries like Honduras ... they had no options.

They couldn’t afford respirators. They didn’t have enough hospital capacity. So, they gravitated towards the cheap generic approaches. And those are the ones that have the best outcomes.”

Zelenko highlights Uganda, which has a population of about 50 million people, yet has recorded just 325 deaths. “I think this was a genocide against the elderly and a crime against humanity,” he says. “There are plenty of people who have blood on their hands, including the media.”

Coordinated Effort to Cause Harm

He also stresses that the pandemic response, including the suppression of HCQ, has clearly been a global coordinated effort.

“You have to ask yourself, who benefits from a destabilized world? Who benefits from chaos on the streets, from anarchy, from financial despair, from psychological trauma? ... In some parts of this country, suicide rates are up 600%.

I speak to my colleagues in emergency rooms — the amount of child abuse and spousal abuse they’ve seen is absolutely ridiculous. The amount of collateral damage from preventable illnesses, like heart disease and cancer that are skyrocketing because people are not getting access to routine care.

A lot of people weren’t getting elective surgeries on time. So, there’s been a lot of collateral damage. The shutdown is killing more people than the virus. The virus is not dangerous if you approach it correctly. If you treat it in the right timeframe, it’s no different than a bad flu. You can deal with it. You don’t have to shut down the world.”

It’s Safe to Stop Living in Fear

Zelenko, who was born in a communist country and whose family suffered under communist and fascist rule, is quite sensitive to the signs of these authoritarian regimes. He recounts a story told in the book “The Gulag Archipelago,” by Alexander Solzhenitsyn.

Stalin wanted to dig a canal from Moscow to St. Petersburg. The work, done in the middle of winter, led to the death of 400,000 prison workers, as they weren’t given the appropriate clothes or tools. The bodies were thrown into the cement and became a permanent part of the canal.

“No ship ever used the canal because it was too shallow. So, the question was, why was this canal built? And the answer is: So that 400,000 people would die,” Zelenko says.

“I’m not attacking the vaccine. I’m attacking the need for the vaccine. I have not enough information to say it’s good or bad. And I don’t like to guess. But what I can tell you is that I know for a fact that 99.98% of young and healthy people under the age of 45 recover, with no treatment.

I also know for a fact, from my own real-world battle-tested evidence, which has been reproduced now on hundreds of thousands of patients, that if you intervene early, you essentially eliminate hospitalization and death. And, I’ve now treated two waves. I have not seen one patient who’s had COVID-19 in the first wave, get it again ...

So, the need for the vaccine doesn’t exist. It’s ... been artificially conflated ... offering people an artificial false hope solution in order to enslave them to be codependent on government. You know why my approach is so dangerous? Because not only does it treat COVID-19, [but] it treats anxiety. It tells people you don’t need to worry.

My statement to the American people or whoever’s listening is: Return to normal living. You do not need to worry. And by the way, there are nonprescription options ... that can replace HCQ if your government or doctor are too stupid or vicious to give it to you. So, you don’t have to rely on them. You can buy over-the-counter things that will save your own life. So, my point is, return back to normal life ...

It’s unbelievable the crime that’s been done on the human psyche. I’m screaming to humanity: Don’t be scared! Be cautious. Be smart. Use common sense. But don’t be scared. Return back to life. Reengage in life.”

HCQ Mechanisms of Action and Alternatives

Over-the-counter alternatives to HCQ include EGCG (green tea extract) and quercetin, both of which are zinc ionophores and therefore work much like HCQ does. Quercetin works best when taken in conjunction with vitamin C, however, as the vitamin C helps activate it. Zelenko recommends taking 1,000 milligrams of vitamin C with it.

Now, HCQ does have other mechanisms of action beside being a zinc ionophore, so it's a better choice, but if you simply cannot get it, EGCG or quercetin are viable stand-ins. Additional benefits of HCQ include:

- Inhibiting viral entry into the cytoplasm, in part by changing the pH
- Inhibiting cytokine storms through anti-inflammatory properties
- Stabilizing red blood cells, which improves oxygenation

“Since it has four different mechanisms of action, it's a very effective drug, and it has a half-life of 50 days in plasma,” Zelenko says. “But if you can't get it, you can't get it. So, I'll take quercetin or EGCG.”

The caveat here is you must implement this treatment within the right timeframe. It can be helpful to recognize we are in essence dealing with two diseases, or stages of disease, here.

First, there's the viral infection, and second, there's the immune over-response that leads to the release of inflammatory cytokines and agents that can cause blood clots. The key is to prevent the progression from the first stage to the second.

Prescription Help Is Available

Like many others who have dared run the gauntlet that is HCQ promotion, Zelenko has been attacked from several angles. His character has been assassinated in the press, his medical credentials questioned and threatened, and his online presence silenced.

“I had had zero media experience before March 2020. I am of a quiet doctor who was taking care of his patients, living a serene life. All of a sudden, this all exploded on me ...

I was on Twitter, getting 10 million impressions per tweet. They shut me down last month for platform manipulation. I'm not even sure what that means. So, I had to develop my own website. It's free and has my protocols in 20 different languages."

To learn more about Zelenko's protocol, be sure to visit his website, vladimirzelenkomd.com. There, you'll find protocols not only for early treatment but also prophylaxis, along with studies that document the rationale for each of the treatment components and patient testimonials.

His website also includes access to telemedicine via "Speak With an MD," which can overnight your medication. "So, if you live in a state that's tyrannical, you can have a consultation with Dr. Fields," Zelenko says. "I had to develop this because there were patients around the country who didn't have access [to HCQ]."

HCQ should be available to most people in the U.S. at this point, but you do need a prescription, and some doctors are still unwilling or resistant to prescribe it. Other times, pharmacies can create roadblocks. "It may take some diligence but none of my patients goes without the medication written for them," he says.

Early Treatment Prevents 'Long Haul' Side Effects

In closing, it's worth noting that when you treat early, your risk of developing long-term side effects, commonly referred to as "long-haulers," is virtually nil. Not a single one of Zelenko's patients who received treatment within the first five days of symptom onset went on to develop long-haul symptoms afterward.

"I had patients that were long-haulers, but they came to me after that window, and they were already advanced in the inflammatory process. At that point, the cytokine storm had already taken hold. They had developed blood clots, some of them had pulmonary infarct, or strokes actually.

Others developed ARDS or catastrophic lung damage and pneumonias, and others just are not themselves. I don't know how to describe it, but it ate away

part of their souls. They're not the same people. There's depression, there's lack of energy. There's a psychological impact as well.

So, it's not that I don't deal with long-haulers, I do. But the way to prevent the long-hauler syndrome is to intervene within the first five days, with appropriate antiviral medication in high-risk patients. That is 100% successful," he says.

The Light of Truth Will Prevail

Zelenko refers to the COVID-19 pandemic and everything surrounding it as an information war, a propaganda war, and his primary objective and agenda in this war is to educate and speak truth.

"There's a lot of false narrative being pumped into the heads of people, to create fear," he says. "In the Psalms of David, it says, 'With crooked people, you have to deal crookedly.' It also says you should learn from a thief.

So, I learned from the enemy, and I use their tactics to counter them. The main tactic is to spread truth. By the way, it's no longer dependent on me. I have second and third and fourth generation leaders that have taken on the mission and are really spreading the knowledge worldwide.

It's unstoppable. They could try to slow it down, and they are. But the truth will come out. The truth is coming out. And when the truth will be revealed, the people that try to obstruct it and use lies to slaughter, will be destroyed by it, God willing.

I am now more optimistic than I've ever been, simply because there's no more confusion. Life was very confusing. You didn't know what was good, what was bad. Now, it's very clear. There's much more bad, that's true. But I know where it is. I know where the enemy is. And I know where the good is. And a little light pushes away a lot of darkness."

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