

For those who don't know by now, Covid-19 is a virus! It is a well-known fact that there are no medical cures for any virus once it settles inside the body. The only way to prevent a virus from doing harm is by giving vaccines before it enters, or by taking antiviral medication and the body's complex immunological response. So to make it clear, HCQ or any other substances are not a cure for the virus itself but a treatment for some underlying problems the virus causes, like for example inflammation of the lungs. Unfortunately, the casual reader is left with the impression that it "cures" the virus, even though no one claims it does.

Now let's look at the treatments recommended by Dr. Zelenko in the advertisement in last week's MM. One is prophylaxis with HCQ plus zinc, or quercetin plus zinc. Here is a quote from Up To Date, an online reference tool for medical professionals: Clinical trials are being conducted in the United States and elsewhere to evaluate the safety and efficacy of post-exposure drug prophylaxis against COVID-19. No agent is known to be effective in preventing infection; we recommend that post-exposure prophylaxis not be attempted outside a clinical trial.

The second treatment Dr. Zelenko recommends is a mixture of HCQ, azithromycin (Zithromax), and zinc. Here are a few excerpts from articles regarding this particular treatment:

The above mentioned Up To Date writes as follows: [Hydroxychloroquine](#) was one candidate agent for post-exposure prophylaxis, but available data suggest it is not effective in preventing infection. In a double-blind trial, 821 individuals were randomly assigned to hydroxychloroquine or placebo folate tablets within four days of a household or occupational exposure to SARS-CoV-2, which was defined as contact within six feet for more than 10 minutes without an eye shield; most were also not wearing a medical mask. Hydroxychloroquine did not reduce the rate of the combined outcome of polymerase chain reaction (here I omit some statistical data). Side effects were reported in 40.1 percent of hydroxychloroquine-treated versus 16.8 percent of placebo-treated subjects. Loss to follow-up in about 11 percent, a greater rate of treatment discontinuation in the hydroxychloroquine group, and use of self-reported symptoms as a proxy for incident COVID-19 reduce confidence in the findings; nevertheless, the study did not demonstrate a role for hydroxychloroquine for prevention of COVID-19.

On July 4 2020, the WHO announced that it suspends trials for HCQ as a treatment for covid-19 patients, as it produced [little or no](#) reduction in mortality rates. In addition, last month, the FDA announced it was [withdrawing](#) an emergency use authorization it issued in [March](#) for chloroquine and hydroxychloroquine as Covid-19 treatments because the potential [side effects](#)—namely [heart problems](#)—outweighed possible benefits. The National Institute of Health in June stopped its clinical trials into hydroxychloroquine as an in-hospital Covid-19 treatment, writing in a release that "while there was [no harm](#)," the drug was "very [unlikely](#) to be beneficial to hospitalized patients." Hydroxychloroquine has been a [controversial](#) drug since the early days of the Covid-19 pandemic. In April, the FDA warned against taking chloroquine and hydroxychloroquine [without supervision](#) after reports of poisonings and deaths, days after an NIH panel recommended the [same](#) for hydroxychloroquine and azithromycin.

There are reports of studies done that supposedly "prove" the effectiveness of this treatment, the last one just published last week in the International Journal of Infectious Diseases (and as reported by CNN) from a team at the Henry Ford Health System in southeast Michigan, where Dr. Marcus Zervos, division head of infectious disease for Henry Ford Health System, said 26% of those not given hydroxychloroquine died, compared to 13% of those who got the drug. The Henry Ford team also monitored patients carefully for heart problems, he said. "The combination of hydroxychloroquine plus azithromycin was reserved for selected patients with severe COVID-19 and with minimal cardiac risk factors."

But researchers not involved with the study were critical. They noted that the Henry Ford team did not randomly treat patients but selected them for various treatments based on certain criteria. "As the Henry Ford Health System became more experienced in treating patients with COVID-19, survival may have improved, regardless of the use of specific therapies," Dr. Todd Lee of the Royal Victoria Hospital in Montreal, Canada, and colleagues [wrote](#) in a commentary in the same journal.

The Henry Ford team wrote that 82% of their patients received hydroxychloroquine within the first 24 hours of admission, and 91% within the first 48 hours of admission. They wrote that in comparison, a study of patients at 25 New York hospitals started taking the drug "at any time during their hospitalization." But patients in that New York study, [published in May in the Journal of the American Medical Association](#), started taking hydroxychloroquine on average one day after being hospitalized. Eli Rosenberg, associate professor of epidemiology at the University at Albany School of Public Health, pointed out that the Detroit paper (from the Henry Ford Health System above) excluded 267 patients, nearly 10% of the study population, who had not yet been discharged from the hospital. He said this might have skewed the results to make hydroxychloroquine look better than it really was. Those patients might have still been in the hospital because they were very sick, and if they died, excluding them from the study made hydroxychloroquine look like more of a lifesaver than it really was.

Both the Detroit and New York studies were observational, they looked back at how patients did when doctors prescribed hydroxychloroquine. While helpful, observational studies are not as valuable as controlled clinical trials. Considered the gold standard in medicine, patients in a clinical trial are randomly assigned to take either the drug or a placebo, which is a treatment that does nothing. Doctors then follow the patients to see how they fare.

Two clinical trials on hydroxychloroquine for Covid-19, one in the US and one in the UK, were stopped early because their data suggested hydroxychloroquine wasn't helpful. The US trial, run by the [National Institutes of Health](#), enrolled more than 470 patients. The UK trial, run by the University of Oxford, enrolled more than 11,000 patients. "We have concluded that there is no beneficial effect of hydroxychloroquine in patients hospitalized with COVID-19," the [Oxford doctors concluded](#).

After reading all of this I will repeat: It is not the business of lay people, specifically anonymous ones, to propagate medical procedures in popular papers like the MM, and appealing to the readers emotions that because this or that Dr. is our own

heimish Dr. and a cancer survivor, we have to take their word for it blindly. As you can see clearly, this treatment is dangerous and proven unhelpful in treating covid-19 in many clinical trials.