



# Top Yale Doctor/Researcher: 'Ivermectin works,' including for long-haul COVID



Mary Beth Pfeiffer  
March 22, 2021

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A Yale University professor and renowned cancer researcher has pored over the COVID-19 literature and treated several dozen patients. He can remain silent no longer.



Dr. Alessandro Santin, a practicing oncologist and scientist who runs a large laboratory at Yale, believes firmly that ivermectin could vastly cut suffering from COVID-19. Santin joins a growing group of doctors committed to using the safe, generic drug both as an early home treatment to prevent hospitalization and alongside inpatient treatments like steroids and oxygen.



“The bottom line is that ivermectin works. I’ve seen that in my patients as well as treating my own family in Italy,” Santin said in an interview, referring to his father, 88, who recently suffered a serious bout of COVID. “We must find a way to administer it on a large scale to a lot of people.”

Santin’s statements carry the prestige of a leadership position at Yale School of Medicine and the gravitas of a top uterine cancer researcher, who has authored more than 250 science journal articles and pioneered treatment, used worldwide, for the most aggressive form of uterine cancer. At Yale, he is an OB/GYN professor, team leader in gynecologic oncology at the Smilow Comprehensive Cancer Center, and co-chief of gynecologic oncology.

## **Improvement Across the Board**

When COVID came along, Santin began reading about how best he might help his cancer patients, 10 to 20 percent of whom were coming in infected with COVID. He began using ivermectin after the National Institutes of Health changed its advisory in January to allow the drug’s use outside of COVID trials.

Santin’s endorsement is not only important but broad. He said he has seen ivermectin work at every stage of COVID — preventing it, eliminating early infection, quelling the destructive cytokine storm in late infection, and helping about a dozen patients so far who suffered months after COVID. One of them is an athlete and mother of two, 39, who had been disabled by post-COVID chest pain, shortness of breath and fatigue; she confirmed in an email to me her joy at being able to walk up a hill again and breathing better within 72 hours of her first dose.



“When you have people that can’t breathe for five, six, eight, nine months and they tried multiple drugs and supplements with no success, and you give them ivermectin,” Dr. Santin said of long-haul patients, “and you see that they start immediately feeling better, this is not placebo. This is real.”



The majority of patients improved within one to three days, he said, particularly those with breathing problems, debilitating fatigue and chest pain. Two draft studies from Peru have reported improvement with ivermectin in long-haul patients; several physicians, like Santin, have also had anecdotal success.

Beyond his outpatients, Santin has treated family members and friends infected with COVID in both his home community in Connecticut and in his native Italy via telemedicine. There, he prescribed ivermectin to more than 15 families, in which parents, children or others had become infected; the goal was both to treat early and prevent severe COVID, as studies have shown ivermectin does.

“I have not a single one that right now had to go to the hospital to receive oxygen,” he said. “I have no doubt ivermectin saved my 88-year-old father’s life.” His father survived COVID despite high blood pressure, cardiac disease that led previously to seven stents and open heart surgery, and lung problems. “If I can save you,” he said referring to his father, “I can tell you, I save anybody.”

Santin said he has also consulted on inpatient care with a colleague at a hospital in his native Brescia, one of the cities hardest hit by COVID in Italy.

Two Italian newspapers first reported Dr. Santin’s experience with ivermectin, on March 5 and March 18. In the first article, he told the newspaper il Fatto Quotidiano, “Ivermectin can really be the game-changer against COVID-19.” He reported seeing cancer patients “radically improve their shortness of breath and oxygenation” within 24 to 48 hours of their first dose.



In a subsequent article in Affaritaliani newspaper, he described his surprise after first reading the body of 40 positive ivermectin studies and then using the drug on patients. “I did not expect that a drug approved over 35 years ago with other indications [namely to treat parasitic worms and scabies] could really be so effective and well tolerated in COVID patients,” he said.

In both articles and in my interview, Santin pointed to the crucial advocacy of Dr. Pierre Kory, an ICU specialist and perhaps the nation’s strongest voice for ivermectin as president of [Frontline COVID-19 Critical Care Alliance](#).

## **Doctors: Read the Research**

Kory said Santin’s experience is typical of doctors who take time to scour the new ivermectin [research](#). “I’m just so encouraged that other thoughtful clinicians are able to assess, to investigate, to look at the evidence and make a judgment on the risk-benefit analysis,” he said of Santin.

Both physicians faulted doctors who don’t read emerging science and instead follow rigid hospital protocols; these notably leave out ivermectin, even though the drug has now been given the same neutral NIH recommendation as monoclonal antibodies and convalescent plasma.

As a result, newly diagnosed COVID patients are typically told, as they have been for a year: Go home, take acetaminophen perhaps, and go to the hospital when breathing gets tough. In other words, get sicker before you get care.

But even hospital care has huge gaps. “When you are an inpatient with severe COVID right now, ” Santin said, “you give them a steroid, you give them heparin and remdesivir. That’s it. If they improve, great. If they get worse, you unfortunately keep on watching them die.”



“I was very disappointed, and I’m still very disappointed, about the treatment protocols that we currently are providing to patients,” he said. This is why, he told me, he has decided to speak out.



Kory and Santin differ in one respect. Kory believes long-haul syndrome is driven largely by inflammation; Santin sees a significant role for persistent infection, namely live lingering viruses.

In the scheme of things, this is a small issue. The key to halting COVID is to use the drug, both doctors agree. Instead, mainstream medicine, the press and public health officials in the U.S. and Europe ignore it, while India, Bangladesh, Peru, the Czech Republic, and other countries reap its benefits.

## **Put Focus On Therapies**

The Western approach to long-haul COVID is a case in point. Studies at many university centers are focused in general not on treatment therapies but on defining the long-haul syndrome. As a result, Kory said, patients with cognitive issues, pain, breathing and heart problems are referred to specialists with few tools to help them. This may be understandable given that long-haul research is scant and raw.

But for doctors like Santin and Kory, existing safety data and clinical research gives ample reason to try ivermectin at every stage, including in the 10 percent who have what the FLCCC calls “persistent, vexing, and even disabling symptoms after recovery.”

Fred Wagshul, a pulmonologist in Dayton, Ohio, tried ivermectin for five to seven days in what he called “true long-haulers.” Most reported significant improvement in days. Similarly, Peruvian researcher, Gustavo Aguirre-Chang, reported on 33 long-haul patients who were given ivermectin one to three months after resolution; 88 percent got better with two daily doses.



# The Story of Sam Dann



Sam Dann is the poster boy for what COVID can do to a muscular, active 41-year-old and regular jogger. Like many other patients, he was sent home after a positive test last July with the advice to “drink Gatorade and take Tylenol.”

Over the next months, “I went through an absolute living hell,” he told me, that was worse than three tours in Iraq.

After the initial bout of infection, he experienced crippling fatigue, anxiety, sleeplessness and nightmares, uncontrollable tremors, a racing heartbeat, and an inability to think straight or recall basic information. He could not work.

Some six months into his grueling odyssey, Dann went to Dr. Bruce Boros, a Key West, Florida, cardiologist and urgent care center owner who, after treating about 200 patients with ivermectin, is now offering it prophylactically. There, Dann got a 10-day prescription for ivermectin.

The vertigo went away almost immediately. The tremors calmed. The nights were difficult but gradually improved. The pain went from 8, on a scale of 10, to 1 to 3. “I still get weird feelings here and there,” he told me, “but I’m nowhere where I used to be.”

Despite stories like this, every day in the United States and elsewhere, we are minting new long-haul patients just like Sam Dann. Said Dann, “There are a lot of dead people because they refused to acknowledge this drug’s usage.”

Santin’s advice to doctors who unquestioningly follow COVID protocols is this:

“Use your brain. If your patient is dying, change something, try to do something more.”



Of ivermectin, he said, "It's safe, it's cheap and it works."



***\*\*\*Mart Beth Pfeiffer is an investigative journalist and regular contributor to Trial Site News. Her website can be found [here](#). Twitter: @marybethpf.***



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Dr. Alessandro Santin

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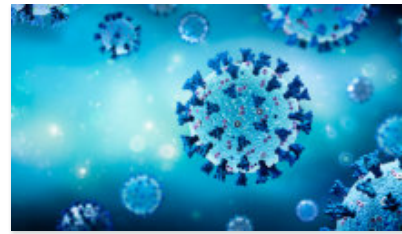
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Not Using Ivermectin, One Year In, Is Unethical And Immoral



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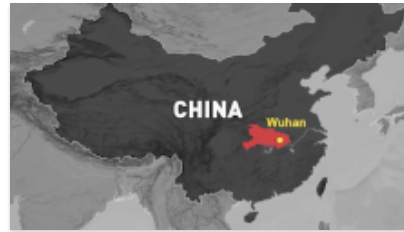
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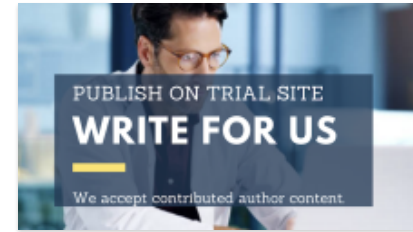
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## Mary Beth Pfeiffer

Mary Beth Pfeiffer, author of *Lyme: The First Epidemic of Climate Change*, has been an award-winning investigative journalist for three decades. A reporter who has specialized in social justice, environmental and health issues, she is also author of *Crazy in America: The Hidden Tragedy of Our Criminalized Mentally Ill*. The book is a critically acclaimed look at treatment of the mentally ill in prisons and jails in the United States. Pfeiffer is married to Dr. Robert Miraldi, whom she met when both were reporters at the Staten Island Advance. Miraldi, a Fulbright scholar and journalism professor, is author of *Seymour Hersh: Scoop Artist*. They have two children, four grandchildren and a Shih Tzu named Bushwick.



## Responses

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*tetech2*

March 24, 2021

The link within the article isn't working but it's only a page long so I'll paste it here about the dosage for long haulers.

**PERSISTENT OR POST-ACUTE COVID-19: IVERMECTIN TREATMENT FOR PATIENTS WITH PERSISTENT SYMPTOMS**

Gustavo Aguirre Chang; Eduardo Castillo Saavedra; Manuel Yui Cerca; Aurora Trujillo Figueredo; José A. Córdova Masías. Research Gate. July 12, 2020.

English translation copy edited by Madeline Oh

**SUMMARY:**

**INTRODUCTION:** It is estimated that between 10 to 45% of people who get sick of COVID-19 will present symptoms after the acute stage of the disease and that these will persist for weeks, developing what is called Persistent or Post-Acute Symptoms of COVID-19. There is no consensus or publication on a specific and effective treatment for



these cases. Therefore, an proper diagnosis and treatment for these patients is not currently not been being carried out, and there is a lack of knowledge as to the etiology that causes it.

**MATERIAL AND METHODS:** In the present study, 33 patients with the clinical diagnosis of Persistent or Post-Acute Symptoms of COVID-19 who were between 4 to 12 weeks from the date of symptom onset and who had 1 to 3 months of symptoms were enrolled. Patients whose main symptoms were muscular system, such as fatigue due to muscle weakness, diminished muscle strength and myalgia (muscle pain) were excluded from the study.

The following protocol was followed: Ivermectin was administered at a dose of 0.2 mg per kilogram of body weight per day was given for 2 days. If patients still had symptoms after the 2 doses, 2 more days of treatment with Ivermectin was given at the same dose. For cases with moderate symptoms, a dose of 0.4 mg per kilogram of body weight was prescribed for 2 days, then continued with 0.2 mg per kilogram of body weight for 2 more days. If a patient continued to have symptoms after the 3rd day of treatment, more Ivermectin doses were indicated and should continue while clinical improvement was observed and until there was no longer a clinical improvement response with treatment.

**RESULTS:** 33 adult patients with Persistent or Post-Acute Symptoms of COVID-19 were treated with Ivermectin. In 94% of the 33 patients treated with Ivermectin clinical improvement was observed to some degree (partial or total) after the 2 doses of Ivermectin. Complete clinical improvement was observed (total, without symptoms) in 87.9% of patients after the 2 doses of Ivermectin. In the 12.1% of patients whom did not have resolution of the symptoms with the first 2 doses, additional doses of treatment with Ivermectin was provided per protocol, with final clinical resolution of symptoms seen in 94% of cases.

**CONCLUSION:** The result of the present study demonstrates that clinical improvement is seen in a high percentage of patients with Persistent or Post-Acute Symptoms of COVID-19 who had been treated with Ivermectin.

Given the high number of patients with Persistent Symptoms of COVID-19 and who have not been receiving effective treatment, we recommend conducting further clinical studies on the use of Ivermectin and other drugs to reduce the viral load for these cases.



Key Words: Long hauler, Long COVID, COVID Long term, Persistent Symptoms, Long Term COVID, Persistent COVID-19, Post-acute COVID-19, Prolonged COVID-19, Subacute COVID-19, Chronic COVID-19, Post-COVID Syndrome, Post-Viral Fatigue, Ivermectin.

[Log in to Reply.](#)



*Neville Sealy*

March 24, 2021

🌟 FACT 🌟 ... Ivermectin works!

😞 By these Covid19 options Fruit you will truly know them. If it soars like an Eagle, looks like an Eagle & acts like an Eagle calling it a group d bound Turkey no mater how qualified you are, is laughable! 🙄 😂 😂 😂

[Log in to Reply.](#)

*timdolan25*

March 23, 2021

This is real journalism. The story of Dr Santin is an example that I wish more doctors and hospitals would follow: when the current treatment protocols are not working and many people are dying you cast about for the drugs that can be repurposed and prescribe them and find what works!

[Log in to Reply.](#)

*Angemerli Teodoro*

March 23, 2021



Thank you so much! My husband had severe Covid and was hospitalized for 22 days. He didn't need to be intubated, but he used high flow oxygen and Bipap. It has been 60 days since he left the hospital, but he still has shortness of breath when he does a flight of stairs, or when he runs. I would like to know about the dosage of Ivermectin in this post-Covid treatment. We are from Brazil.

[Log in to Reply.](#)

*Andrew Pearce*

March 23, 2021

Sara, I think the "after resolution" refers to the absence of the actual virus. Long haul patients get that descriptor because they have recovered from the virus (or so we think) yet suffer long lasting complications. That IVM can drastically mitigate those complications implies that they either still had the virus in them somewhere, or that other unknown pathogens were still at work, but IVM stopped them as well.

In another TSN article today, a reader hypothesizes that many many people have amoebic parasites and don't know it. These are extremely hard to test for and actually quite common. Outside of the tropics, regular treatment for parasites is almost unknown. Whatever else it may do, IVM starts as an anti-parasitic.

<https://trialsitenews.com/ivermectin-discussion-goes-into-mainstream-media-in-france-but-stops-there/>

[Log in to Reply.](#)

*John Hainaut*

March 23, 2021

Thank you for this.

This article articulates 2 issues that seem to require some additional research.

1) On disease progression: The FLCCC has presented a model of disease progression that shows viral replication lasting on the order of 14 or so days. According Dr. Paul Marik, physicians often



continue to treat patients with the antiviral remdesivir at a point where (even if it were effective against SARS-COV 2), it couldn't possibly help because all that is left is "dead virus". Is anyone researching the virus lifecycle well enough to determine if that is true? Is it testable? If so, why is it not being tested? Do we even have an assay test to see if "live virus" still exists in long haulers (not a PCR test)?

2) On hospital protocols. "doctors who don't read emerging science and instead follow rigid hospital protocols". In short, it's a crap shoot to get a doctor who isn't just punching the clock.

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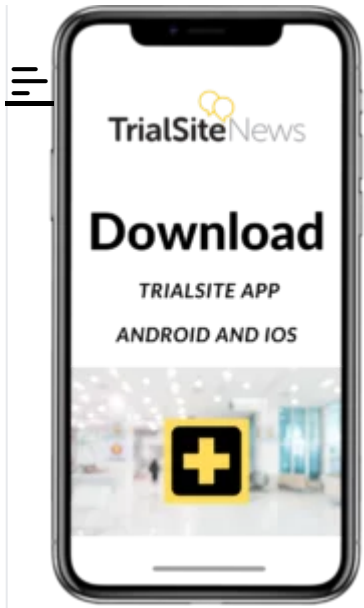
*Sara Sakuma*

March 22, 2021

"Most reported significant improvement in days. Similarly, Peruvian researcher, Gustavo Aguirre-Chang, reported on 33 long-haul patients who were given ivermectin one to three months after resolution; 88 percent got better with two daily doses." Thanks! Great news! I was a little confused about the above sentence. What is the 'after resolution' time? I thought they still had Covid while taking the ivermectin twice a day.

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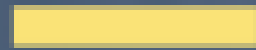
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