https://www.youtube.com/watch?v=jnJ7VTP21mg

DR PAUL COTTRELL WITH DR. ROBERT MALONE AUGUST 11, 2021 if you add dexamethasone you kill people..no i'm not kidding you (Paul Cottrell laughs) you can laugh…

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t

0:00
after 9 11
0:01
i've worked with virtually all of the
0:03
major uh vaccine candidates for
0:06
biodefense purposes
0:08
i was at the tip of the spear in in
0:10
bringing
0:11
the public health agency canada vaccine
0:14
forward that we now call the amer ebola
0:16

vaccine i got merc involved and i got
0:19
the money from the norwegian government
0:20
that funded the ring vaccination trials
0:24
and then um
0:25
i have also been right at the forefront
0:28
of drug repurposing for first for zika
0:31
there's a number of papers relating to
0:33
zika
0:34
and
0:35
zika pathogenesis and drug repurposing
0:39
started a company that went bankrupt
0:41
i've done i think four different
0:42
startups in my life
0:44
uh and because there was no funding for
0:46
drug repurposing
0:48
and then uh since the beginning of this
0:51
outbreak i got a call from a
0:54
member of the intelligence community
0:55
that was in
0:56
wuhan uh that i've published with in the
0:59
past uh was in wuhan during the fourth
1:02
quarter of 2019
1:03

and he called me on
1:05
january 4th of 2020
1:08
and told me that i need to get my team
1:10
spun up
1:11
because this new pathogen
1:13
so we started working on
1:15
computational screening and docking of
1:18
the entire library of licensed drugs
1:21
and
1:23
that eventually led to myself
1:25
administering some of those when i
1:27
became infected with the biogen outbreak
1:31
at the end of february
1:32
uh 2020 and that led to the discovery of
1:35
femonidine or pepcid
1:37
i wrote uh the
1:40
northwell contract for that
1:42
together with jim talton
1:45
northwell screwed up those trials but
1:47
we've carried on i've got multiple
1:49
papers published or in press
1:51
involving famadine and then the
1:53

combination of commodity and celecoxib
1:56
and it's taken the first of those papers
1:58
was uploaded
2:00
in july of 2020
2:02
it's been through peer review three
2:04
times and still not been published it's
2:06
been approved in peer review three times
2:09
and then pulled by the editors of
2:11
frontiers
2:12
uh at the last minute just like pierre
2:14
cory's paper was
2:16
but those those are the trials that we
2:18
finally have fda clearance to proceed on
2:22
so i i'm
2:23
one of not very many people that
2:25
understand this whole spectrum of
2:27
vaccines
2:28
pandemics drug repurposing pharmacology
2:33
and
2:34
molecular virology
2:36
so there's a new drug that is in
2:38
clinical trials three i believe
2:41

uh it's called i may be pronouncing it
2:43
wrong but um
2:45
malnu pyruv
2:47
primary talking about the merc product
2:49
yeah yeah yeah it's originally called
2:51
eidd 2801 it was initially funded by
2:55
the uh crew that i work with the defense
2:57
threat reduction agency
3:00
we tried to get it in uh as part of the
3:04
formulations we're using a multi-drug
3:06
approach
3:07
and we wanted to include it as the
3:09
antiviral in our in our combination the
3:11
other agents are anti-inflammatories
3:14
uh but merck acquired it from ridgeback
3:18
uh the same character that i was just
3:20
referring to uh that works for the three
3:22
letter agencies used to report to uh the
3:25
assistant secretary for preparedness and
3:28
and uh defense
3:29
uh bob cadillac um he he helped broker
3:33
the merc deal
3:34

uh so
3:35
yeah eidd 2801 there are so the the name
3:40
uh
3:41
it has to do with the emory drug
3:43
discovery group
3:44
uh rashinazi is a famous member of that
3:47
so that's the origin of the original
3:49
acronym
3:50
and uh there are others at emory that
3:52
feel that this is a highly inappropriate
3:54
compound to be advancing
3:56
because of potential reproductive
3:58
toxicology issues that they're concerned
4:00
about
4:01
we'll see how that fares there's also so
4:04
this is this is one of the new hopes for
4:07
a direct acting antiviral the other one
4:09
is the pfizer uh
4:11
3cl protease inhibitor
4:13
so when tony fauci kind of did his great
4:15
pivot two weeks ago and suddenly started
4:18
talking about well we need drugs that we
4:21

can administer early and turn covet into
4:23
something like the common cold
4:25
he was only really thinking about these
4:27
two agents and uh
4:29
he he has no enthusiasm for repurposed
4:32
drug
4:33
um
4:34
yet the dod fortunately we're entirely
4:37
separate from
4:39
dr fauci's control
4:40
and uh oversight and so
4:43
we're
4:44
able to pursue the science that we see
4:47
as most appropriate and we've been
4:49
focusing on drug repurposing as i said
4:51
from the beginning of the of 2020
4:54
and uh we actually
4:57
uh in the trials we had designed a
4:59
three-arm outpatient trial that would be
5:01
placebo versus celecoxib and famotidine
5:05
versus celecoxib femonide and ivermectin
5:08
but the fda created such a storm
5:11

with their objections to uh including
5:14
ivermectin they put clauses in there
5:16
that were so untenable it would have
5:18
taken us six months to a year to satisfy
5:20
them so we just dropped the ivermectin
5:23
arm but the data suggests that the
5:25
triple combination is really potent
5:27
and and surprisingly the addition of so
5:31
we're we've been very laboratory focused
5:33
in terms of so the the monitoring and
5:35
solid coxib combination even in
5:38
certainly in in outpatients but in
5:40
inpatients we can see
5:42
a point of inflection in a lot of the
5:45
key labs
5:46
uh that are predictive outcomes of comet
5:48
when we start administering drug
5:50
it's quite striking we we now can manage
5:54
kavit
5:55
um using classical laboratory assays and
5:58
make decisions about clinical management
6:01
one of the things that was intriguing
6:02

about the addition those with ivermectin
6:05
is that we saw much more rapid
6:07
improvement in the leukocyte fraction
6:09
um in the cbc counts
6:12
and
6:14
it appears that there is some benefit in
6:17
terms of lymphocyte recovery and uh but
6:21
then there's the recent data out of
6:23
israel
6:24
that that
6:25
i had thought was was not going to be
6:28
forthcoming there's long been
6:29
speculation that ivermectin might have
6:31
some direct acting anti-viral activity
6:34
and and the new israeli double-blind
6:36
randomized clinical trial with only 55 i
6:39
think is right around 50 or 60 patients
6:42
it's statistical significance
6:44
um and demonstrated that there is an
6:47
antiviral component to the ivermectin
6:49
activity
6:50
so uh
6:52

you know i a we'll we'll be testing uh
6:55
phamodine and celicoxen because that's
6:56
what we could get through the fda and
6:58
that took us three months of negotiation
7:00
uh but uh
7:02
i suspect that in the end people will
7:04
find that the triple might be even more
7:06
useful thereby
7:08
i addressed that spectrum of of
7:10
pharmaceuticals and so you saw the
7:12
fluvoxamine data came in positive today
7:15
that's more news um something like 38 35
7:20
uh protection in rcts
7:22
ivermectin in that same trial did not
7:25
show efficacy
7:27
but they administered the ibermectin
7:29
late and at relatively low doses
7:32
so a case could be made that that one
7:34
was kind of set up to fail for the ivory
7:36
mechanorum but the fluvoxamine
7:38
definitely hit statistical significance
7:40
so we now need to add flavoxamine as
7:43

another agent uh that we already knew
7:46
that uh you know i i don't know how
7:48
attuned you've been to the fluvoxamine
7:50
story
7:51
but uh i'm i'm in touch with steve
7:54
kirsch you know almost hourly uh he's
7:56
the one that funded the george
7:58
washington studies uh gwu
8:00
uh
8:01
um this is a different so this is now
8:04
the fourth study about fluvoxamine
8:06
uh that's out there that i'm aware of
8:08
that's great you know see the main
8:11
the watchers need to realize that there
8:13
is
8:14
there is more tools in the toolbox as
8:16
reach researchers like yourself
8:19
um
8:19
are
8:20
investigating compounds to try to fight
8:23
the disease coping 19 or you know the
8:26
virus sars cove too sir isn't
8:30

necessarily
8:31
the vaccine and the way
8:33
fauci has been spinning it it was
8:35
modernized from very from the get-go
8:43
and moderna was created by darpa
8:46
um so uh there's yeah there's all kinds
8:49
of
8:50
angles here that i prefer not to go into
8:53
having to do with bill and melinda gates
8:55
foundation and the tight relationships
8:58
there and their lobbying
8:59
and uh you know zuckerberg chan and uh
9:04
robert wood johnson and w.h.o and
9:07
facebook and
9:08
there's just a huge array
9:11
of uh folks that are
9:13
with with money and power that have gone
9:16
all in on vaccines as the only solution
9:20
and i think
9:21
i'm a vaccinologist but i my assessment
9:23
from the outset was that
9:26
that the risk of antibody dependent
9:27

enhancement based on prior work with
9:30
coronavirus vaccine development was so
9:32
great that in the timelines to
9:34
demonstrate a safe and effective vaccine
9:36
were so long
9:38
and the
9:39
risk that this was going to hit the
9:41
states
9:42
remember i started in in the beginning
9:44
of january i was docking compounds on
9:47
january 11 after the
9:49
seafood market wuhan seafood market
9:52
virus sequence was first uploaded
9:55
i didn't focus on 3cl pro which is what
9:57
the
9:59
pfizer drug is is inhibiting its
10:01
protease inhibitor rather i focused on
10:04
the papain-like protease because i knew
10:06
that there was already a lot of
10:07
candidates out there
10:09
and a lot of attention on three uh cl
10:12
pro
10:12

uh and and the pfizer is one of many
10:15
that are that are candidates for
10:17
inhibitors of 3-cl pro these are both
10:19
serine proteases
10:21
and syrian proteases inhibitors are
10:24
notoriously non-specific in the
10:26
pharmaceutical industry
10:28
and prone to
10:30
dose-limiting toxicity and complications
10:34
so
10:34
uh time will tell how that plays out and
10:37
i you know i wish them the best
10:39
but in with my group of pharmaceutical
10:41
experts
10:43
uh
10:44
we've always been very wary of
10:47
the potential
10:49
risks associated with focusing on syrian
10:51
protease
10:52
so
10:54
the cocktail that you've been
10:55
investigating is that with or without
10:58

the corticosteroids for an individual
11:01
that so matter of fact we've got strong
11:03
data that if you add dexamethasone you
11:04
kill people
11:06
uh
11:07
that they no i'm not kidding you you can
11:08
laugh the paper is out there we just had
11:11
it provisionally accepted i just got to
11:12
make a couple modifications about how
11:14
many people in the
11:16
study group were smokers
11:18
which you know affects risk
11:21
and not always in a negative way
11:23
so
11:25
they were not active smokers they were
11:27
recovered smokers
11:28
uh in
11:30
that
11:30
actually because of the groups they were
11:33
in it actually makes our conclusions
11:35
even stronger
11:36
but uh
11:38

that you'll if if you're
11:40
readers or if you want to post a link
11:43
i can send you the uh we put everything
11:45
up on preprint servers right away
11:47
because of the nature of the emergency
11:50
and uh
11:52
so the femonitine plus celecoxib with
11:54
and without dexamethasone paper it's
11:57
readily available um on a pre-print
11:59
server and it clearly shows uh we jumped
12:03
from zero percent case fatality rate in
12:06
hospitalized kava who
12:08
you know four to six um
12:10
to uh something like 23 or 25 percent
12:13
mortality in the presence of
12:14
dexamethasone
12:16
we then uh verified you that's not
12:19
generally understood by most docs
12:22
but the uh the data supporting dex
12:26
is really quite tenuous
12:28
it it took a lot of statistical
12:30
manipulation to show statistical
12:32

significance it's in a very small cohort
12:35
that it does reach statistical
12:37
significance is very limited
12:40
it should not be used as widely as it's
12:42
being used based if you're going to go
12:44
fully evidence-based
12:47
and um
12:48
where
12:49
there's overlap in terms of the
12:51
mechanism of action with silicoxid
12:54
when you add the two they are definitely
12:56
more toxic and lethal
12:59
and this was verified in a platform
13:01
trial called i spy that hasn't been
13:04
published yet uh that we also funded
13:06
through dod
13:08
uh we had we had counseled that they
13:10
should not proceed with the trial arm
13:13
in the presence of dex but they insisted
13:15
that they do so because they considered
13:17
it standard of care
13:18
in their uh they're basically a wh-056
13:23

cohort so this is under uh
13:25
high flow oxygen or or intubation
13:29
and uh so that is where dex is indicated
13:32
uh they insisted that we had to have
13:34
decks on board
13:35
and they wanted to go ahead with the
13:37
trial and in fact they verified that uh
13:40
the trends were such that we would be uh
13:43
um
13:44
i don't know how to say this delicately
13:46
uh more more patients would be lost on
13:50
the triple combination
13:52
their study also has a standard of care
13:54
and disappear and and i suspect that
13:57
your viewership may be aware that rem de
13:59
severe's efficacy is um not quite what
14:03
we were led to believe
14:05
uh and and uh most would say that it
14:08
doesn't support the license that it has
14:10
right now the authorization
14:12
in any case that's that's a tangent
14:15
that's going down a rabbit hole
14:16

uh but yeah stay away from the steroids
14:18
if you're going to use commodity and
14:19
solicoxid and it's a good thing and
14:22
you'll see in a paper we've got a
14:23
lengthy discussion
14:25
uh
14:26
in that one
14:28
in which i extensively quote tony fauci
14:30
for an interesting review paper he did
14:32
on dex a few years ago
14:35
um
14:36
dex dex is like a great big hammer to
14:38
the immune system
14:40
and uh
14:41
absolutely not you know a case can be
14:43
made that that dex is a great drug
14:46
if you've got hospitalized comet and you
14:48
want to pump your numbers up by getting
14:50
them out the door and transferring them
14:52
to a extended care facility
14:55
instead of having them die in your
14:56
hospital to be a little bit jaded but in
14:58

fact that's what goes on
15:01
is there's a lot of
15:02
manipulation of hospital case fatality
15:05
rates
15:06
by offloading
15:09
[Music]
15:10
patients to uh
15:12
um
15:13
various triage options
15:16
and index is a great way to stabilize
15:18
and get out the door and that is one way
15:21
that it's used in some hospital
15:22
environments
15:24
that's very interesting so let's let's
15:26
pivot to the
15:28
antibody dependent enhancement and
15:30
vaccine associated disease enhancement
15:34
now what's your take on what's going on
15:36
with delta and from your observation
15:39
where you're where you're sitting and
15:41
all the research that you're doing
15:42
through hypotheses um
15:45

so there's a i just mentioned the lancet
15:47
paper that's just out that you haven't
15:48
had a chance to read yet uh which takes
15:51
patients
15:53
that were uh basically two months out
15:55
from vaccination that are breakthrough
15:57
cases and examines their characteristics
15:59
so there's no real solid control
16:01
in
16:02
in the sense that you don't have
16:05
um delta in uh unvaccinated or
16:09
delta in
16:11
um you know there's kind of like three
16:13
cohorts right there's vaccinated
16:15
there's previously infected
16:17
unvaccinated and then there is uh
16:21
naive unvaccinated
16:24
those are three key cohorts and this
16:25
only examines the one which is uh
16:28
vaccinated at a time point it's a slice
16:31
of patients that are breakthroughs
16:34
at a time point of approximately uh
16:37

eight weeks after vaccinations so
16:39
basically at completion of dose two
16:42
so this is peak um for uh immune
16:46
response uh in theory
16:48
and uh what they found was that in the
16:52
patients who
16:53
um had these breakthrough
16:56
uh
16:57
infections i think the number i i don't
16:59
have the paper here in front of me so
17:01
fact checkers please don't skewer me uh
17:05
forgive me for my uh elderly mind that
17:08
is not a steel trap as it might once
17:11
have been
17:12
but i think it was 20 plus fold higher
17:16
levels
17:17
of firemia
17:19
then observed
17:22
with uh previously with alpha variant
17:26
and this is in the vaccinated cohort
17:30
infected with delta so comparing
17:32
historic data
17:33

involving alpha infections in the
17:36
unvaccinated to
17:38
delta infections in the
17:41
previously vaccinated times two months
17:43
prior
17:45
in those breakthroughs they saw a huge
17:47
increase in the overall titer relative
17:49
to the comparator but then uh
17:53
what they found was the characteristics
17:55
of the breakthrough cases was that they
17:57
were the subset that had relatively low
18:00
titers
18:01
uh so basically it's not that the case
18:05
is being made that
18:07
it's not the distribution of
18:08
breakthroughs is not uniform
18:11
in this cohort that is two months out
18:13
after vaccination
18:15
but rather is is uh skewed into the
18:19
cohort of vaccine recipients that were
18:22
relatively low responders why does this
18:25
matter
18:26

um what we're seeing in the israeli data
18:28
and now uk and some of the other
18:31
countries that are coming online
18:33
is that particularly in the israeli case
18:35
delta hit at about six months you know
18:38
four to six months after they finished
18:40
their massive vaccine campaign and in
18:43
israel we had a really good vaccine
18:46
uptake that's part of why pfizer
18:47
selected
18:48
and did this special deal with
18:52
israel
18:53
and that has some interesting contract
18:55
terms i'm told
18:57
uh having to do with uh
18:59
um
19:01
prohibited disclosure of adverse events
19:03
that are collected
19:04
um
19:05
but yes
19:06
i have this straight repeatedly from
19:08
israeli scientists
19:10

uh it's not publicly disclosed so
19:13
so they they pfizer went into israel
19:15
because it's a very compliant population
19:17
and in fact they got very good vaccine
19:19
uptake and then you may recall a few
19:21
weeks ago pfizer announced that the
19:24
vaccine was going to need to be boosted
19:26
at six months because the durability was
19:29
poor
19:30
and uh
19:32
you may recall dr fauci reprimanding
19:34
them for making that statement and then
19:36
two weeks later this became us
19:38
government policy and they're now about
19:40
to roll out uh revaccination
19:43
uh dose number three at six months in uh
19:47
high risk elderly and immunocompromised
19:50
so that's pretty well an admission of
19:52
this so the thing about the israeli
19:54
getting group getting hit by delta at
19:57
around six months
19:59
is that that is just the window when
20:02

they're starting to move into their the
20:04
majority of their population
20:06
being in the uh
20:09
uh waning phase or uh
20:12
no longer effective phase of the primary
20:14
vaccine that they received
20:17
and as you know
20:18
and i'm understanding that your
20:20
viewership is a more sophisticated
20:21
audience uh the highest risk for
20:23
antibody dependent enhancement is in the
20:25
waning phase
20:26
because the slope is long
20:29
so there's kind of like two windows of
20:32
high risk if you can think of my uh
20:35
intersection of these two straight lines
20:37
of my hands
20:38
uh if if you imagine the peak
20:41
uh here
20:42
is um shortly after
20:45
uh completion of two doses the the
20:48
ascending phase of the immune response
20:50

is fairly steep and so the time the
20:53
delta t in which you cross between
20:56
um the threshold of immune response
20:59
response necessary for protection and as
21:02
you're climbing towards peak response
21:05
it's fairly short it's very brief and
21:07
then there's a long declining phase and
21:09
so when you cross that window where you
21:12
still have antibodies but insufficient
21:15
tighter of antibodies
21:16
and presumably insufficient tighter of
21:18
the most potent antibodies
21:20
uh because of the waning phase
21:22
you have a much longer window of
21:25
susceptibility we still have anybody's
21:28
around to combine the virus
21:30
but if you don't have enough that will
21:32
neutralize it through