



POR ANALOGIA, OMISSÃO DE SOCORRO?

Em termos objetivos e com os mais intensos reflexos, a verdade deve ser em última e intransigente análise a finalidade de toda a atividade intelectual; não o sendo, não haverá modo intelectual, mas tão somente pantomimas, tudo não passará de uma grande farsa (Onair Nunes, A Conspiração dos Mediocres — Ética – Moral – Verdade).

São tantas as vergonhas, que enrubesço,
Tão poucas as verdades, que emudeço!

Dois fatos capitais dos últimos dias:

1. Médicos sérios, competentes e dedicados foram grosseiramente insultados no horário nobre da televisão, em clima de galhofa, num imperdoável desvio ético e profissional, por adotarem procedimentos preventivos e profiláticos que, certamente, vêm salvando muitas vidas humanas.
2. Os autores do trabalho sobre o qual se assentava a única razão científica de demonização do procedimento adotado — complicações cardíacas — vieram a público para se retratarem e declarar nulo o trabalho publicado, pedindo desculpas em geral, e especialmente à comunidade médica, pelo equívoco de suas conclusões.

Está em risco de esfumar-se a credibilidade de um e outras.

O espírito científico foi afrontado por erros grosseiros, felizmente corrigidos em retratação definitiva e cabal num *mea-culpa* doloroso, equívoco ao qual vidas humanas possam, talvez, ser debitadas. Compulsada a literatura médica autorizada e disponível, fica no ar a pergunta cuja resposta provável pode ser devastadoramente comprometedora. É crível profissionais da área médica desconhecerem a existência e conclusões de trabalhos diametralmente opostos à orientação de sua cruzada pela exclusão de medicamentos para tratamento do Covid19, mormente quando publicados em revista científica das mais respeitadas nos EUA e na comunidade médica internacional em tema sustentado por The American Journal of Medicine? Negativa a resposta, o que terá levado esses profissionais a adotarem tal posição, vergastando a verdade e comprometendo a saúde de modo geral?

Combater o uso de máscara e o distanciamento entre pessoas, além das demais medidas preventivas recomendadas pelas autoridades médicas competentes, é mais que irresponsável, é insano; combater o uso de medicamentos adequados ao tratamento preventivo e factual do mal que assola o planeta é criminoso.

Honestidade intelectual e profissional são inelidíveis.

A vacina permanece perdida nos desvãos das vaidades e das disputas políticas, retardando sua aplicação e resultados no ínterim em que vidas humanas se perdem criminosamente engolfadas por interesses outros que não sua preservação; é chegada a hora de uma parada para pensar, concluir-se. O mínimo, porém, a considerar, é a vassourada profilática ao alcance da população nas eleições de 2022; todos os envolvidos na disputa macabra de prestígio político à custa de vidas humanas, e os oportunistas parasitários neles grudados, devem ser completamente varridos da vida pública. No mínimo, no mínimo, são inconfiáveis. Para não mais falar. De cruces e cemitérios, de angústia e de dor, das saudades doridas que poderiam ser evitadas.

<https://filiperafaeli.substack.com/p/sim-a-hidroxicloroquina-comprovada>

Clique neste link, visite o site. Você vai tomar conhecimento de gente e verdades científicas sobre as quais nunca lhe falaram. E lá mesmo vai saber porque. Enquanto ouvia abobrinhas. Ao clicar, um artigo completíssimo sobre o assunto vai abrir-se. Não se apreguice, leia. Liberte-se da turba.

Está lá:

“Sim, a hidroxicloroquina é comprovada cientificamente contra a COVID-19

Lembrar de algumas histórias da ciência ajuda a entender os dias atuais da ciência. E aqui, neste artigo, você vai acompanhar, junto comigo, todas as evidências e provas irrefutáveis do funcionamento da hidroxicloroquina para o tratamento da COVID-19.

Afirmo, sem medo de errar, que há uma farsa monumental ocorrendo no mundo. Nesta farsa, boa parte das pessoas do planeta está sendo bombardeada, diariamente, com a informação de que a hidroxicloroquina não funciona para combater a pandemia.

Os grandes veículos de imprensa tratam desse assunto como se houvesse um consenso científico. Como se os cientistas que defendem o uso fossem poucos, pequenos, insignificantes ou pirados. Não são. Muito pelo contrário.

Neste artigo não vou simplesmente transformar o tratamento com HCQ (sigla para a hidroxicloroquina) de “não promissor”, como qualifica o New York Times, para “promissor”. Vou explicar que é cientificamente comprovado, e de todos os modos científicos possíveis.

Além disso, vou explicar como e porque está ocorrendo, neste momento, o maior apagão jornalístico da história da humanidade. Sim, é isso mesmo. Eu estou falando aqui que o New York Times e quase todas as outras grandes mídias de massa estão fazendo um jornalismo porco e de péssima qualidade.

Como resultado deste amorismo, no momento, está sendo criado um abalo sísmico de proporções gigantescas, e sem precedentes, na credibilidade da grande imprensa mundial, com consequências imprevisíveis para a humanidade nas próximas décadas.

E desde já faço um aviso: não tenho nenhuma preocupação em produzir um artigo curto. São muitas análises a serem feitas, nuances para serem abordadas e muitos detalhes que não podem ser deixados de lado.

A farsa é tão grande e com tantos atores, que é quase inacreditável que

possa ser desmontada com fatos do dia-a-dia e lógica simples

Existem artigos científicos, fatos e números que ninguém quer noticiar ou discutir. São estudos que não se tornaram notícias nos principais meios de comunicação nem foram citados pelos jornalistas de ciência, mas que possuem impactos como socos de Muhammad Ali na lógica de quem afirma que o medicamento não funciona. Aqui eles virão à público.

Meu principal ponto de vista neste artigo é a evolução dos argumentos das pessoas que insistem que o medicamento é ineficaz contra a COVID-19.

Este é meu terceiro texto sobre o tema. No primeiro (Em [Francês](#), [Inglês](#), [Português](#)), há três meses, eu explicava minha visão pessoal. Eu tinha o objetivo de fazer uma escolha entre tomar ou não esses medicamentos, em caso de contrair o vírus.

Nele eu abordei o cenário político e as incríveis falhas lógicas de quem afirma que o tratamento não funciona. Abordava como a "história oficial" é uma incrível teoria de conspiração e explicava como a falsa narrativa sobre esta medicação foi formada, tudo em uma linha do tempo.

Em meu segundo artigo eu denunciava a censura vergonhosa, travestida de serviço à sociedade, que tem ocorrido no mundo atual. Além disso, eu expliquei a inversão de valores ideológicos, no ocidente, entre a direita e a esquerda, ao tratar deste tema. (Publicado originalmente na France-Soir em [Francês](#). Também com versão em [Português](#) e [Inglês](#)).

Agora escrevo este terceiro texto, onde trago todas as principais novidades do mundo científico nesses últimos três meses. É para desmontar os últimos argumentos de quem diz que não funciona.

O mundo está parado. Há pânico e medo na população global. Mais de um milhão e trezentas mil pessoas já morreram. Para a imensa maioria dessas vítimas, uma cura com alta porcentagem de sucesso foi negligenciada. Outros milhões estão com depressão, sem perspectiva de vida e de felicidade. Tudo devido a uma tempestade perfeita e erros grosseiros. Tudo aproveitado, convenientemente, por interesses mesquinhos.”



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REVIEW

Pathophysiological Basis and Rationale for Early Outpatient Treatment of SARS-CoV-2 (COVID-19) Infection

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ABSTRACT

Approximately 9 months of the severe acute respiratory syndrome coronavirus-2 (SARS-CoV-2 [COVID-19]) spreading across the globe has led to widespread COVID-19 acute hospitalizations and death. The rapidity and highly communicable nature of the SARS-CoV-2 outbreak has hampered the design and execution of definitive randomized, controlled trials of therapy outside of the clinic or hospital. In the absence of clinical trial results, physicians must use what has been learned about the pathophysiology of SARS-CoV-2 infection in determining early outpatient treatment of the illness with the aim of preventing hospitalization or death. This article outlines key pathophysiological principles that relate to the patient with early infection treated at home. Therapeutic approaches based on these principles include

1) reduction of reinoculation, 2) combination antiviral therapy, 3) immunomodulation, 4) antiplatelet/antithrombotic therapy, and 5) administration of oxygen, monitoring, and telemedicine. Future randomized trials testing the principles and agents discussed will undoubtedly refine and clarify their individual roles; however, we emphasize the immediate need for management guidance in the setting of widespread hospital resource consumption, morbidity, and mortality.
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The pandemic of severe acute respiratory syndrome coronavirus-2 (SARS-CoV-2 [COVID-19]) is rapidly expanding across the world with each country and region developing distinct epidemiologic patterns in terms of frequency, hospitalization, and death. There has been considerable focus on 2 major areas of response to the pandemic: containment of the spread of infection and reducing inpatient mortality.

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McCullough et al Outpatient Treatment for COVID-19

17

These efforts, although well-justified, have not addressed the ambulatory patient with COVID-19 who is at risk for hospitalization and death. The current epidemiology of rising COVID-19 hospitalizations serves as a strong impetus for an attempt at treatment in the days or weeks before a hospitalization occurs.¹ Most patients who arrive to the hospital by emergency medical services with COVID-19 do not initially require forms of advanced medical care.² Once hospitalized, approximately 25% require mechanical ventilation, advanced circulatory support, or renal replacement therapy. Hence, it is conceivable that some, if not a majority, of hospitalizations could be avoided with a treat-at-home first approach with appropriate telemedicine monitoring and access to (...)

CONTROL OF CONTAGION

A major goal of self-quarantine is the control of contagion.¹² Many sources of information suggest the main place of viral transmission occurs in the home.¹³ Facial covering for all contacts within the home as well as frequent use of hand sanitizer and hand washing is mandatory. Sterilizing surfaces such as countertops, door handles, phones, and other devices is advised. When possible, other close contacts can move out of the domicile and temporarily stay with others not ill with SARS-CoV-2. Findings from (...)

CLINICAL SIGNIFICANCE

COVID-19 hospitalizations and death can be reduced with outpatient treatment.

Principles of COVID-19 outpatient care include:

- 1) reduction of reinoculation,
- 2) combination antiviral therapy,
- 3) immunomodulation,
- 4) antiplatelet/ antithrombotic therapy
- 5) administration of oxygen, monitoring, and tele- medicine.

Future randomized trials will undoubtedly refine and clarify ambulatory treatment, however we emphasize the immediate need for management guidance in the current crisis of widespread hospital resource consumption, morbidity, and mortality.

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Figure 1

Treatment algorithm for COVID-19-like and confirmed COVID-19 illness in ambulatory patients at home in self- quarantine. BMI = body mass index; CKD = chronic kidney disease; CVD = cardiovascular disease; DM = diabetes mellitus; Dz = disease; HCQ = hydroxychloroquine; Mgt = management; O₂ = oxygen; Ox = oximetry; Yr = year.

(...)

Antimalarials

Hydroxychloroquine (HCQ) is an antimalarial/anti-inflammatory drug that impairs endosomal transfer of virions within human cells. HCQ is also a zinc ionophore that

(...)

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