How to Slash COVID-19 Death Rates

By Clark M. Thomas

Introduction

With the SARS-CoV-2 virus circulating unrestrained around this garden globe filled with people who either can't or won't do what it takes to keep mortality minimal until vaccines are prepared for all, time is of the essence to otherwise help slash Covid-19 death rates. This discussion details a ready therapeutic tool amazingly overlooked by researchers who are looking for novel therapeutics.

There is evidence from several directions that points to a fairly common type of medicine widely used by urologists that could reduce mortality among those taking that remarkable medicine: "A study from Veneto, Italy, of 9,280 patients found that men with prostate cancer who were on androgen-deprivation therapy - drugs that cut testosterone levels - were only a quarter as likely to contract Covid-19 as men with the disease who were on other treatments."[1] That's a 75% risk reduction!

This discussion describes below an efficient way to correlate effectiveness from field data and science, both readily available. This proven methodology could lead countries to slashed death rates months before an effective vaccine may arrive next year.

The current novel coronavirus pandemic is virulent, but not unprecedented. There have been other pandemic challenges for us clueless humans who breed like rabbits.[2] Today's drama is a

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[1] https://www.telegraph.co.uk/global-health/science-and-disease/bald-men-higher-risk-severe-case-covid-19-research-finds/

[2] https://www.grunge.com/186594/the-most-deadly-outbreaks-in-history/

precursor for the cataclysmic Sixth Mass Extinction[3] just over the horizon that will minimize the "few millions" likely to perish soon worldwide from Covid-19 alone.

In an ethical world all precious human lives across our globe would be equally valued and protected. In a spiritual world those who heal others are also healing themselves, while helping the entire biosphere. Humans are obviously not yet that good, but this level of brotherly love should be our compass setting always.

How to Slash Covid-19 Death Rates

This writer had a scary encounter with the specter of death in mid-February of this year. He was a prime candidate – being 73, blood Type A, with male pattern baldness. Despite some weird symptoms, he "miraculously" snapped out of it after his body had enough time to discover and make the appropriate antibodies. Very importantly, this challenge did not include loss of smell, or symptomatic lung infection. After a month at home I was OK.

In medical science a sample of one could become interesting.[4] I was very curious about my victory after I emerged. What was the magic that spared me? Because I have some experience with the history of pandemics – having researched and written an ignored book manuscript in 2006 on how to survive the threat of potentially pandemic H5N1 influenza cytokine storms – I had this year some strategic ideas.[5]

Searching for how this nasty novel coronavirus enters host alveolar lung cells led me to the viral protein spikes – but knowing both actors alone said little about who lives and who dies. There was another key factor to be found in the virus/host equation.

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[3] https://astronomy-links.net/Unforeseen.Extinction.pdf

[4] https://astronomy-links.net/Hospital.Story.pdf

[5] https://astronomy-links.net/swineflubirdflu.pdf

Further research led me to the enzyme that facilitates the penetration of Covid's spike into its victim cell. From that point it was key to know how that spike could be blocked. Much work is already being done on this tripartite relationship in the course of developing preventative pills that will "hold the fort" until the expected panacea vaccine arrives. However, no perfect vaccine may appear for some time, if ever. HIV has been with us since the early 1980s,[6] and still there is no vaccine, but there are some very helpful pharmaceuticals that keep clinical AIDS at bay.

New prophylactic pharmaceuticals for Covid-19 will require a long process from basic science to cheap retail prescriptions. The pipeline for free mass vaccines is longer. Time is of the essence for saving the most lives, and for helping many of those who would otherwise survive avoid severe disabilities. Every month lost means thousands more innocent lives lost. Epidemiologists can evaluate this ready-to-go pharmaceutical within a month or two, because there is ample scattered clinical data available.

The First Prophylactic Pharmaceutical

Lacking the perfect vaccine, we can still save many thousands of lives with prophylactic pharmaceuticals. A good enough drug for a portion of the population at risk should prevent their worst symptoms, even if it cannot by itself stop infection for everybody. Other drugs can follow to synergistically prevent in combination infection and contagion.

By comparison, tens of millions of HIV patients are alive today with targeted drug combinations. Unlike vaccines that cannot quickly be produced in global quantities, effective Covid-19 pharmaceuticals can quickly be manufactured for all continents, not just for citizens lucky to live in an affluent country.

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[6] https://astronomy-links.net/AIDS.pdf

The "magic" drug I took turned out to be **Finasteride**.[7] This drug in the 5 mg/day dose is taken to help keep prostate specific antibodies (PSA levels) low. It doesn't cure cancer, but often can lower the risk of ever developing clinical prostate cancer. It has other uses, such as promoting growth of head hair among men with male pattern baldness, in 1 mg/day doses.

However, this pharmaceutical is NOT to be used around women who are or could become pregnant. It is also not for children. It is best used with the very population of men who are more at risk, many of whom already take this or a similar drug. It could be of equal value to post-menopausal women for the same reason that it helps protect against lung devastation in older men.

Here are two summary sentences from a study that examines the three elements involved in a SARS-CoV-2 viral attack on our alveolar cells: "SARS-CoV-2 uses the SARS-CoV receptor ACE2 for entry, and the serine protease TMPRSS2 for S protein priming. A TMPRSS2 inhibitor approved for clinical use blocked entry and might constitute a treatment option."[8]

The first key here is "approved for clinical use." Because Finasteride and similar drugs are already fully approved and widely used by doctors, they could be used off-label by physicians to protect against some future Covid-19 infections. There is no need to reinvent the wheel here.

The second key is defending the ACE2 receptors BEFORE they are attacked by the S-protein spike. Once the spike is attached and the virus injects its RNA into the host cell, releasing multiple copies, only bad things ensue. As long as the number of novel coronavirus particles in the lungs are minimal, immune defenses can eradicate them efficiently before major damage is done to the alveolar tissue. Most men who take Finasteride daily have done it

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[7] https://finasteride.com

[8] https://pubmed.ncbi.nlm.nih.gov/32142651/

for months or years, so the medicine is positioned throughout the body to disrupt the serine protease's priming role for the spike.

There was some question as to whether Finasteride works in the lungs and elsewhere in the body for anything other than androgen depression. However:

* There is clinical evidence in Italy for associating androgen-deprivation with 75% less infection by novel coronavirus.

* The specific nasal cells involved in olfactory sensing, and Covid-associated anosmia, have ACE2 receptors.[9]

* There are several other tissues of the body where receptors can be attacked by virus spikes, likely revealing some of the "mystery" of how Covid-19 can ravage us in multiple ways.

How to Move Forward Now

The necessary clinical and scientific data is already "out there" for justifying prudent off-label use of Finasteride. This medicine could minimize the dangers that SARS-CoV-2 presents for an endangered subset of the population (mostly elderly males and elderly females). It is not to be used by younger women who are or could become pregnant.

The necessary action steps at this time involve the following:

Urologists around the country in areas that had early spikes in hospital deaths (NY, NJ, etc.) can be queried with a standard questionnaire. This structured data survey should arrive from an institution such as the University of Minnesota. It could also be part of another program sponsored by the NIH, but that avenue might become bogged down with bureaucratic time delays.

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[9] https://myhughesnet.hughesnet.com/news/read/category/news/article/bgr-heres_why_the_coronavirus_makes_us_lose_our_sense-rpenskemc

Physicians who have been prescribing Finasteride or similar medicines would be asked to anonymously report back on their patients who were on this medicine when they went to the local hospital for Covid symptoms. This simple questionnaire could ask for additional information, but not too much, as the purpose of this survey is to gather data that would soon help prevent deaths.

Although I am not institutionally situated to request this survey data, I stand ready to assist any medical group willing and ready to move forward with their survey now. Contact me personally at clarkmt@hughes.net.

"HEALING IS A MATTER OF TIME,
BUT IT IS SOMETIMES
ALSO A MATTER OF OPPORTUNITY."

– HIPPOCRATES –