

COVID-19 MEDICINE

Chloroquine witchdoctor Didier Raoult: barking mad and dangerous



BY LEONID SCHNEIDER

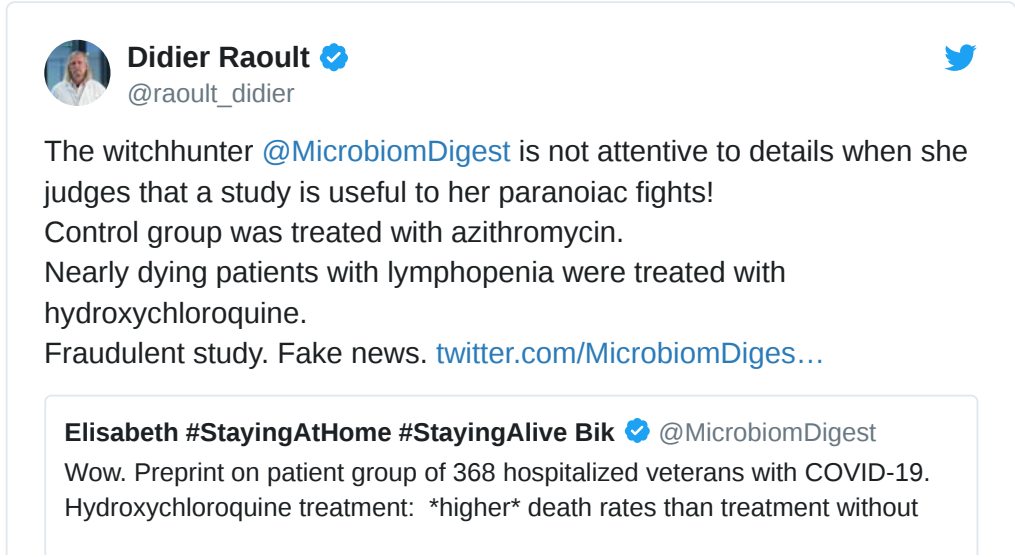
APRIL 22, 2020

COMMENTS 85

Tide is turning for the media-savvy French professor **Didier Raoult** (<https://forbetterscience.com/2020/03/26/chloroquine-genius-didier-raoult-to-save-the-world-from-covid-19/>) and his chloroquine, even US President **Donald Trump** is suddenly barely even mentioning (<https://www.politico.com/news/2020/04/20/trump-hydroxychloroquine-coronavirus-196191>) the miracle drug for COVID-19. Maybe this is because the only clinical data supporting the malaria drug chloroquine cure against coronavirus comes from Raoult himself. And only after Raoult denounced controls and other basics of clinical research as unethical. Outside of Raoult’s alternative reality, clinical data from France, Sweden, Brazil and USA already now shows that chloroquine not only does not work against COVID-19, it seems to even kill. Predictably so, since the drug’s side effects are well known.

This is why chloroquine proponents changed their stance and now scream that it is wrong to treat very sick COVID-19 patients with chloroquine. Instead, they insist that the drug must be given very early during infection or even prophylactically, i.e., to healthy and asymptomatic people only. Given the evidence that the coronavirus is apparently lethal for less than 1% of the infected, you can see where this is going. The safest way to successfully heal with witchdoctor magic is to treat those who are not really ill and recover anyway.

But now Raoult seems to have gone completely off the rails. He namely attacked the data integrity expert **Elisabeth Bik** (<https://forbetterscience.com/tag/elisabeth-bik/>), on Twitter and in full Trump manner:



HC.

"Rates of death in the HC, HC+AZ, and no HC groups were 27.8%, 22.1%, 11.4%, respectively."medrxiv.org/content/10.110...

Table 3. Outcomes based on treatment exposure.

Outcome	HC N=97	HC+AZ N=113	No HC N=158	P value
Death – no. (%)	27 (27.8)	25 (22.1)	18 (11.4)	0.003
Discharge – no. (%)	70 (72.2)	88 (77.9)	140 (88.6)	

HC: hydroxychloroquine-treated

HC+AZ: hydroxychloroquine and azithromycin-treated

No HC: not treated with hydroxychloroquine

Among the 368 patients evaluated, there were a total of 70 deaths. Patients not treated with hydroxychloroquine (No HC) had the lowest rate of death compared to the HC and HC+AZ cohorts.

5,947 2:15 AM - Apr 22, 2020



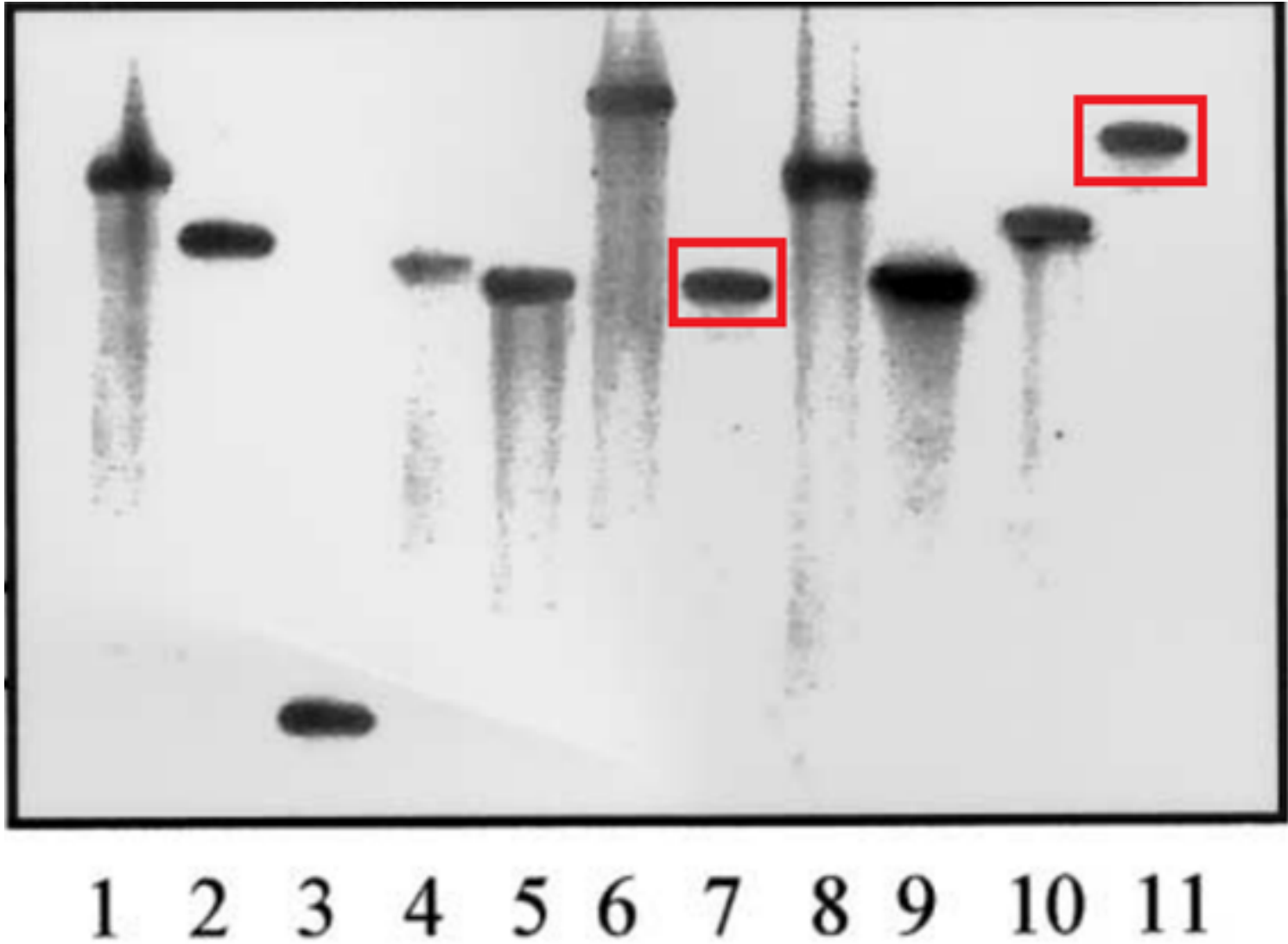
3,520 people are talking about this



Heal the healthy, avoid the sick

The microbiologist Raoult is director of the Institut hospitalo-universitaire en maladies infectieuses de Marseille (**IHU** Méditerranée Infection) and its URMITE department, which was previously funded by the French research networks CNRS and INSERM. Both withdrew in 2018, after Raoult proved a despotic tyrant who allowed sexual harassment, discrimination and bullying to happen in his institute (read more [here \(https://forbetterscience.com/2020/03/26/chloroquine-genius-didier-raoult-to-save-the-world-from-covid-19/\)](https://forbetterscience.com/2020/03/26/chloroquine-genius-didier-raoult-to-save-the-world-from-covid-19/)). There is also a history of data manipulation, for which Raoult himself was made responsible in 2006. Bik found [even more irregularities \(https://forbetterscience.com/2020/03/26/chloroquine-genius-didier-raoult-to-save-the-world-from-covid-19/\)](https://forbetterscience.com/2020/03/26/chloroquine-genius-didier-raoult-to-save-the-world-from-covid-19/) in [his papers \(https://pubpeer.com/search?q=raoult\)](https://pubpeer.com/search?q=raoult), which makes sense: a bullying and totalitarian research environment with a personality cult, where compliance and fear rule, can only produce unreliable or falsified research.

Like [these copy-pasted disease-spreading ticks \(https://pubpeer.com/publications/472B20787D90BE103A37B7BD0DD786\)](https://pubpeer.com/publications/472B20787D90BE103A37B7BD0DD786), or these copy-pasted fraud-spreading gel bands, newly discovered at IHU:



P Renesto, P Dehoux, E Gouin, L Touqui, P Cossart, D Raoult Identification and Characterization of a Phospholipase D–Superfamily Gene in Rickettsiae (<https://pubpeer.com/publications/C39FA81461F851C40EB4F6618D8FEE#>) *J Infect Dis* (2003) doi: [10.1086/379080](https://doi.org/10.1086/379080) (<https://doi.org/10.1086/379080>) Also “lanes two and three show concerning similarities.”

To make the insolence worse, Raoult’s approach was repeatedly criticised by Bik. When Raoult claimed to have cured 80 patients (<https://www.mediterranee-infection.com/wp-content/uploads/2020/03/COVID-IHU-2-1.pdf>) of COVID-19, without a control arm in his study, Bik summed up (<https://scienceintegritydigest.com/2020/03/30/an-observational-study-without-a-control-group/>):

- “At enrollment, 92% of the patients had a “low” score in the National Early Warning Score (NEWS), suggesting they were not very sick.
- The average time between onset of the COVID-19 symptoms and being enrolled in the study was 5 days. This suggests that the patients had already been sick for a while.
- Only 15% of the enrolled patients had a fever. Fever is one of the characteristic symptoms of COVID-19, so people with a positive PCR but no fever are probably only mildly ill, or maybe already recovering.
- Of the 12 patients who had a fever, the mean temperature was 38.6C (101.5 degrees F).
- Only half of the enrolled patients had a lower respiratory tract infection.
- 15% of these patients required oxygen.
- Four patients were asymptomatic.”



Didier Raoult

@raoult_didier



Notre étude porte sur 80 patients, sans groupe contrôle car nous proposons notre protocole à tous les patients ne présentant pas de contre-indication.

C'est ce que nous dicte le serment d'Hippocrate que nous avons prêté.

[mediterranee-infection.com/epidemie-a-cor...](https://www.mediterranee-infection.com/epidemie-a-cor...)

twitter.com/raoult_didier/...

Didier Raoult

@raoult_didier

Nouveaux résultats de l'IHU Méditerranée Infection : 80 patients traités par une association hydroxychloroquine/azithromycine.[mediterranee-infection.com/wp-content/upl...](https://www.mediterranee-infection.com/wp-content/upl...)

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7:02 AM - Mar 28, 2020



 5,174 people are talking about this

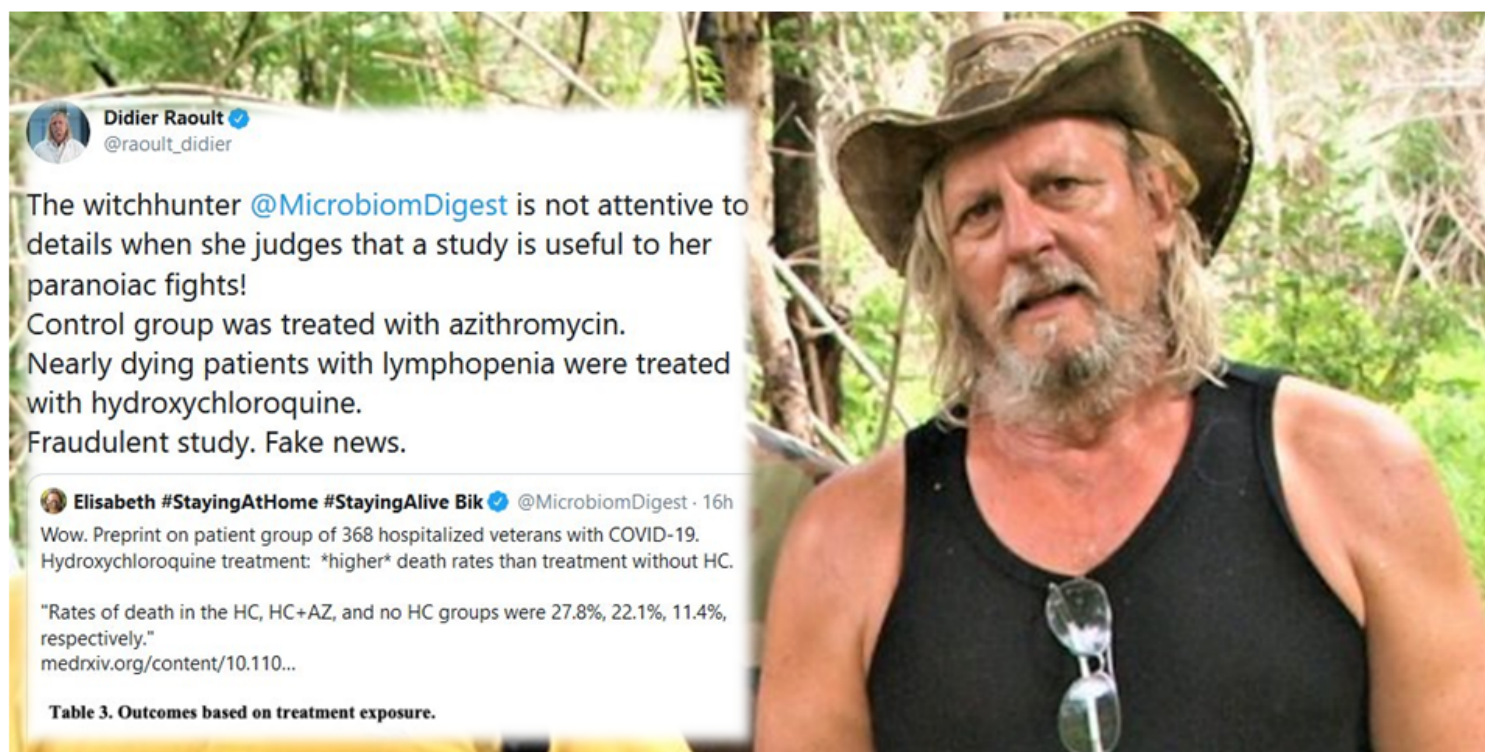


Obviously it is easy to cure patients who are not really that sick in the first place. But what about the treatment itself? Problem is, that especially the combination of the immunosuppressive hydroxychloroquine and the antibiotic azithromycine, as promoted by Raoult, has very serious side effects (<https://www.medrxiv.org/content/10.1101/2020.04.08.20054551v1>) which can lead to death. It should be noted that while Raoult's IHU hospital in Marseille boasts (<https://scienceintegritydigest.com/2020/04/14/amazing-rates/>) a very low COVID-19 mortality rate of 1.7% (while refusing to treat the very ill) it is still higher than the estimate for the rest of France which is 0.53% according to this study from Institut Pasteur (<https://hal-pasteur.archives-ouvertes.fr/pasteur-02548181/document>).

Because of Raoult, chloroquine became standard COVID-19 therapy in many countries worldwide. Including in France (https://www.legifrance.gouv.fr/affichTexte.do;jsessionid=DFB679D8DF43FC756CD6CDB0C00449CD.tplgfr30s_3?cidTexte=JORFTEXT000041755775&dateTexte=&oldAction=rechJO&categorieLien=id&idJO=JORFCONT000041755510). Yet an observational study on 11 patients from Paris (Molina et al 2020 (<https://www.sciencedirect.com/science/article/pii/S0399077X20300858>)) reported already on 30 March “no evidence of rapid antiviral clearance or clinical benefit”:

“At the time of treatment initiation, 10/11 had fever and received nasal oxygen therapy. Within 5 days, one patient died, two were transferred to the ICU. In one patient, hydroxychloroquine (<https://www.sciencedirect.com/topics/medicine-and-dentistry/hydroxychloroquine>), and azithromycin (<https://www.sciencedirect.com/topics/medicine-and-dentistry/azithromycin>) were discontinued after 4 days because of a prolongation of the QT interval from 405 ms before treatment to 460 and 470 ms under the combination. Mean through blood concentration of hydroxychloroquine was 678 ng/mL (range: 381–891) at days 3–7 after treatment initiation.

Repeated nasopharyngeal swabs in 10 patients (not done in the patient who died) using a qualitative PCR assay (nucleic acid (<https://www.sciencedirect.com/topics/medicine-and-dentistry/nucleic-acid-analysis>), extraction using Nuclisens Easy Mag®, Biomérieux and amplification with RealStar SARS (<https://www.sciencedirect.com/topics/medicine-and-dentistry/severe-acute-respiratory-syndrome>), CoV-2®, Altona), were still positive for SARS-CoV2 RNA in 8/10 patients (80%, 95% confidence interval: 49–94) at days 5 to 6 after treatment initiation.”



Sweden, which initially followed Raoult's teachings and started to treat COVID-19 patients with chloroquine, swiftly aborted the method (<https://www.expressen.se/nyheter/carl-40-fick-kramp-och-syn-problem-av-coronamedicin/>) when patients developed severe side effects. A retrospective study on 84 patients receiving hydroxychloroquine and azithromycine from New York University (Chorin et al *medRxiv* 2020 (<https://www.expressen.se/nyheter/carl-40-fick-kramp-och-syn-problem-av-coronamedicin/>)) also demonstrated how serious those side effects in COVID-19 patients can be:

“We report the change in the QT interval in 84 adult patients with SARS-CoV-2 infection treated with Hydroxychloroquine/Azithromycin combination. QTc prolonged maximally from baseline between days 3 and 4. in 30% of patients QTc increased by greater than 40ms. In 11% of patients QTc increased to >500 ms, representing high risk group for arrhythmia. The development of acute renal failure but not baseline QTc was a strong predictor of extreme QTc prolongation.”

That study, and a mysterious manuscript (<https://twitter.com/Charakan/status/1248965043510624256?s=20>) from Detroit submitted to *NEJM*, are discussed by Derek Lowe here (<https://blogs.sciencemag.org/pipeline/archives/2020/04/11/the-latest-hydroxychloroquine-data-as-of-april-11>).

Above the law?

As it happened, Raoult’s most recent (literally) uncontrolled clinical trials were ethically approved by his own submissive IHU. He even treated 14 year old children with chloroquine as part of his 1000 patients trial (Table 1 [here](https://www.mediterranee-infection.com/wp-content/uploads/2020/04/MS.pdf) (<https://www.mediterranee-infection.com/wp-content/uploads/2020/04/MS.pdf>), [recruitment age](https://www.mediterranee-infection.com/wp-content/uploads/2020/03/Hydroxychloroquine_final_DOI_IJAA.pdf) (https://www.mediterranee-infection.com/wp-content/uploads/2020/03/Hydroxychloroquine_final_DOI_IJAA.pdf) was >12 years old), which is actually quite illegal. In his paper [Gautret et al *TMID* 2020](https://www.sciencedirect.com/science/article/pii/S1477893920301319) (<https://www.sciencedirect.com/science/article/pii/S1477893920301319>) Raoult admitted that his thousands of patients were kept in the dark about the risks, since none of them received a patient information sheet and an informed consent to sign:

“There is no formal consent to sign in our institution by patients“

IHU’s human guinea pigs were unaware of the experimental nature of the therapy, quite the opposite: because Raoult decreed that the hydroxychloroquine+azithromycine method must work, he retrospectively defined it a “*standard treatment*“. They believed to be undergoing an established, internationally approved therapy for COVID-19. Even more schizophrenically: all studies which Raoult designed in advance, with the explicit purpose to prove his therapy, were declared “*retrospective*” to deny the need for an ethics approval. This horrendous ethics breach passed peer review at Elsevier with flying colours. In 1 day.

WTF???

Entre le pre-print est l'article publié, l'IHU a complètement revu la partie sur le comité d'éthique dans la première observationnelle.

Avec une confirmation cette fois qu'aucun consentement n'a été demandé. <https://t.co/7Ay8Yi00ST> (<https://t.co/7Ay8Yi00ST>) [pic.twitter.com/Ex8svV2KNJ](https://t.co/Ex8svV2KNJ) (<https://t.co/Ex8svV2KNJ>)

— Medicus (@MedicusFR) April 25, 2020 ([https://twitter.com/MedicusFR/status/1253947853690605570?](https://twitter.com/MedicusFR/status/1253947853690605570?ref_src=twsrc%5Etfw)
[ref_src=twsrc%5Etfw](https://twitter.com/MedicusFR/status/1253947853690605570?ref_src=twsrc%5Etfw))

On 20 April 2020, [news came](https://www.apmnews.com/story.php?objet=350177) (<https://www.apmnews.com/story.php?objet=350177>) of Raoult being in serious legal trouble with the French authorities because of his human experiments with chloroquine:

“The National Agency for the Safety of Medicines and Health Products (ANSM), which did not authorize the second study on hydroxychloroquine (Plaquenil *, Sanofi) conducted at the institute hospital-university (IHU) in Marseille by Pr Didier Raoult, awaits that the investigators bring objective elements to demonstrate its observational nature, indicated Dominique Martin in an interview with APMnews.”

That was sure something unexpected for Raoult, after the President of France, **Emmanuel Macron**, has visited his lab just days before and [described Raoult as “great scientist”](http://www.leparisien.fr/societe/coronavirus-pour-macron-raoult-est-un-grand-scientifique-et-sa-bi-therapie-doit-etre-testee-15-04-2020-8299788.php?utm_campaign=twitter_partage&utm_medium=social) (http://www.leparisien.fr/societe/coronavirus-pour-macron-raoult-est-un-grand-scientifique-et-sa-bi-therapie-doit-etre-testee-15-04-2020-8299788.php?utm_campaign=twitter_partage&utm_medium=social). On 24 April IHU [retorted](https://www.mediterranee-infection.com/letude-publiee-le-27-mars-2020-nentrait-pas-dans-le-cadre-juridique-dune-riph-recherche-impliquant-la-personne-humaine/) (<https://www.mediterranee-infection.com/letude-publiee-le-27-mars-2020-nentrait-pas-dans-le-cadre-juridique-dune-riph-recherche-impliquant-la-personne-humaine/>) that the study never needed any ethics approval or patient consent, because it was “retrospective”, a hair-raising argument their [Italian colleagues routinely used](https://forbetterscience.com/2020/02/17/gabrio-bassotti-snip-snip-and-copy-paste-surgeon/) (<https://forbetterscience.com/2020/02/17/gabrio-bassotti-snip-snip-and-copy-paste-surgeon/>) to cover up intentional patient abuse. And anyway, Raoult and his colleagues “*deemed it ethically unacceptable to conduct a therapeutic trial*“.



Didier Raoult

@raoult_didier

Notre étude publiée le 27 mars 2020 n’entrait pas dans le cadre juridique d’une RIPH (Recherche Impliquant la Personne Humaine). Réponse aux interrogations concernant la qualification de nos travaux médicaux.[mediterranee-infection.com/letude-publiee...](https://www.mediterranee-infection.com/letude-publiee...)

5,112

6:29 AM - Apr 24, 2020

2,284 people are talking about this

Meanwhile, in USA, an NIH Expert Panel, convened by the National Institute of Allergy and Infectious Diseases (directed by US epidemics expert **Anthony Fauci**), [recommended](https://www.npr.org/sections/coronavirus-live-updates/2020/04/21/840341224/nih-panel-recommends-against-drug-combination-trump-has-promoted-for-covid-19) (<https://www.npr.org/sections/coronavirus-live-updates/2020/04/21/840341224/nih-panel-recommends-against-drug-combination-trump-has-promoted-for-covid-19>) in its [COVID-19 guidelines](https://covid19treatmentguidelines.nih.gov/therapeutic-options-under-investigation/) (<https://covid19treatmentguidelines.nih.gov/therapeutic-options-under-investigation/>) on 21 April 2020:

“Except in the context of a clinical trial, the COVID-19 Treatment Guidelines Panel (the Panel) **recommends against** the use of the following drugs for the treatment of COVID-19:

– The combination of **hydroxychloroquine plus azithromycin (AIII)** because of the potential for toxicities.”

Results

Patients

Among the 181 patients eligible for analysis, 84 received HCQ within 48 hours of admission and 97 did not (although 8 of them did receive HCQ later on). The median age of patients was 60 years (interquartile range [IQR], 52 to 68 years), and 71.1% were men. All comorbidities were less frequent in the HCQ group. The median delay between symptom onset and admission to hospital was 7 days (IQR, 5 to 10 days). Overall, initial severity was well balanced between the groups, except for confusion at admission (0 in the HCQ group vs 6 [6.2%] in the no-HCQ group) (**Table 1**). Further, of patients in the HCQ group, 17 (20%) received concomitant azithromycin, and 64 (76%) received concomitant amoxicillin and

3,623

3:32 AM - Apr 22, 2020

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1,826 people are talking about this

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Unlike his own clinical trials, Mahevas et al was really an observational study of 181 French COVID-19 patients treated after Raoult’s method, but with a control group. The paper, published on 14 April, concludes against the use of hydroxychloroquine on COVID-19 hypoxic pneumonia patients and mentions:

“Eight patients receiving HCQ (9.5%) experienced electrocardiogram modifications requiring HCQ discontinuation.”

On 24 April Raoult and his IHU issued another press release or a white paper (<https://www.mediterranee-infection.com/mahevas-et-al-fraude-scientifique/>), where they openly accused their Paris colleagues Mahevas et al (<https://doi.org/10.1101/2020.04.10.20060699>) of “**scientific fraud**“, already in the headline. Raoult’s *J’accuse* partners are IHU group leader Philippe Brouqui (<https://www.mediterranee-infection.com/en/research/research-teams/philippe-brouqui/>) and clinic head Matthieu Million (<https://www.mediterranee-infection.com/soins/hopital-de-jour/>). If you naively think such institutional fraud accusations happen in the scientific community at least occasionally: not really. IHU seems to have evolved under Raoult’s leadership into a lunatic asylum for the criminally insane.



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VIDÉO

MAHEVAS ET AL. FRAUDE SCIENTIFIQUE

Accueil / Mahevas et al. Fraude scientifique

24 avril 2020

Fraude scientifique pour démontrer l'absence d'efficacité de l'hydroxychloroquine par rapport au placebo dans une cohorte rétrospective non-randomisée de patients avec le Covid : Réponse à MAHEVAS et al., MedRxiv, 2020

P Brouqui, M Million & D Raoult

Nous avons lu attentivement l'article de Mahevas M et al., qui ne rapporte aucune preuve de l'efficacité clinique de l'hydroxychloroquine (HCQ) chez les patients COVID nécessitant de l'oxygène. Dans cet article, les auteurs rapportent que, le décès ou le transfert en réanimation, ou la mortalité à 7 jours, n'était pas différent entre les patients du groupe hydroxychloroquine et ceux qui n'étaient pas traités, et concluent que leur étude n'est pas en faveur de l'utilisation de l'HCQ chez les patients hospitalisés pour une pneumonie documentée à SRAS-Cov-2 (1). Cependant, dans ce document, 8 patients ayant reçu HCQ après les 48 premières heures ont été inclus dans le bras contrôle non traité alors qu'ils ont été en fait traités par l'HCQ. Il n'y a pas de support scientifique, ni de raison valable à cela et ceci pourrait être assimilé à de la fraude scientifique.

Prior to that outpour, Raoult endorsed a bizarre telemedicine (sic!) study by a Brazilian insurance (sic!), which was never published anywhere, not even as preprint. It is only available as document on the file sharing platform Dropbox (sic!):



Didier Raoult

@raoult_didier

Un manuscrit dont la publication devrait faire parler : expérimentation de la bithérapie HCQ+AZ au Brésil. Des résultats qui vont dans le sens d'une prescription dès les premiers symptômes.

dropbox.com/s/5qm58cd4fnee...



Bik [blogged \(https://scienceintegritydigest.com/2020/04/18/thoughts-on-the-prevent-senior-study/\)](https://scienceintegritydigest.com/2020/04/18/thoughts-on-the-prevent-senior-study/) about that Brazilian “study”, where 636 patients, distance-assessed by telemedicine only, themselves decided which drug to take after they self-diagnosed themselves with COVID-19 (sic!). Afterwards, the study’s authors somehow pulled up the numbers of who died and who went to intensive care, and fabricated p-values which did not fit. Bik then provided an update on 20 April:

“It was announced today (https://saude.estadao.com.br/noticias/geral,estudo-da-prevent-com-hidroxicloroquina-e-suspenso-apos-ser-feito-sem-aval-de-comite-de-etica,70003277428) that the study described below has been suspended because of ethical violations. As pointed out by Natalia Pasternak and Carlos Orsi (https://www.revistaquestade-ciencia.com.br/questao-de-fato/2020/04/18/uma-aula-de-como-nao-se-deve-testar-um-medicamento?fbclid=IwAR3eWqbdCHYKNz5XBZ_N4rxU6CkCiPRdSd4-0FMJmrDn-ef8t2ITNV17KOY) and Ricardo Parolin Schnekenberg (https://notesoncovid.wordpress.com/2020/04/19/critica-ao-estudo-da-prevent-senior/) [...], the study had already started before the ethical approval had been obtained. This could be figured out by looking at the disclosed study days in the preprint and the trial registration at the Clinical Trials (https://clinicaltrials.gov/ct2/show/NCT04348474?term=NCT04348474&draw=2&rank=1) website.”

But for Raoult, that was a proper scientific clinical trial. Not the one done by his US peers in the Veterans Affairs hospitals, that was a “fraudulent” and “fake news”. What about this other Brazilian study, Silva Borba et al medRxiv 2020 (https://www.medrxiv.org/content/10.1101/2020.04.07.20056424v2), published on 16 April?

“The high dose CQ arm presented more QTc>500ms (25%), and a trend toward higher lethality (17%) than the lower dosage. Fatality rate was 13.5% (95%CI=6.9-23.0%), overlapping with the CI of historical data from similar patients not using CQ (95%CI=14.5-19.2%). In 14 patients with paired samples, respiratory secretion at day 4 was negative in only one patient.”

In this double-blinded phase IIb clinical trial, all patients were treated just as Raoult says, with hydroxychloroquine+azithromycine only, without those evil controls Raoult hates? Chloroquine was applied in two different doses, and the doctors had to halt the high dose arm because the patients were dying from heart failure. Raoult doesn’t talk about that study.

Doomsday cult

Instead, he lets his loyal bootlickers attack his critics. On 14 April 2020, Raoult’s IHU Marseille openly and publicly threatened a clinician Damien Barraud (https://www.chr-metz-thionville.fr/patriciens/docteur-damien-barraud), who has been very critical of their chloroquine “studies” on Twitter and in newspaper interviews (http://www.lamarseillaise.fr/analyses-de-la-redaction/decryptage/81603-damien-barraud-medecin-reanimateur-a-metz-thionville-c-est-de-la-medecine-spectacle-ce-n-est-pas-de-la-science). IHU tweeted a demand for Barraud to be stripped of his medical licence and be sacked by his hospital employer in Metz, and announced lawsuits for libel:



Le Dr Damien Barraud, médecin réanimateur au CHR de Metz-Thionville, profite en ce moment d’un quart d’heure de gloire warholien en enchainant les interviews sur RMC, BFM TV et La Marseillaise.

Les propos qu’il tient dans ces interviews sont étrangement similaires à ceux tenus par le compte Twitter anonyme @fluidloading qui revendique être un médecin de la même région que le Dr

1,765

4:14 AM - Apr 14, 2020

1,406 people are talking about this

Translation available in this [blog post by David Gorsky \(https://respectfulinsolence.com/2020/04/14/didier-raoult-bad-science-bully/\)](https://respectfulinsolence.com/2020/04/14/didier-raoult-bad-science-bully/).

As I [reported before \(https://forbetterscience.com/2020/03/26/chloroquine-genius-didier-raoult-to-save-the-world-from-covid-19/\)](https://forbetterscience.com/2020/03/26/chloroquine-genius-didier-raoult-to-save-the-world-from-covid-19/), the International Society for Microbial Chemotherapy (ISAC), with which Raoult published his initial chloroquine study [Gautret et al IJAA 2020 \(http://dx.doi.org/10.1016/j.ijantimicag.2020.105949\)](http://dx.doi.org/10.1016/j.ijantimicag.2020.105949), distanced themselves from it, in a public [statement \(https://www.isac.world/news-and-publications/official-isac-statement\)](https://www.isac.world/news-and-publications/official-isac-statement) from 4 April 2020. ISAC (and then the publisher Elsevier) insist however that the peer review process “did adhere to the industry’s peer review rules.” Which is strange, since it seems the paper was reviewed and sent back for minor revision on the same day it was submitted. The next day, the authors returned a revised version which was immediately accepted.

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Hydroxychloroquine and azithromycin as a treatment of COVID-19: results of an open-label non-randomized clinical trial

Article reference	ANTAGE_105949
Journal	International Journal of Antimicrobial Agents
Corresponding author	Didier Raoult
First author	Philippe Gautret
Received at Editorial Office	16 Mar 2020
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Article accepted for publication	17 Mar 2020
DOI	10.1016/j.ijantimicag.2020.105949

Raoult’s follow up clinical trial with 80 patients treated with chloroquine and azithromycine and without any control arm (criticised by Bik above) was published in a different Elsevier journal, and accepted the next day after submission. The first author of the new [Gautret et al TMID 2020 \(https://www.sciencedirect.com/science/article/pii/S1477893920301319\)](https://www.sciencedirect.com/science/article/pii/S1477893920301319), **Philippe Gautret**, is incidentally associate editor of that of that journal (<https://www.journals.elsevier.com/travel-medicine-and-infectious-disease/editorial-board>).

Regardless of the obviously repeatedly rigged peer review process, that wretched first [Gautret et al IJAA 2020 \(http://dx.doi.org/10.1016/j.ijantimicag.2020.105949\)](http://dx.doi.org/10.1016/j.ijantimicag.2020.105949) paper serves as the ONLY clinical study on which the pharma giant Novartis bases its newly announced phase 3 clinical trial in USA, on 440 patients. Do check the references [here \(https://www.novartis.com/news/media-releases/novartis-sponsor-large-clinical-trial-hydroxychloroquine-hospitalized-covid-19-patients?utm_campaign=2020-media-release&utm_medium=social-organic&utm_source=twitter&utm_content=image-hydroxychloroquine\)](https://www.novartis.com/news/media-releases/novartis-sponsor-large-clinical-trial-hydroxychloroquine-hospitalized-covid-19-patients?utm_campaign=2020-media-release&utm_medium=social-organic&utm_source=twitter&utm_content=image-hydroxychloroquine).



Novartis News

@NovartisNews

Novartis to sponsor large-scale clinical trial of hydroxychloroquine in hospitalized COVID-19 patients

#COVID19 #coronavirus

#NovartisNews

Track Your Accepted Article

The easiest way to check the publication status of your accepted article

Teleplacic: an alternative drug for the treatment of coronavirus COVID-19?

Article reference	ANTAGE_105944
Journal	International Journal of Antimicrobial Agents
Corresponding author	Jean-Marc Rolin
First author	Sophie Alexandra Baran
Received at Editorial Office	4 Mar 2020
Article revised	7 Mar 2020
Article accepted for publication	18 Mar 2020
DOI	10.1016/j.ijantimicag.2020.105944

Track Your Accepted Article

The easiest way to check the publication status of your accepted article

New insights for antitubercular effects of chloroquine against coronavirus: what to expect for COVID-19?

Article reference	ANTAGE_105938
Journal	International Journal of Antimicrobial Agents
Corresponding author	Christian Drexler
First author	Christian Drexler
Received at Editorial Office	2 Mar 2020
Article revised	3 Mar 2020
Article accepted for publication	5 Mar 2020
DOI	10.1016/j.ijantimicag.2020.105938

Track Your Accepted Article

The easiest way to check the publication status of your accepted article

Chloroquine and hydroxychloroquine as available weapons to fight COVID-19

Article reference	ANTAGE_105932
Journal	International Journal of Antimicrobial Agents
Corresponding author	Didier Raoult
First author	Philippe Colson
Received at Editorial Office	26 Feb 2020
Article accepted for publication	27 Feb 2020
DOI	10.1016/j.ijantimicag.2020.105932

Track Your Accepted Article

The easiest way to check the publication status of your accepted article

Chloroquine for the 2019 novel coronavirus.

Article reference	ANTAGE_105923
Journal	International Journal of Antimicrobial Agents
Corresponding author	Didier Raoult
First author	Philippe Colson
Received at Editorial Office	11 Feb 2020
Article accepted for publication	11 Feb 2020
DOI	10.1016/j.ijantimicag.2020.105923

Peer reviewed, really?

Novartis News

www.novartis.com

102

10:48 PM - Apr 19, 2020

56 people are talking about this

Not just this. Somehow Raoult’s Marseille buddy **Jean-Paul Moatti** managed to smuggle an opinion piece into *The Lancet* ([https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(20\)30087-6/fulltext](https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(20)30087-6/fulltext)) promoting chloroquine. The author declared no conflict of interest, despite being the husband of Raoult’s co-director at IHU, **Yolande Obadia**.

Sartorius

@Tsarorius

Hi @TheLancet.

You published this article : [thelancet.com/journals/lanpu...](https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(20)30087-6/fulltext)

The author is Jean-Paul Moatti. He writes : "I declare no competing interests."

Jean-Paul Moatti is the husband of Yolande Obadia, who is president of the IHU Mediterranee Infection foundation. ▼

L

The French response to COVID-19: intrinsic difficult...

Faced with criticisms, French authorities claim that their policy towards the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) pandemic has been

thelancet.com

239

6:30 AM - Apr 8, 2020

143 people are talking about this

Now Raoult, the 1-hour-peer review man, suddenly has enough of the traditional publishing he constantly games. He tweeted his YouTube video (<https://www.youtube.com/watch?v=HrJBppuSEmk&>), saying that he prefers to have his studies assessed by “confined people” at his institute than by some external reviewers he cannot control:

Didier Raoult

@raoult_didier

"Je reçois beaucoup de mails qui analysent les données disponibles, parfois de manière beaucoup plus profonde et professionnelle que dans les journaux scientifiques. Parmi les gens confinés, il y a de très bons mathématiciens, de très bons statisticiens." [youtube.com/watch?v=HrJBpp...](https://www.youtube.com/watch?v=HrJBppuSEmk&)

YouTube

@YouTube

<https://forbetterscience.com/2020/04/22/chloroquine-witchdoctor-didier-raoult-barking-mad-and-dangerous/>

10/29

9,545

11:16 AM - Apr 21, 2020

3,160 people are talking about this

In that same video, Raoult is saying (<https://twitter.com/DrivingInSocks/status/1252658673379414017?s=20>) things which make less and less sense:

“Maybe I was capable of responding to this situation because I’m part African and part of my ancestry leave me with the idea that we should treat infectious diseases“

Nouchka

@DrivingInSocks · Apr 21, 2020

Replying to @DrivingInSocks

it's not normal circumstances, it's a crisis, it's like war and peace, it's two different things you can't have the same people."

"It's the lesson we need to learn, otherwise, only after the fight you will start to propose a therapy and that is untenable."

Nouchka

@DrivingInSocks

Source: IHU Méditerranée-Infection - La leçon des épidémies courtes - 21 avril 2020 (youtu.be/HrJBppuSEmk)@schneiderleonid @MicrobiomDigest @gorskon @Dereklowe @fxcoudert

More translation with more context and timestamps:

00:40 We are on a downward trend... since again I'm not predicting the future... if this trend persists it looks like what was once a possibility of the disease being seasonal, is starting to become a reality. Maybe in a month there will be no more cases in most of the countries in the temperate zone. It's a possibility.

[...]

01:30 When we see this type of disease, the time needed to fight it is very short, and if our studies are done around the time there is no disease anymore, that means we can't fight against it at all.

So the question is: should we treat the disease or do nothing? We made the choice of treating the disease and the violent reactions from people were unheard of, but we didn't have a choice. If we wanted to treat the disease we had to take what's available, what's logical, which means a medicine that has an action against the virus, a medicine that is used all around the world, the less dangerous medicine in the world, and this actually created a lot of madness, this idea that the most prescribed medicine in the history of mankind is actually a dangerous one. You ask yourself "where does that come from?"

A study on 1 million people suffering from rheumatoid arthritis who take this medicine... there is no issue, except maybe after 2 or 3 years you can start to have eye problems... but for a 30 days treatment it's unbelievable.

Arthromycin is the most used antibiotic all around the world for respiratory infections, all that... to take 2 medicine so simple to treat what is a pneumonia, it's just common sense. Except if you don't want to treat them, waiting for studies to see if we can have [new?] molecules.

[...]

03:20 So you end up eating yourself if it's not just a virtual medicine, you know in the same way there were a restaurant in London that didn't exist, and some people jokingly started to die repeatedly on TripAdvisor and 6 months later it's the best restaurant in all of London! So it means we can make everyone in London believe that the best restaurant is one that doesn't exist. We have to be careful about information and... I don't think people working on remdesivir are joking. I think there were billions exchanged on the Global stock market at the same time that we were proclaiming it will work, or that it will not work, up and down with billions on a medicine with very few chances of being used on this type of disease.

[...]

05:30 All the rich countries, all the developed countries have a mitigated success in fighting the disease compared to the poorest countries, who reasonably chose to treat it like a pneumonia with trivial medicine that cost nothing and who therefore have a lower mortality rate. The 15 countries with the highest mortality rate are all rich countries. So it means there is a dissociation between the wealth of a country and its capacity to respond to these types of situation. Maybe I was capable of responding to this situation because I'm part African and part of my ancestry leave me with the idea that we should treat infectious diseases.

[...]

spreading, it's not coherent with the tools we have today, and that is a major change, which also explains why there is a lot of imitation from people.

But our first paper on hydroxychloroquine / azithromycin, in preprint, was saw more than 600 000 time. I can tell you this is about the same number of downloads and views that you can expect from a scientific paper in a year.

So it's a complete change... It was already with the open access... for everyone... but you needed to pay for scientific journals... but now with preprint, and don't fool yourself, the biggest journals in the world use these preprints. Science and Nature read the preprints to be able to report on the latest discoveries.

So there is a major shift and it's a possibility that tomorrow blogs and preprints will be as influential as academic publishing. It's a big fight, a major paradigm shift which will provide an access for all... and I can actually see a lot of people analyzing the data available, sometimes more deeply, more professionally than what I can read in a scientific journal [...]

22:00 Here in France I'm the poster child for this change but mind you the same frenzy occur in the United States, the same frenzy occur in Brazil, a frenzy between two different attitudes, an attitude from the richest countries that are not used to respond to new diseases with quick decision making, and so when you are a rich country and you don't expect much from a new medicine, you're not in a hurry, you have time, we have a risk aversion, with a precautionary principle, these principles are the basis of our institutions, institutions that make these decisions [...]. This structure, this way of thinking is not compatible with a crisis situation, in which the advisors, the decision makers, should not be the same, can't be the same, because the answer is very different in nature. You need to act fast with quick decision making, it's not normal circumstances, it's a crisis, it's like war and peace, it's two different things you can't have the same people. It's the lesson we need to learn, otherwise, after the fight you will start to propose a therapy and that is untenable.

[Translation: Nouchka (@DrivingInSocks) on Twitter]

1

11:01 AM - Apr 21, 2020

See Nouchka's other Tweets

The signs that Raoult might be losing his mind are already there. Problem is, having cemented his totalitarian power at IHU, having stifled all dissent years ago and having surrounded himself by loyal yes-sayers only, there is nobody to tell Raoult that he is making an utter arse of himself, in public and even on video.

In that recent preprint (<https://www.mediterranee-infection.com/wp-content/uploads/2020/04/MS.pdf>), where Raoult claimed to have cured with chloroquine over 1000 patients mildly or barely suffering from COVID-19 (including children), he counted 5 levels of evidence that his method works. The highest level of evidence is Raoult’s own Gautret et al *IJAA* 2020 paper, plus two studies from China which don’t even fit. Who cares, it will sure pass peer review in one of Elsevier journals Raoult controls. It is all very surreal.

<https://forbetterscience.com/2020/04/22/chloroquine-witchdoctor-didier-raoult-barking-mad-and-dangerous/>

11/29

Table 4. Level of evidence for efficacy of a combination of hydroxychloroquine and azithromycin against COVID-19

Level of evidence	Type of evidence *	Available studies
1a	Systematic review (with homogeneity) of RCTs	
1b	Individual RCT (with narrow confidence interval)	<div><div>Probably not a real RCT + even more full of bias than above study</div><div>Evidence level : 4 : no more than case series !</div><div>NOT A "RCT" + Full of bias</div><div>Evidence level : 4 : no more than case series !</div></div> <div>A preliminary French non-randomized clinical trial conducted in 36 COVID-19 patients showed a significant reduction in viral nasopharyngeal carriage at day 6 in patients treated with hydroxychloroquine at 600 mg per day during 10 days, (N=20, 70% testing negative), compared to untreated controls (N=16, 12.5% testing negative). In addition, of the twenty patients who were treated with hydroxychloroquine, six received azithromycin for five days (for the purposes of preventing bacterial super-infection) and all (100%) were virologically cured at day 6, compared to 37.5% of the remaining 14 patients [15].</div> <div>A Chinese RCT conducted in 62 COVID-19 patients showed significantly shortened body temperature recovery time, cough remission time and larger proportion of improved pneumonia as assessed by CT scan in patients treated with 400 mg hydroxychloroquine per day during five days (N=31) than in controls (N=31) [31].</div> <div>A Chinese RCT conducted in 39 COVID-19 patients showed no significant differences between patients treated with 400 mg hydroxychloroquine per day during five days (N=15) and controls (N=15) regarding pharyngeal carriage of viral RNA at day 7, however, patients received multiple additional treatments including antivirals [36].</div>
1c	All or none study	
2a	Systematic review (with homogeneity) of cohort studies	
2b	Individual cohort study (including low quality RCT; e.g., <80% follow-up)	<div><div>RCT but fewer patients than above studies + negative study (no efficacy of hydroxychloroquine !)</div><div>A "letter to editor" ! Not even an original article !</div><div>Evidence level : 5 (opinion), not 2b !</div><div>"Uncontrolled observational study" : no control group !</div><div>Evidence level : 4 (poor quality cohort), not 2b !</div></div> <div>Clinical results were reported in a news briefing by the Chinese government revealing that the treatment of over 100 patients with chloroquine phosphate in China had resulted in significant improvements of pneumonia and lung imaging, with reductions in the duration of illness [12].</div> <div>An uncontrolled French non-comparative observational study conducted in a cohort of 80 relatively mildly infected inpatients treated with a combination of hydroxychloroquine and azithromycin over a period of at least three days, all patients improved clinically except one 86-year-old patient who died, and one 74-year-old patient still in intensive care. A rapid fall of nasopharyngeal viral load was noted, with 85% negative at day 7, and 95% at day 8. Virus cultures from patient respiratory samples were negative in 97.5% of patients at day 5. Consequently patients were able to be rapidly discharged with a mean length of stay of five days [17].</div> <div>Three studies have demonstrated that chloroquine phosphate inhibits SARS-CoV-2 [14,37,38] and two have demonstrated that hydroxychloroquine sulfate inhibits SARS-CoV-2 [37,38] in vitro. In addition, one study showed that the combination of hydroxychloroquine and azithromycin inhibits SARS-CoV-2 on SARS-CoV-2 in vitro [19].</div> <div><div>In vitro, you morons ! This table of level of evidence is for therapeutic studies, not for pre-therapeutic studies !</div><div>The National Health Commission of the People's Republic of China published their recommendation mid-February, suggesting treating patients with 500 mg chloroquine phosphate twice per day, for a maximum of 10 days [32].</div><div>In Italy, the I. Spallanzani National Institute for the Infectious Disease published their recommendations for treatment on the 17th of March, which included the provision of 400mg of HCQ per day or 500mg CQ per day, in combination with another antiviral agent [39].</div></div>
2c	"Outcomes" research; ecological studies	
3c	Systematic review (with homogeneity) of case-control studies	
3b	Individual case-control study	
4	Case-series (and poor quality cohort and case-control studies)	
5	Expert opinion without explicit critical appraisal, or based on physiology, bench research or "first principles"	<div>This one is ok, good job !</div>

* <https://www.cebm.net/2009/06/oxford-centre-evidence-based-medicine-levels-evidence-march-2009/>

Raoult’s “level of evidence”, annotated by Sartorius (<https://twitter.com/Tsarorius/status/1252605614993412096>).

The manuscript (<https://www.mediterranee-infection.com/wp-content/uploads/2020/04/MS.pdf>) lists these key words: “SARS-CoV-2; COVID-19; hydroxychloroquine; azithromycin; ethics; Hippocratic oath”. The last two strongly suggest that there is a kind of religious mass psychosis going on at IHU. These keywords are listed because Raoult firmly believes that it is unethical NOT to treat COVID-19 patients with chloroquine, and every doctor who insists on scientific process and evidence, breaches the Hippocratic oath of not doing harm. Nobody at Marseille laughed or told Raoult to check himself in into an asylum. The entire IHU plays his game like a devout doomsday cult on hallucinogenic drugs.

The “great scientist” believes in his delirium to be actually just like a World War I general, commanding thousands of men to get out the trenches and die for the glory of France.



Didier Raoult

@raoult_didier

Citations d'un des plus grands chefs militaires de l'histoire de France : le Maréchal Ferdinand Foch.

Ferdinand Foch (1851-1929)

La réalité du champ de bataille est qu'on n'y n'étudie pas.

Simplement on fait ce que l'on peut pour appliquer ce qu'on sait.

Dès lors, pour y pouvoir un peu, il faut savoir beaucoup et bien.

Les règlements, c'est bon pour l'exercice, mais au moment du danger, il faut autre chose. Ce sont des guides-ânes qui favorisent la paresse d'esprit.

L'expérience est l'habitude d'agir correctement sans avoir à raisonner. La guerre est avant tout un art d'exécution (Napoléon) et par conséquent:

-le fait y a le pas sur l'idée

-l'action sur la parole

-l'exécution sur la théorie

La stratégie est plus qu'une science, c'est le savoir transporté dans la vie réelle, le développement de la pensée directrice primitive, suivant les variations toujours nouvelles des événements, c'est l'art d'agir sous la pression des circonstances les plus difficiles. Ce qui revient à dire que la stratégie n'est qu'une affaire de caractère et de bon sens.

17.4K

12:06 AM - Apr 20, 2020

7,425 people are talking about this

What next? To be updated, proper randomized controlled clinical trials (<https://www.sciencemag.org/news/2020/03/who-launches-global-megatrial-four-most-promising-coronavirus-treatments>) on chloroquine against COVID-19 are ongoing and might soon deliver results. But Raoult is sure a tough guy who won’t go down without a fight.



Mathieu M.J.E. Rebeaud

@Damkyan_Omega

Chloroquine Dundee twitter.com/raoult_didier/...

Didier Raoult

@raoult_didier

<https://forbetterscience.com/2020/04/22/chloroquine-witchdoctor-didier-raoult-barking-mad-and-dangerous/>

12/29

Je suis né à Dakar, j'ai toujours entretenu un lien avec l'Afrique.
Merci à Cheikh Sokhna et Idir Bitam qui dirigent des laboratoires intégrés à l'IHU, au Sénégal et en Algérie, et aux Prof. Mboup et Muyembe qui font partie de notre conseil scientifique. jeuneafrique.com/923934/societe...



♡ 6,441

6:31 AM - Apr 11, 2020

ⓘ


💬 1,721 people are talking about this

>

This article has been updated several times since it was first published.

Update 2.05.2020

TCM as chloroquine adjuvant?



Didier Raoult

@raoult_didier

ⓘ

Could Anthony Fauci explain why the investigators of the NIAID remdesivir trial did change the primary outcome during the course of the project (16th April)?
Removing "death" from primary outcome is a surprising decision.clinicaltrials.gov/ct2/history/NC...

Outcome Measures

Primary Outcome Measures

1. Percentage of subjects reporting each severity rating on an 8-point ordinal scale

The ordinal scale is an assessment of the clinical status at the first assessment of a given study day. The scale is as follows: 1) Death; 2) Hospitalized: on invasive mechanical ventilation or extracorporeal membrane oxygenation (ECMO); 3) Hospitalized: on non-invasive ventilation or high flow oxygen devices; 4) Hospitalized: requiring supplemental oxygen; 5) Hospitalized: not requiring supplemental oxygen - requiring ongoing medical care (COVID-19 related or otherwise); 6) Hospitalized: not requiring supplemental oxygen - no longer requires ongoing medical care; 7) Not hospitalized: limitation on activities and/or requiring home oxygen; 8) Not hospitalized: no limitations on activities.

[Time Frame: Day 16]

Time to recovery

Day of recovery is defined as the first day on which the subject satisfies one of the following three categories from the ordinal scale: 1) Hospitalized, not requiring supplemental oxygen - no longer requires ongoing medical care; 2) Not hospitalized, limitation on activities and/or requiring home oxygen; 3) Not hospitalized, no limitations on activities.

[Time Frame: Day 1 through Day 29]

Secondary Outcome Measures

♡ 5,791

5:24 AM - Apr 30, 2020


ⓘ

💬 3,666 people are talking about this

>

There seems to be a clear pattern how Raoult evaluates scientific studies. Those which do not fit his general world view, are all flawed or outright fraudulent. Those which seem to support his chloroquine claims are infallible and perfect.

So now Raoult endorses Traditional Chinese Medicine (TCM (https://twitter.com/raoult_didier/status/1255835517511483394?s=20)) as a chloroquine adjuvant. Really, he does:



Didier Raoult


@raoult_didier

ⓘ

First paper showing a significant effect of hydroxychloroquine on the fatality rate of severe forms of COVID-19.
Attenuation of the inflammatory cytokine storm?
medrxiv.org/content/10.110...

<https://forbetterscience.com/2020/04/22/chloroquine-witchdoctor-didier-raoult-barking-mad-and-dangerous/>

13/29



Hydroxychloroquine application is associated with ...

Importance: Coronavirus disease 2019 (COVID-19) is a pandemic with no specific drugs and high mortality. The most urgent thing is to find effective treatments.

medrxiv.org

4,478


1:48 AM - May 2, 2020

2,064 people are talking about this

The reference is to a new preprint from Tongji Hospital in Wuhan, China, [Yu et al medRxiv 2020](#) (<https://www.medrxiv.org/content/10.1101/2020.04.27.20073379v1>). It reports a retrospective analysis of a [clinical trial](#) (<http://www.chictr.org.cn/showprojen.aspx?proj=49051>) with “568 critically ill patients” with mortalities of 18.8% (9/48) in hydroxychloroquine (HCQ) group and 45.8% (238/520) in no-HCQ group. Astounding, right? Only that the Wuhan authors never mention azythromycine, while Raoult [so far insisted](#) (<https://twitter.com/SmutClyde/status/1256547077951111173?s=20>)HCQ does not help critically ill COVID-19 patients at all.

Now, the preprint by the Tongji cardiologist [Wang Daowen](#) (http://www.xinhuanet.com/english/2020-03/06/c_138847282.htm) and colleagues claims all 568 patients received “*baseline treatments [...] of antiviral drugs (Lopinavir and Ritonavir, Entecavir hydrate, or Ribavirin)*“. 48 of these allegedly received HCQ. The ethics approval references a [clinical trial](#) (<http://www.chictr.org.cn/showprojen.aspx?proj=49051>)with Daowen as principal investigator, which however used only one drug: [Shuanghuanglian](#) (<http://www.koreabiomed.com/news/articleView.html?idxno=7370>). It is a herbal TCM concoction, the trial had 4 arms with 3 different Shuanghuanglian quantity, plus control arm. A total of 400 patients (as opposed to the preprint’s 568), nobody was treated with HCQ or any other drug mentioned in the preprint.

Unless completely made-up fraud, there is only one way to explain it: For controls, Daowen et al lied about baseline treatment because serious scientists outside of China tend to laugh at TCM. Where the extra 158 patients and the HCQ group came from, is anyone’s guess, unless invented they were [borrowed](#) (<https://twitter.com/houndcl/status/1256318781720330242?s=20>) from different trials or hospitals. Raoult says this is good science. Maybe he will replace azythromycine with TCM now?




Dr Gaetan Burgio, MD, PhD. @GaetanBurgio · May 2, 2020

Replying to @GaetanBurgio

Regimen: HCQ 200 mgx2/day for 7-10 days (using nasogastric tube??? remember the patients have severe ARDS) vs basic treatment. They have received myriads of treatment (antiretroviral, interferon....) because they are in severe ARDS ! We have zero details about it Lots missing 🚩

The baseline treatments were comparable for these two groups, including application of antiviral drugs (Lopinavir and Ritonavir, Entecavir hydrate, or Ribavirin) with 41.7% and 44.4% patients in HCQ and NHCQ, respectively, (p=0.71); intravenous immunoglobulin in 52.1% in HCQ and 47.1% patients in NHCQ, respectively (p=0.51); immunoenhancer in 16.7% in HCQ and 17.3% patients in NHCQ, respectively (p=0.91), but antibiotics in 77.1% in HCQ and 89.4% patients in NHCQ, respectively (p=0.01); but interferon application 0% in HCQ and 10.4% patients in NCHQ (p=0.01).



Dr Gaetan Burgio, MD, PhD. @GaetanBurgio

Group characteristic. Apparently no difference but this is all we have and doesn't fit to inclusion criteria. The description in the Table doesn't fit with a severe ARDS as only 1/2 patients were on mechanical ventilation ??? Where these numbers are coming from ? Again 🚩🚩

raoult-2017

SHARE

0:00 / 2:20

HD

Student performance from 2018

No wonder that the grand old man, unused to being contradicted or ridiculed, is losing it. The object of Raoult’s public wrath is now Bik whom he describes as “witchhunter”, as well as this study from Veterans Affair hospitals in USA:

Joseph Magagnoli, Siddharth Narendran, Felipe Pereira, Tammy Cummings, James W Hardin, S Scott Sutton, Jayakrishna Ambati **Outcomes of hydroxychloroquine usage in United States veterans hospitalized with Covid-19** doi: [10.1101/2020.04.16.20065920](https://doi.org/10.1101/2020.04.16.20065920) (<https://www.medrxiv.org/content/10.1101/2020.04.16.20065920v1>)



The retrospective controlled clinical study found out that hydroxychloroquine-treated patients had a high risk of death and concluded:


“In this study, we found no evidence that use of hydroxychloroquine, either with or without azithromycin, reduced the risk of mechanical ventilation in patients hospitalized with Covid-19. An association of increased overall mortality was identified in patients treated with hydroxychloroquine alone.”

The study made all the big news, maybe because it was the first one from the US. Raoult (or maybe his personal assistant in charge of social media) tweeted his views:

*“The witchhunter @MicrobiomDigest (<https://twitter.com/MicrobiomDigest>) is not attentive to details when she judges that a study is useful to her paranoiac fights!
Control group was treated with azithromycin.
Nearly dying patients with lymphopenia were treated with hydroxychloroquine.
Fraudulent study. Fake news“*

When you spend so much time admiring Trump, you start sounding like your idol. After dealing with Bik, Raoult tweeted his criticism about a study by his French colleagues in Paris and their study [Mahevas et al medRxiv 2020](https://doi.org/10.1101/2020.04.10.20060699) (<https://doi.org/10.1101/2020.04.10.20060699>).

 **Didier Raoult** 
@raoult_didier



Regarding the Mahevas study in Medrxiv.
Could the authors explain why 8 patients treated with hydroxychloroquine were counted in the control group?
Moreover, could they inform the public about the clinical outcome of these patients? [medrxiv.org/content/10.110...](https://doi.org/10.1101/2020.04.10.20060699)

Table 1. Baseline characteristics of critically ill COVID-19 patients

	All patients (n = 568)	HCQ (n = 48)	Non-HCQ (n =520)	P
Age, years	68 (57-76)	68 (60-75)	68 (57-77)	0.933
Age range, years				0.444
≤60 (%)	157 (27.6)	11 (22.9)	146 (28.1)	
>60 (%)	411 (72.4)	37 (77.1)	374 (71.9)	

♡ 13 3:58 AM - May 2, 2020

See Dr Gaetan Burgio, MD, PhD.'s other Tweets

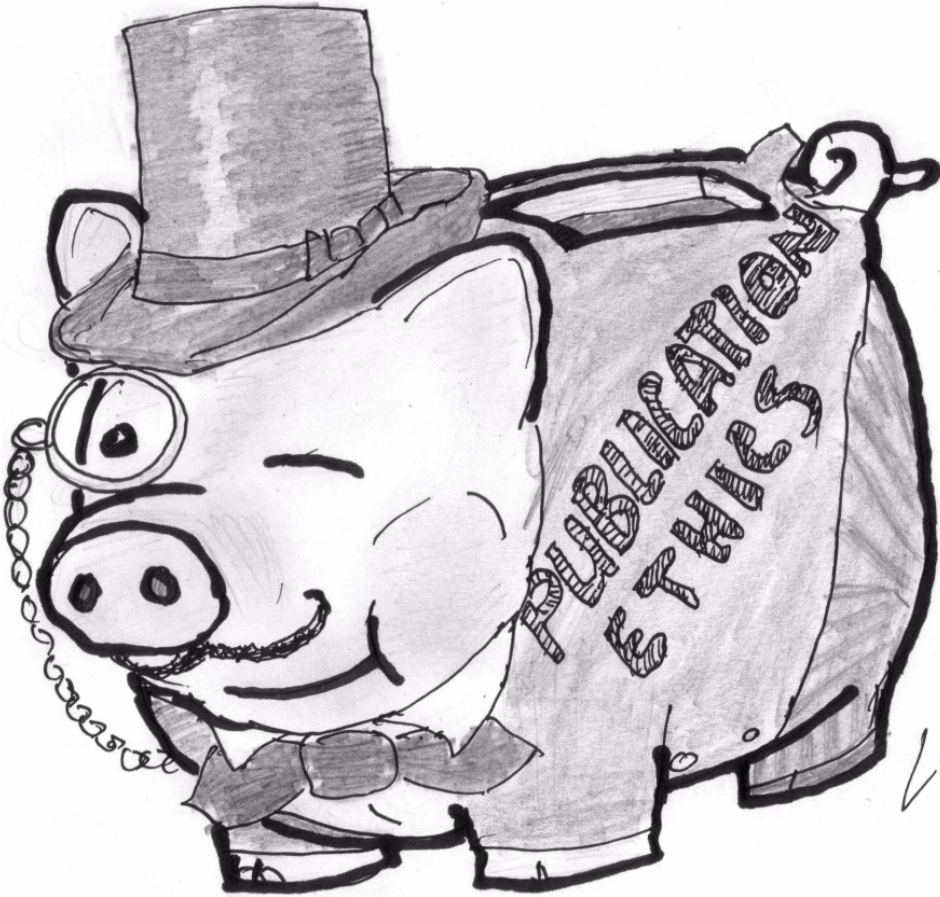
>

Update 20.0

Raoult was possibly Europe, he would e

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About [Leonid Schneider](#)

85 comments on “Chloroquine witchdoctor Didier Raoult: barking mad and dangerous”



mfichant
April 22, 2020
Great article.

Just adding for the record that despite his own exclusion criteria Pr Raoult did enroll 10 y/o children, for which there is a 3 years jail sentence + 45k euros fine.

source : https://www.mediterranee-infection.com/wp-content/uploads/2020/03/Hydroxychloroquine_final_DOI_IJAA.pdf
see page 6 for inclusion criteria : “two primary criteria: i) age >12 years;”
see page 22 for data on patients (two 10 y/o children were included in the study)
PS it doesn’t matter if they were in the “control” group or not, they were part of the study

Reply



Sirnzee
April 30, 2020

It appears the author has an axe to grind here...Me? I’d just like to see a cure found. So why do I say that about the author? Well, Let’s look at Costa Rica, and their death rate. After that, let’s look at Bahrain, and Turkey. What do they have in common? Heavy use of HCQ. Turkey just spoke up on the merits of HCQ yesterday. After that, let’s consider the doctors who have used HCQ for Lupus and RA. One in Italy tweeted yesterday that only 20 patients out of 65,000 users contracted Covid in Italy. Wow! Please try to explain it away...but it sounds like a darn good prophylaxis. And while we’re at it, the author doesn’t seem to understand that chloroquine is not the same as HCQ. Bad results for Chloroquine does not mean anything about HCQ. Think Hydrogen Peroxide vs Water. Only one molecule difference, but vastly different properties.

HCQ is an antiviral. The idea is to kill the virus. You want to use it as early as possible, so it has a better chance of killing fewer bad guys to be successful. Waiting to use it until the patient is deathly ill is an exercise in futility. It doesn’t have an ability to arrest the overreactive immune response that seems to be happening with Covid. Scientists understand this, but the media is hoping readers won’t. After all, this off patent, inexpensive drug, which has been prescribed millions of times with safe outcomes, doesn’t make the medical establishment enough money. If you want a smoking gun, start with who makes money where. At a buck a pill, there’s no financial incentive for anyone to sell HCQ. Pull back the curtain, and you will find there are several doctors in the US who are saying they are successfully using HCQ to prevent hospitalizations and deaths. And it shortens the viral cycle by a lot more than 3 days (Remdesivir). The media and AMA doesn’t seem to want you to hear about it.

Reply



diego24gonzalez24
May 17, 2020

Here is a study done in Spain. HCQ does work. And Raoult is completely right. On what basis does remdesivir proof it works ??? Death rate is the same. This med is useless. If I contract the disease and I have to chose between HCQ and Remdesivir, I chose HCQ with my eyes closed. And then I add some Zinc into it. But HCQ is cheap. Remdesivir is an expensive drug from a big company sponsored by Fauci. That’s the difference here.

<https://www.preprints.org/manuscript/202005.0057/v1>

Reply



T
April 22, 2020

“It should be noted that while Raoult’s IHU hospital in Marseille boasts a very low COVID-19 mortality rate of 1.7% (while refusing to treat the very ill) it is still higher than the estimate for the rest of France which is 0.53% according to this study from Institut Pasteur. ”

Not a fan of Raoult at all but it is unfair to compare the mortality rate in his studies to the estimated infection fatality rate (0.53%) as the latter is necessarily much lower. As a reminder $IFR = \text{deaths} / \text{all infections (including the asymptomatics, undiagnosed etc.)}$

[Reply](#)



Andrew

[April 22, 2020](#)

T, you mentioned the fatality rate in France is 0.53%? The European Centre for Disease Prevention and Control <https://www.ecdc.europa.eu/en/cases-2019-ncov-eueea>, as on April 22, 2020, reports for France 117 324 total cases, and 20 796 death cases. Expressed these stats (as you indicate) on % basis, gives a mortality rate for France as 17.73%.

[Reply](#)



Gregor

[April 22, 2020](#)

See Salje et al (2020): Estimating the burden of SARS-CoV-2 in France <https://hal-pasteur.archives-ouvertes.fr/pasteur-02548181/document> just published a couple of days ago



Sirnzee

[April 30, 2020](#)

You are attempting to compare the implied infection fatality rate of France to the case fatality rate of a hospital. That would be apples and oranges.

[Reply](#)



Andrew

[April 22, 2020](#)

You mentioned above at " Given the evidence that the coronavirus is apparently lethal for less than 1% of the infected.....". This cannot be correct!. In many countries, the mortality rate is >10%

[Reply](#)



Johnny99

[April 23, 2020](#)

This is lethality and not mortality, so learn first and talk later. Moreover, this depends on the amount of tests performed, so unreliable

[Reply](#)



Andrew

[April 23, 2020](#)

Jhnn99, with respect, by definition lethality is the capacity to cause death, whereas mortality is the number of deaths from a particular cause. In the context of this discussion, I mentioned the mortality rate as the percentage of deaths within the population of people currently infected with COVID-19. Practically, every country in the world monitors a number of active cases and death associated with COVID-19, and these statistics are updated several times daily. These variables represent the cases reported by respective health authorities based on medical records and are independent of the number of tests performed.



Smut Clyde

[April 22, 2020](#)

Regarding the Mahevas study in Medrxiv.

Could the authors explain why 8 patients treated with hydroxychloroquine were counted in the control group? Moreover, could they inform the public about the clinical outcome of these patients?

Is Raoult incapable of grasping the concept of "setting recruitment criteria and applying them consistently"?

Note that Mahevas et al are a French team of researchers. Raoult expects comity and collegiality from his French colleagues (and threatens them with discipline if they criticise him), but he does not extend the same courtesy.

Implying that Mahevas et al played fast-and-loose when assigning cases to groups (and complaining about lack of clarity in clinical outcomes) is especially rich and reaches Trumpian levels of hypocrisy. US rightwing politicians use this as a deliberate tactic. If your candidate has an obvious flaw – corruption or cowardice or multiple mistresses – you get in first and launch advertisements claiming accusing *your opponent* of immorality or cowardice or whatever. That way, if the other side tries to point out the flaw in your candidate, voters just roll their eyes.

Raoult is aping not only Trump’s language of “witchhunting” and “fake news”, but also his deployment of tactical hypocrisy.

Reply



Glen

April 23, 2020

Wrong. 100% wrong. I took it. It worked. You would too. Sorry, it works, I am living proof.

Reply



Smut Clyde

April 23, 2020

“You would fall for the same scam” is hardly a conclusive argument.



NC

April 22, 2020

About Dr Barraud alias fluidloading (which never denied to be Dr Barraud), here is most of his attacks on Pr Raoult, look at this link

<http://www.noelshack.com/2020-17-3-1587558555-r-barraud.png>

Much more insulting than just “witchhunter”, which is a bit hard, but not insulting at all for me.
So, I understand the answer of the Marseille IHU .

Reply



Leonid Schneider

April 22, 2020

Eh? You come to my site to complain that Dr Barraud doesn’t bring enough respect for Pr Raoult?

Reply



Liz

May 19, 2020

Thats a big fat lie... only in marseille France were people were treated with chloroquine the rate of deaths was the lowest in France almost 0, people didn’t die in marseille were Dr Raoult treated them, but in rest of France they did and in marseille there is also no more new infections, the same in Greece, they also use the protocol and are fine, this article is just nonsense, it’s harassment and because of those bad articles people were miss informed and didn’t get treated



xtina

May 25, 2020

excuse me in Greece we do not apply such protocol. Where did you hear that? This is not true. In any case, because of all this bruhaha (maybe this doctor partly to blame?) people were buying plaquenil in tons from the drugstore.
Thank God they stopped him!



Spencer

April 23, 2020

Look at the data please. Are you saying that Raoult is a fraud, Zelenko is a fraud, South Dakota is a fraud, the country of Bahrain is a fraud, along with 1000’s of doctors around the world? I understand being dismissive of one data source, but ignoring entire countries is highly unscientific.

https://docs.google.com/spreadsheets/d/1u7bETd3q9QVfO6y54jm_7Z5ZHTmoguUAetJHc2gwcj0/edit?usp=sharing

Reply



Smut Clyde

April 23, 2020

Zelenko is a fraud, but he seems to have shut up and left the scene when people started asking awkward questions about the current conditions of his clients and whether he was bothering to keep tabs on them. There were also legal issues about his rash decision to release a non-anonymised spreadsheet that identified his clients.

South Dakota? I don't think there is any such place. Convince me that it exists!

Reply



noneya

April 23, 2020

Its amazing how trite and condescending a human can become. I guess even Clyde is some mothers precious child though.



Smut Clyde

April 25, 2020

Leonid! Noneya is being condescending!



El Barhmi Dalila

May 30, 2020

I cannot agree more. Making huge profit out of this crisis by big pharma and their corrupted allies is the sole motive! Please stop manipulating people it doesn't work anymore. In Morocco and South Korea the same protocol has proven extremely efficient with lowest mortality rates in the world. The treatment costs nothing and this is what is annoying them all!!!!

Reply



chess

April 23, 2020

Raoult treats patients who come to IHU-Marseille, therefore statistically more motivated by symptoms than in the Pasteur survey.

Despite this, he had only 12 deaths out of 3039 patients, 0.4% is a succes that no one can deny.

And in the last study, he had 8 deaths out of 1061 patients, 0.75% is a bit more but it included 474 co-morbidities, you can't tell that it's only the easy cases.

There are many other errors in your paper, dear Leonid.

Unfortunately a (supposed) lie can't be fought with another lie, but with the truth.

That's why you failed.

P.S. : I agree that in Raoul's treatment, HQ is probably a wrong way and AZ is perhap's doing all the Job, but Raoult is not only HQ.

Seen from France he was a visionary that refuse this stupid general confinement and that very early asker fot the TTT's way of the South Korea.

Reply



Julik

April 25, 2020

"Seen from France he was a visionary"??? You mean BFM TV let people think he was a visionary. Seen from France on April, 25, there does not seem to be an HQ miracle. Since you seem French, you understand every word of what is

sung by the students in the students' performance video. Can you deny this man is so hated that students who do not have a carrier yet are not afraid to go public on what it means to work in his institute? What kind of science performs an institute director who is insulted by his subordinates in a show and received a "coup de boule" (headbutt) by a coworker? Don't tell me how a man behaves and what research he produces are two different things. I have almost 20 years of experience in academia to know that poor leadership produces poor work. With his communication method, Raoult has damaged how science is perceived. When the time comes to discuss research financing, what will the taxpayers remember of that story?

Reply



mfichant

April 28, 2020

Pr Raoult is such a visionary that is predictions where false :

21/01/2020 : "Coronavirus in China: should we feel concerned?" "The world has gone crazy, 3 Chinese people die and it make a worldwide alert" " (<https://youtu.be/qoBoryHuZ6E>)

17/02/2020 – "Coronavirus: fewer deaths than by scooter accident" (https://www.youtube.com/watch?v=00_vy-f22nE)

25/02/2020 – "Before we can influence mortality statistics in France, things will have to change a lot" in his

"Coronavirus: a risk of pandemic?" video (<https://www.youtube.com/watch?v=ZuE5CA6yB-Y>)

I could also quote him on his "visions" about the climate but it's out of his scope of proficiency

Reply



Olivia

April 23, 2020

You have many valid points against Raoult methodologies, although the urgency of the situation excuses some of it. However you don't address the flawed Veterans study that Raoult criticizes, which is way worse than his studies on all points. You also write that Hydroxycloquine doesn't work, there's not a hint of evidence of that. You therefore have nothing scientific in your approach as well.

Reply



Julik

April 25, 2020

I really don't get this argument that "urgency of the situation excuses some of it". I'd say that urgency implies reinforced attention, because a mistake could have enormous consequences when thousands of lives are on the line. OK we somehow face the unknown, but it's not like we have no approach to deal with urgent situations, no knowledge gained from past pandemics and nobody except Raoult working on it. Politicians asking for an immediate solution to get people back to work asap in addition to damaged health systems in many countries, including the richest, already play a strongly negative role. If somebody has a hint that something might be working based on observation, then it should be presented that way. Scientists generally understand that and it is acceptable in urgent situations. But danger starts when you trick people. Nobody nowadays can ignore the role of media. Being approximate, not to say dishonest, and still go public in a situation like the present one is not like a quarrel in scientific journals that no one reads.

Reply



diego24gonzalez24

May 17, 2020

Untrue. This page is lying. Go read the paper that claims HCQ leads to higher death rate. Raoult is right. They gave all patients that were in the most critical state HCQ and then they conclude that HCQ increases deaths. Despicable manipulation. I stopped reading this page immediately because this is clearly a propaganda page.

Here is proof of a study one in Spain given HCQ early on. HCQ works. Period.

<https://www.preprints.org/manuscript/202005.0057/v1>

HCQ works like Tamiflu for the flu. You need to use Tamiflu within 48 hours of your influenza infection or else it is useless. The same is true for HCQ. The side effects of HCQ are ridiculous. This medicine is approved for people with lupus and reuma. These patients take HCQ on a daily basis. Millions of people have been taking this drug for malaria in the past decades. If this drug would be really that toxic, it would never have been approved for those people.

Reply



diego24gonzalez24

ucjsuApril 23, 2020

Wow... from the moment you confuse cloroquine with hydroxychloroquine, everything you have written becomes invalid. just for starters. Costa Rica is using it using Wuhan methodology, you can check it out...what's wrong with you, writing piles of shit? Ok, you don't like the guy..you don't like Trump...but it's working, doctors have started using it and this pile of excrement you have written here will be forgotten and so will you!

Reply**Smut Clyde**April 23, 2020

Tell us more of this “Wuhan methodology”.

Reply**tardieu**April 23, 2020

Wow ! You seem to be a great analyst. 12 deaths over 3000 people treated. 0,4% death rate. A full hospital of fake and lying medical staff ! That's magic !

So continue your “better science” while they save people.

Reply**TranspariMED (@TranspariMED)**April 23, 2020

“He even treated 14 year old children with chloroquine as part of his 1000 patients trial (Table 1 here, recruitment age was >12 years old), which is actually quite illegal.”

It cannot be “quite illegal”. Either it's illegal or it's legal. Please either reference the law that was broken and explain how (which would be really valuable info), or delete that line.

Reply**mfichant**April 27, 2020

It's illegal : cf [https://www.legifrance.gouv.fr/affichCodeArticle.do?](https://www.legifrance.gouv.fr/affichCodeArticle.do?cidTexte=LEGITEXT000006072665&idArticle=LEGIARTI000025457542)

[cidTexte=LEGITEXT000006072665&idArticle=LEGIARTI000025457542](https://www.legifrance.gouv.fr/affichCodeArticle.do?cidTexte=LEGITEXT000006072665&idArticle=LEGIARTI000025457542)

which is clearly the case here as it is an experimental treatment for this disease. Enrolling them if enough to violate the law even if they are part of the control group, since in a normal study groups are randomized and nor the doctors nor the patients know who is in which group. And in case you don't know how patients are tested have a look at this (<https://health.ucdavis.edu/coronavirus/coronavirus-testing.html>), and tell me if you'd like to have your kids tested like this when it is NOT necessary they'd be part of the study. Once again minors cannot be included in a study unless they cannot be replaced by adults. This law has been made for this, to protect people and moreover children.

PS this French law the French transcription on EU law <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A32014R0536>

Reply**owlbert**April 23, 2020

If you download the original Renesto et al. blot and examine it with Fotoforensics or just Photoshop, it is easy to see that all of the bands/lanes are pasted in. It is a complete collage. This guy has been trolling science for years.

Reply**Leonid Schneider**April 23, 2020

Dear Owlbert, please share your visual analysis!

Reply



owlbert

April 25, 2020

Put the PNG version through level sweep analysis, and it shows blocky halos around pasted-in elements, including text, bands and lanes. I can't insert graphics here.



Leonid Schneider

April 25, 2020

Upload to imgur.com and add link, as Zebedee always does!



Jed Graham

April 23, 2020

Independent Science Journalist and Cartoonist. The author is a cartoonist. Why don't you talk to doctors that are really using HCQ in the hospital and ask them if it works? Its clearly to early to use data and studies. We as doctors need to think about how things work and why they work. We need to prevent the Cytokine storm. Treating after the storm is too late. The day you get the disease and the day you get treated really matters. If you treat shingles after 48 hours Valcyclovir is not effective. If you treat Infulenza with Tamiflu after 48 hours Tamiflu is not effective. If you put oil in your motor after you drive really matters. Its all the same. Timing is everything. Well almost everything. My point is the timing of treatment is really big deal. Pubmed as data on the Chinese invitro study of chloroquine.

Reply



Joseph Dasso, MD, PhD

April 25, 2020

Your article is obviously not written in an objective manner. You undermine your credibility with your extreme polemic personal attacks. Have you read Dr. Magagnoli et al's study on outcomes of hydroxychloroquine for COVID-19 patients in the VA and checked whether Dr. Raoult's criticisms of it are valid? I have and conclude Dr. Raoult's rightly points out its serious flaws.

Reply



mlbrowder

May 12, 2020

Oooh, that's rich. I think it's better to focus on the serious flaws of Rauolt's 'studies.' And if we want to talk about undermining credibility with extreme polemic personal attacks, we should look at what Raoult is doing and has done for years against detractors.

Reply

Pingback: [De linke weekendbijlage \(17-2020\) - Kloptdatwel?](#)



briank101

April 25, 2020

The dismissal of hydroxychloroquine with zinc, etc. treatments used early at the onset of covid-19 by the mainstream media and medical elites like yourself is a poster child example of the battle between integrity vs ideological rigidity. The blame for thousands, if not millions, of covid-19 deaths will soon become abundantly clear being laid upon these two groups of ideoligists referenced above. That is if the truth is allowed to prevail.

Reply



zap

April 25, 2020

Very serious,very,very serious .Stay “independent Cartoonist ” . Will be better for all of us dear Mr.Nobody.

Reply



Morty

April 25, 2020

At the moment we don't have any treatment that is efficient for covid-19. This is not a surprise, based on experience from

SARS-Cov, MERS-Cov and seasonal influenza virus.

History has learned us that vaccine is the only efficient treatment.

Please forget politics, stupid conspiratory theories and ideology and take care while waiting for a vaccine to be developed.

[Reply](#)



Ana Pedro

April 26, 2020

I totally agree with Morty!

[Reply](#)

Pingback: [Figure di palta e piedi d'argilla - Ocasapiens - Blog - Repubblica.it](#)

Pingback: [Hydroxychloroquine and the price of abandoning of science- and evidence-based medicine – Science-Based Medicine](#)

Pingback: [Chloroquine genius Didier Raoult to save the world from COVID-19 – For Better Science](#)



george

April 28, 2020

Bravo Didier !!! Kepp going, men !

[Reply](#)

Pingback: [l'Amoura pour la cigarette Changeux tout COVID-19 – For Better Science](#)



Ludu

May 4, 2020

Is this article the work of a scientist or a failed BuzzFeed journalist?

Shame on the author that clearly is still fighting his high school insecurities and is begging for relevancy.

I shall use this hit piece as an example of the bias of the ideologically rigid scientific community. If you even consider yourself a scientist.

[Reply](#)



Donkere Engle

May 8, 2020

There appears to a campaign to discredit the use of Hydroxychloroquine in the treatment of covid-19. Is it because HCQ is inexpensive and the patents have expired? Is because other drugs considered to treat covid-19, antivirals or a vaccine would be more profitable?

Hope those who stand to profit are paying you well for credibility and your soul.

[Reply](#)

Pingback: [The Chloroquine Elephant in the Room, by Christian Lehmann – For Better Science](#)



Michael Browder

May 12, 2020

<https://jamanetwork.com/journals/jama/fullarticle/2766117>

Not conclusive by any means as a retrospective cohort study, but still it doesn't look good for the proposed treatment.

[Reply](#)

Pingback: [Colonialism and the COVID-19 Cure • Quarter Existence Crisis](#)

Pingback: [Never-ageing Anti-aging to cure COVID-19 – For Better Science](#)



diego24gonzalez24

May 17, 2020

I stopped reading from the very beginning. Dr. Raoult is right in his Twitter. I read the paper. HCQ was given to patients that

I stopped reading from the very beginning. Dr. Raoult is right in his Twitter. I read the paper. HCQ was given to patients that were in a hopeless situation. What kind of study treats all dying patients with HCQ and concludes that HCQ leads to more deaths ?

Here is a Spanish study that shows early HCQ does work. This page is pure propaganda.

<https://www.preprints.org/manuscript/202005.0057/v1>

[Reply](#)



owlbert

May 17, 2020

Your preprint is also propaganda. As explained in the online comments, the authors cherry-picked the HCQ group from otherwise healthy patients, while the non-HCQ's were at death's door (e.g. many were in frank DIC). The authors are also incapable of doing simple statistical analysis. After listing these deficiencies, they were advised by the most competent online reviewer to pull this paper, since it "will only generate a stack of letters to the editor, and it will be ignored in any review." But I'm sure it will appear in the sort of garbage journal where nobody cares.

<https://www.preprints.org/manuscript/202005.0057/v2>

[Reply](#)



jim andrews

May 18, 2020

as for the truth I have no idea. I DO KNOW THAT THE VETERANS STUDY TOLD US NOTHING. The giving of hydroxchloriquine to the sickest people only before they die is not a study. We know it does not work in the later stages. We want to know if hydroxchloriquine, zinc and z pac work in the early stages. We seem to trial everything but what has been shown to have some effect.

[Reply](#)

Edwin Schrodinger

May 20, 2020

Dr. Raoult is a very well established scientist. He is one of those scientist who publish very frequently and because of that there a few cases (out of thousands) in which some questionable work was done but, overall, he is generally well respected. I do not think he is known for clinical development, however. So he is not highly versed in the standard methods of gaining official approval for a medication.

A clinical series is nevertheless scientific evidence. And many great medical discoveries have been made by uncontrolled case studies. These days we worship at the shrine of the randomized controlled trial. I guess I do myself. I have been a PI and Co-PI in a number of studies. That is generally the way it's done now but a series of cases, even a small one, can have great information. Also, as has become painfully obvious lately with recent discussions about the large percentage of "successful" randomized controlled trials that ultimately are shown to be incorrect, our standard methods are not perfect. Statistical significance is not everything. One needs to evaluate many other things such as the effect size. There are also sorts of ways that randomized trials can be done incorrectly, even by excellent people trying to do their best. There are even challenges to the whole basis on which such studies are found, the frequentist school of statistics. There are a number of statisticians who argue for the reworking of our methods to basis them on Baysian statistics. In my opinion, either approach, or even a mixture, can be used as long as people know what they are doing and design the studies with care.

Use of medications off label is justified in many cases. I prescribe a number of medications off label in my practice. Until more definite information is found, hydroxychloroquine is a medication worth considering for early stages of Covid 19 patients in selected patients as determined by the patients' doctors.

Dr. Raoult is far from a witch doctor. He is an accomplished scientist and his views deserve respectful consideration, not ridicule, though, of course, not slavish acceptance either. I think we will have some more definitive answers soon but for now hydroxychloroquine can be a reasonable choice for some patients.

[Reply](#)



STEPHANE

May 25, 2020

Feels like a paid for by big pharma trolling site.

No wonder Google places it at the top of the list on Dr rAOULT.

A new low for real science.

A new high for fake science

[Reply](#)





art

May 26, 2020

Oh yes, very perspicacious of you. Especially the big piggy bank top left asking for donations. A dead give away!

Reply



Johan

May 29, 2020

Anyone can put a donation thing on a site.

The Lancet study stinks and it should be retracted... How can someone calling himself an ‘independent journalist’ agree to such a shady data set and associated data analysis? Nothing in that paper is available or repeatable. Accusing other people of cherry picking... the irony is overwhelming.

This is not independent journalism (I won’t go into the scribblings you call cartoons), this is pathetic, self-congratulatory sensationalism by some self-proclaimed “Editor-In-Chief of the Scientific World”. For better science lmao... you’re just a troll with a strong opinion and a website.

The real question is: How the hell did this nonsense end up first on google?



Leonid Schneider

May 29, 2020

“Self-proclaimed” what? Where did you find that quote? In your head?

As for your last question: I made two phone calls: one to Soros, one to Gates.

Pingback: [Covid-19 – Verdere discussie over hydroxychloroquine | Willy Van Damme's Weblog](#)



Sven Le Moine Bauer

May 27, 2020

Hei Leonid,

I have to say that I am really puzzled by your article. I am myself a scientist and like most of the scientists that have a minimum of ethic, I am horrified by nearly everything what Didier Raoult does and asserts.

When I read your article, I feel of course supported in my opinion, and I am not double checking everything you say (a small confirmation bias here...). Until the end... Didier Raoult resigning? Whaouuuu... that one I had to double check.

Being French, I could look in both French and international news. This hasn’t been really covered internationally, but in France it is pretty much accepted that this was a fake.

Raoult’s team denied it quickly, and investigations concluded that it was a fake email address. The “Entreprendre” magazine did not only remove the article but also accepted that their source was fake.

So of course maybe it is a cover up and in the end it will be found to be true, but this seems unlikely: If Raoult had sent a letter to Lafond so he could be the first one to publish it, why deny the publication?

Back to your article Leonid. You obviously had access to the original news, so you should also have access to the follow up. You published the update 1 week ago, and haven’t added any follow up. So as it stands it looks pretty much like a fake news.

That disappoints me a lot. You are obviously subjective in your way of writing. This is fine, but you should still check what you are writing about, otherwise you are doing exactly what Raoult does: disseminating fake news. When I think about all the things in your article that I did not fact-checked, can I believe them? I am not sure anymore.

I know it is harsh, but one mistake like that and you lose all my trust.

Regards,

Sven

Reply



Leonid Schneider

May 27, 2020

Hi Sven, I discussed on Twitter why it is not really likely for a publishing CEO with 40 years of experience to fall for an amateur prank. IHU says many things, including accusing everyone they don’t agree with of research fraud and witchhunts.

Here is my offer: you go back to reading reliable sources like Retraction Watch, and if by September Raoult has resigned, you give my humble fakenews page another chance?

Reply



Sven Le Moine Bauer

May 27, 2020

Ha ok, I do not have twitter... not really a social media guy... 😊

Without reading your twitter discussion, I would agree that with experience you are less likely to fall into traps. However, it is also true that the imminence and craziness of this information was likely to lead to a strong burst of adrenaline in any news writer. If you add to this a source that seems plausible (not for me to judge), a mistake can be quickly done. Many of the very reputed newspapers have already done some mistakes in the past and will still do in the future.

Yes, the IHU says a lot of fake/bad/stupid things... I agree. But that does not mean that everything they say is wrong. So even though it is tempting to put any statement they say in the trash bin, that would be a very poor critical work.

I think you are getting me wrong with your offer. Raoult resigning before september or not would not change my point of view. What annoys me is that you write it like it would be a fact, which as it stands today is not the case. Somebody reading your article and not the comments has no way to know that this is a strongly discussed assertion. Leaving your webpage? Why? Because I disagree with something? That is not what my critical mind tells me. It is important to read/listen to every point of view, but when possible it is also important to say it when something seems off.



Leonid Schneider

May 27, 2020

In my view, the only fake news was the offer from China, and that was what IHU denied most vigorously . Chinese don't pick up our garbage. Hence the removal of the article and the denials.

Otherwise, the fact remains such letter was published. I am Ok with being the only one still citing it.



Sven Le Moine Bauer

May 27, 2020

It seems that I cannot reply directly to your last message so I will reply here.

So you do even agree that the offer from china is fake! So why is it still uncorrected in the article? You clearly write “Raoult was made to resign his job, he will go to China already this summer.” Why would you write that (and write about the consequences) if you believe it is fake?

Citing the letter isn't the problem at all. Citing it while omitting an important part of the story/context is very problematic.

Reply



Leonid Schneider

May 27, 2020

Now here I actually agree with you! Haven't thought of that aspect (China), will correct. Thanks.

Reply



Sven Le Moine Bauer

May 27, 2020

Nice! I like it much more like that. Thanks for correcting.

Pingback: [Didier Raoult: Fin de Partie? – For Better Science](#)

Pingback: [Do acesso aberto à ciência à caixa de Pandora - Vermelho](#)



Pancho Ledezma

June 6, 2020

ALL THIS ARTICLE TURNED OUT TO BE FALSE AND HIT JOB – ALL COUNTRIES NOW ARE USING IT AND THE WHO HAS NO OTHER OPTION THAN RE-START TRIALS TO SEE IF THE CAN SAFE THEIR INTEREST IN THE PROFIT WITH VACCINES – THIS IS A DISGRACE IF NOT CORRECTED? BUT HELL IT WILL NOT? – BECAUSE THE AUTHOR IS NOT A RESEARCHER IS A REPEATER

[Reply](#)



John L.

June 6, 2020

how dare you, insult an eminence like Rault, you are a truly bad actor, hope you are getting paid if not you lost your brain

[Reply](#)

Pingback: [Living in a post-Ingelfinger world or... The HCQ-COVID-19 publication show – The political economy of academic publications](#)

Pingback: [Колесо злоключений — p.com](#)

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Pingback: [Graphene Flagship deploys Stripy Stellacci to fight the Coronavirus – For Better Science](#)

Pingback: [18 Thursday 2020 – Thursday – #95 – COVID Diary BCN](#)



Charles

June 23, 2020

Hi Leonid,

Thanks for the article!

What is the source for saying that URMITE lost its CNRS and INSERM funding in 2018? I tried to google a bit but can't find this information anywhere.

Regards

Charles

[Reply](#)



Leonid Schneider

June 23, 2020

Good point. I think the details should be here: <https://www.les-crises.fr/le-professeur-didier-raoult-rebelle-anti-systeme-ou-megalomane-sans-ethique/>

[Reply](#)



Charles

June 23, 2020

I had a look at this article yesterday actually 😊

I can't find any mention of INSERM or CNRS withdrawing funding from the IHU or URMITE. The end of section VIII actually suggests that the IHU gets direct funding from the state via the ANR until the end of 2020.

There is a mention that INSERM and CNRS ordered an inquiry into the IHU (following accusations of harassment and mismanagement) but there is no mention of any action taken against the IHU following this inquiry, or following the falsification of results in IHU scientific papers.

Regards

Charles



Leonid Schneider

June 23, 2020

Here you go:



Leonid Schneider (visit my site for Covid19 cures) @schneid... · 22h

Reader asks for sources that @IHU_Marseille lost financial support from @cnrs and @inserm insert in 2018. I myself forgot where I read that, bit embarrassing . Help, anyone? forbetterscience.com/2020/04/22/chl...



Chloroquine witchdoctor Didier Raoult: barking mad and dange...

Is the inventor of chloroquine cure for COVID-19, the French microbiologist Didier Raoult, sane? But then again, is anyone these
forbetersscience.com



Haplo
@_Haplo

They talk about it here for example : marsactu.fr/didier-raoult-...



Didier Raoult inaugure son IHU Méditerranée Infection sur un mode d...

Ce mardi, le préfet les présidents de collectivités inauguraient l'IHU du professeur Didier Raoult. Une inauguration qui n'éteint pas la colère du
marsactu.fr

3 1:50 PM - Jun 23, 2020



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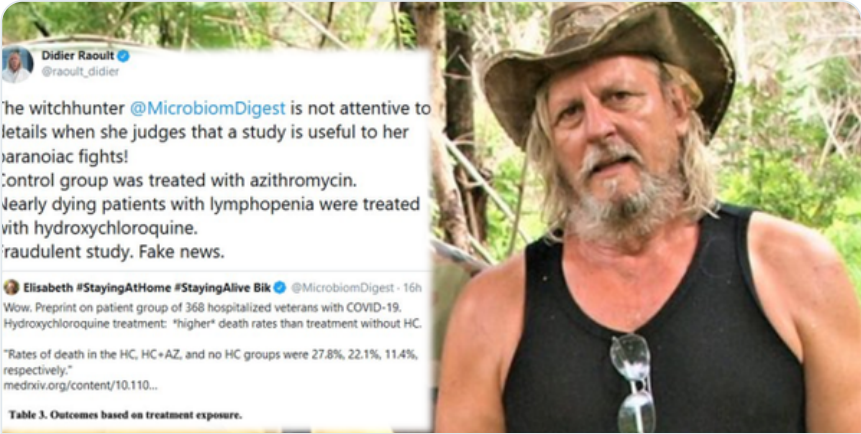


<https://marsactu.fr/didier-raoult-inaugure-son-ihu-mediterranee-infection-sur-un-mode-defensif/>

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forbetersscience.com



Christian Lehmann

@LehmannDrC

you read it in my article, [@schneiderleonid](#) . It's on his wikipedia age among other things

En 2018, les labels de l'Inserm et du CNRS sont retirés aux unités de recherches de Dider Raoult, en raison d'une mauvaise évaluation par le [Haut Conseil de l'évaluation de la recherche et de l'enseignement supérieur](#) (HCERES) et d'accusations de harcèlement visant certains chercheurs de l'IHU^{8,266}. Ni Agnès Buzyn, ni Frédérique Vidal ne sont présentes à l'inauguration des nouveaux locaux²⁵⁹.

3

1:54 PM - Jun 23, 2020



 See Christian Lehmann's other Tweets



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