Introduction and guest background

Hi. Welcome. I'm doctor Roger Murphy, and I'm the host of freedom from Fibromyalgia Summit. And I want to welcome Doctor Jennifer Flagg over here. She's a double board certified physician.

She's board certified in integrative medicine and also in emergency medicine. And she's the author of a book I highly recommend, even though oftentimes I mess up, mess up.

The title is so easy. It's one you should remember, right? But it's eat, sleep Moves and Breathe, and it's a wonderful book. We've had conversations about it, last year in a podcast I think we were on together.

Highly recommend the book, but I'm delighted to have Jennifer here because we're going to be talking about the connection between fibromyalgia and Covid and long hauler syndrome.

So, Jenny, thank you so much for being here. I'm so excited to have this conversation. Hi, Roger. Thank you so much for having me. Really excited to talk about Covid.

It's it's on everyone's mind the last two years. So we we have to know more about it. And in the long haul and all of it and its connection with fibromyalgia.

I had an interview with Cort Johnson and he's, he's the founder of Health rising.org. It's a blog and a website devoted to research on fibromyalgia, M. E., coronary syndrome and now long hauler syndrome.

And we were talking about this connection we're starting to see with people who get long hauler and then go on to develop and get maybe get a diagnosis of Practic syndrome or fibromyalgia.

And we're sorry to see a bleed over of individuals who have very similar symptoms that we would see. And in fibromyalgia, even though it was initiated by Covid, I assume from the title that you shared with me what we were going to talk about, this is something you're seeing in your practice.

Yeah, it absolutely is. And what I'd like to do is start out by talking about like, what is long haul colds? A lot of confusion about that. Yeah, yeah.

It's also known as long haul Covid syndrome. So and then recently some doctors are calling it post acute sequela of Covid 19. And really conventional doctors have no idea what to do with long Covid.

So these symptoms can be from anything from just fatigue, prolonged fatigue. It could be headaches. It could be just generalized fatigue. It could be sleep difficulties, palpitations of the heart, hair loss.

You could have appetite issues, nausea, joint pains, shortness of breath. We actually see that a lot, a lot in certain long haulers. And then also just cognitive issues.

So like brain fog almost. So when we look at it, you know, I bet you people listening would be like, well, wait, that's me. And it might be. And we see this a lot with long haul.

What long COVID looks like

And really I have seen a lot of long haul that has not they weren't treated aggressively with Covid. So then they end up in this long Covid symptom syndrome.

And also another thing when we're talking about long Covid, we should also talk about, Covid vaccination,

syndromes after that. And I've also seen some vaccine injury which was similar to long Covid.

And when we go in to talk about treatment and is this association with fibromyalgia, they're basically treated the same. So you know what what I'm seeing in my practice is I've had patients who had gone into remission with fibromyalgia.

And for those of you, this is your first the first interview you've seen. You're thinking, yeah, remission. But there's numerous practitioners. Doctor flagger would probably agree with me that fibromyalgia is very much treatable.

And we have numerous practitioners on here share that message. You know, there is definitely hope for fibro, but I've had several patients over the last year who I had taken care of years ago, two, three, four years ago, who went into remission with their fibro, doing great, got Covid, got over Covid, and then they went into this chronic flare and and those are fibromyalgia.

You know what I'm talking about. Some of them it just like you were saying, you know, with the brain fog and the fatigue, but others are having problems with AFib and some of the things we see with some cardiac conditions, it's a real mess.

I mean, it's a real mess because there's there's a shortage of doctors that really understand how to treat long haul syndrome. And these people are just looking for answers.

They're not getting them. Absolutely. I agree with that. And what you said they're in remission from their fibromyalgia or whether they're in remission from their autoimmune disease.

And then they see this flare. Yeah. And and what I've always said about Covid is it kind of brings out the weaknesses, you know, so if you had something that was kind of stirring and then you get Covid and it messes with your immune system balance, then you're going to notice it and it's going to kind of flare up.

So you're that's I bet you what you're seeing with your fibromyalgia patients and they're probably very frustrated. Well, and then you mentioned autoimmune.

So I have one patient in particular that comes to mind that she had lupus. She had fibromyalgia and lupus had both. And she's been doing great for a number of years.

And all the protocols that I got her on years ago and then recently came down with Covid and then long-haul Covid and went to a practitioner and it said, hey, I don't know how to tell you this, but your, your, your pain in your flank back here is coming from your kidneys and you've got kidney disease.

And there was a destruction of some of the kidney cells. And he went on to say, look, I think you're going to there's really no treatment for you. I think you're going to have to have dialysis at some point.

I mean, the she's, you know, she's in her 50s and she's hearing this and of course, she's freaking out, gets in touch with me and we, you know, just doing some detective work like we do with it and with functional medicine.

Found out that really it was the Covid that triggered this reaction. The cytokine storm that now was attacking your kidney cells got her own. Some protocols that you and you and I both are familiar with and turned around and she went to her urologist or nephrologist, I guess, and they said, hey, I don't know what you're doing. Everything looks great.

Come back and see me in a year. So, if you are battling some of these issues, you really want to tune in because we're going to share some protocols that can help you. If you're battling long haul.

One thing that's really interesting I want to get your input on this is we see is that so many people don't even have symptoms. You know, they come down, they, they come in contact with Covid, don't even have symptoms.

And then next thing you know, 2 or 3 months later, now they develop symptoms of long hauler. And I think the estimates the last one I read was 30% of the people who come in contact with Covid who have the infection go on to develop long haul syndrome.

I mean, that's that's shocking, really. Yeah, I can believe that. And that like you were explaining these patients, they they do well with the virus. But it's not it's not always the acute phase.

It's the cytokine response. It's that overzealous immune response to this.

Fibromyalgia flares after COVID

And those the spike proteins are just crazy. It's like nothing that we've ever seen before in medicine. Like no one knows what to do with them. So the problem is, is you have these spike proteins that are hanging around, and if they're not taking care of properly, they're hanging around, they're causing a ruckus.

They're causing inflammation. You know, when I, when I treat actual Covid patients and even even now people are like, I'm not getting sick from Covid.

And it's like you still have to treat it aggressively because it's not always just the infection, it's the aftermath. So I use like a hurricane analysis a lot with this.

You know, the hurricane is bad, right? Hurricanes are bad. But what's worse, the aftermath. But if it's a level three hurricane, there's going to be even more aftermath.

So we want to keep it to a tropical storm. That's what I tell them. I'm like, you know, we're going to put you on the ssLC protocol, which is the frontline Critical Care Coalition protocol.

And, you know, and these are hundreds of doctors getting together with these proven protocols. But we want to get that viral load down and then help the inflammatory process.

You know, it's it's kind of like if you're using a hammer, you know, when all you need is the push of your finger, you know, like using a hammer to ring a doorbell instead of your finger.

That's like what your immune system does when it sees this Covid and the spike protein. So what we want to do is, is dial that down and let your body know that it doesn't have to react as much.

And when we look at when people are getting very sick, especially with the Delta variant, they weren't when were they showing up in the hospital. So they weren't showing up when they had that high viral load.

It was after it was that cytokine response. And, you know, working in the hospitals, the probably the worst case I've ever seen. And this wasn't Covid, but it was a pregnant influenza patient and she had Ards.

And this is acute respiratory distress syndrome. And this is kind of the same picture you would see with Covid when the lungs are just super inflamed.

They and they don't work. And it wasn't the you know, it's the aftermath that that causes that cytokine response and really destroys the the tissues and the lungs are very vulnerable to that.

So when we would really we're in the thick of Covid and the delta variant was there and I would be treating patients, you know, with ivermectin very aggressively to get that viral load down.

You know, it's ivermectin, not FDA approved to treat Covid. But what it does is it helps decrease that viral load and decrease that inflammation. So the thought is with long Covid, do they still have some viral load and spike protein kind of hanging around.

And this is similar to the thought of chronic Epstein-Barr where these people these people have chronic chronic Epstein-Barr kind of viral load just hanging around in the body, can't clear it because of how their immune system is maybe imbalanced.

So with long haul it's the ivermectin. Actually treatment is very helpful. It really decreases inflammation, keeps that viral load down. So that's one thing that is really helpful in acute Covid.

And that is going to help prevent the long Covid is the hypothesis. And that's what I've seen. Patients that have been treated aggressively with Covid, you know with the protocols and then also put on mitochondrial support after their treatment of Covid to help revamp that mitochondria, they are less likely to to have long Covid.

So this is very important especially we're seeing with Covid so many new cases of fibromyalgia. You know it could it's it's kind of a crossover. And I'd like to get Roger what you think about this because it the long haul with the the fatigue in the the body joint pain.

There's a big crossover with actual diagnosing fibromyalgia which it's nice because it's bringing awareness more to the disease. I have found like now actual doctors are paying attention more to fibromyalgia.

Cytokine storm and inflammation

Yeah, that's the silver lining. If there is one is now the NIH has given up Cort Johnson throughout the number of, what it was for a long hauler, which was, I don't know, I'm just gonna throw out a number 300 million, and they've dedicated 7 million to, chronic fatigue syndrome or any.

You know, as you can see, there's a big discrepancy there. But, you know, with long hauler, what I feel like is going to happen. We certainly will get an explosion of people that are going to go on to develop fibromyalgia, but also of take syndrome, and probably complex syndrome is a probably more of a mirror image to long hauler symptoms than even fibro because of the viral, connection there and and you know, the thing that I think that is that the thread that kind of runs through these three different, diseases is the fact that the body is overreacting, it gets stimulated, it can't turn off.

And we know with fibromyalgia they have an overreactive nervous system or part of the nervous system. The, sympathetic nervous system is hyper vigilant.

It registers pain in a magnified way, and that process doesn't turn off for them. And there's a connection, with irritable bowel and migraine and, interstitial cystitis with central sensitization, sensory central sensitization, pain syndrome.

I have a that's a tongue twister. But that, that syndrome can really generate, this low pain threshold or Alleghenies where pain becomes magnified. And so there is a thread that weaves through.

Now what which way is going to go? We're going to see more people getting diagnosed with chronic syndrome. Are we going to see more people getting diagnosed with fibromyalgia?

And does it really matter for us? It probably doesn't because it's it's just a name. That's all it is, which we don't treat a disease. We treat the person.

Yeah, exactly. And and we treat the person the same way. We're looking for a root causes how to modify this. How to decrease their pain, how to improve their quality of life and and all of those things.

So I can talk about treatment a little bit. Yeah. I want to go into a little bit about protocols, but before you do I just intervene. You know, several people this term that I think that maybe the lay public don't understand what it means cytokine storm.

So people hear that and they know this is something that's unusual, that's not been talked about in the media with

something new with Covid. But can you talk a little bit about these, this, these reactions, this inflammatory side of these inflammatory cytokines and what they are, what's going on. Yes.

So when when you have an infection or even you have an injury, your body can make inflammatory markers and go there kind of clean, clean things up. So think about when you sprain your ankle.

You have inflammatory markers going there. It's good inflammation. It's trying to repair what's going on. The problem is with something like Covid and certain viruses trigger this.

Influenza in children is historical for cytokine responses. So this is when it's overzealous. So the body it doesn't know when to stop. It's kind of like a roller coaster or train, you know, off its track it's running amok.

So it's overzealous immune response and some of the main ones like tumor necrosis factor interleukin six and some of yeah, interleukin six is also it's it's elevated in certain rheumatology rheumatology class conditions also.

So when we look at this cytokine storm, this is what I was talking about. Like the aftermath. So this is this is not a good aftermath if it's overzealous.

So this specifically because the spike protein in Covid, SARS-CoV-2 too, it goes to the lungs for example. So then the body is going to send in all this cytokines to come in there and try to get rid of this virus, because it knows it's an invader that shouldn't be there.

So our body is trying to do the right thing, but it goes too hard okay. And actually causes tissue damage with all of these, these markers. So what happens is there's too much inflammation.

Okay. So the lungs for example, with Covid, that's the big problem with why people end up in the hospital because they have hypoxia and they can't breathe.

So then we look at inhaled steroids like budesonide. Or if you're really in that late phase Covid, they will do deca drawn or dexamethasone I. V.. So those are some treatment protocols.

And because you're calming down that inflammation that's caused by that overzealous immune response. But we do want some immune response. It's just when it goes out of control.

Yeah. And the other problem with with inflammation is that Covid attacks the small vessels. So that's why you're getting inflammation in those small vessels in your body.

And this is where we think that, you know, that's why you lose your sense of smell and taste. This is why, heart problems are, you know, people are having more heart problems also because you're getting that inflammation in the in the small vessels.

And this is where, you know, if you do have Covid, you do want to be on something like aspirin to help send out that blood. And and when you look at all the different botanicals used in Covid, in long Covid, a lot of them are anti-inflammatory herbs that are going to calm down.

Treatment protocols for acute COVID

That that inflammation and that response that you mentioned, you mentioned that, and I forgot how you said it, but the fact that Covid will attack the heart, we get a lot of heart issues.

So heart, lungs, kidneys, those are the three, three biggies in the brain, I guess. But and but I've got a patient right now that is bless her heart. She's 76 years old, sweetie.

She can be, that she is having all these heart issues and and her fibro is doing great. Fiber's doing great. But she contacted me two weeks ago. She having all these heart issues, and the first thing I asked her was, hey, have you

recently had Covid?

Yes, I've had it twice. So got her to the cardiologist, got her work up, and he's, you know, call me up and say, Roger, I think it's just, you know, she said, this is all coming from Covid.

I think she's going to be fine. What do you recommend? So then we started, you know, the protocols that you and I both used, but, it's scary. I mean, it's really this is some scary stuff, you know, that that would attack your heart like that.

Well, so ivermectin, a lot of controversy about ivermectin and hydroxychloroquine. I mean, there's there's, you know, the politicization of these and vaccines, but the truth somewhere in the middle, I mean, somewhere, you know, there's some truth in there.

You don't want to throw the baby out with the bathwater. And personally, I recommend either ivermectin. I think it's, something that can be very, very helpful.

But I know there's a lot of baggage associated. Can you talk a little bit about what are some of the protocols that you use based on the colleagues that you mentioned earlier?

Yeah. So the protocol is the Frontline Critical Care Coalition. They have been kind of the forefront of repurposing this orphan drug. Right. So it actually ivermectin is on the World Health Organization of one of a critical med.

Right. Like this is this is one of the medications that is needed in the world okay. So it's been used. It's very safe. It's over-the-counter in other countries because I've had patients go and get it elsewhere too.

And really low side effect profile. You know warfarin or Coumadin is it's really like the main thing I'm worried about. You know, it's, you can take it while you're breastfeeding.

You can not take it while you're pregnant, though, because I've had a lot of patients come to me. Actually, it really makes me mad. I've had pregnant patients that were totally abandoned by their OB GYNs and conventional medicine during the pandemic.

Pregnant women can actually take hydroxychloroquine, while they're pregnant. It's absolutely necessary. But when we look at ivermectin, because no one can make money off of it, it is a it's a generic drug.

So what that means is it can't be, bundled up pretty like these new medications and sold for a high dollar. So it would be a repurposed drug. So we're using it not for it's FDA approval, which is for, river blindness and parasites.

We would be using it for its immunomodulatory, and anti-inflammatory properties, which if you would go on PubMed if you were for fun and you would look up ivermectin in cancer, ivermectin in different disease states, you would see that it actually is helpful.

And there are studies on it being used for other things, including viruses. Okay. So where we got caught up in this whole thing that it is a naughty medication, I, I have no idea.

So it's very helpful. And what we're using it for, you know, not FDA, it's not FDA approved. But when we talk about using off label medications, off needle, off label means not that it was FDA approved for off label medications are used all the time by other doctors, all the time in conventional medicine.

Every time I work a shift in the ER, every time I have a patient come to me in my office and I see that they're on some medications and I know that they're being used off label.

So this is nothing new to have drugs be used off label. So I want people to understand that. So it is dosed by weight. So usually I do the, you know, it's anywhere from point to 2.5mg/kg.

So it's weight based dose. And for an acute Covid it's five days. So it's five days. It's an oral medication. The issue is usually you have to go to a compounding pharmacy to get this because of the stigma.

Yeah it's kind it it's a real yeah. Yeah. And you can also use it Preventatively if you've had an exposure, you can use it the day of and then 48 hours later.

So I'll have some people that they will use it. If they're traveling, they'll take it the day of their flight and then they'll take it 48 hours later.

I have some like 90 year old patients that are on it once a week. While it was twice a week, and they changed it to once a week for, chronic exposure.

But but yeah, these like eight year they're so sweet and they just, they use it, chronically. So they didn't want to hide in their homes during Covid.

So they went on ivermectin preventatively. And there are studies on ivermectin use, use long term in nursing homes and in Europe. So so when we look at ivermectin and we go back to long haul.

So then there is this thing about let's try it for long haul. And patient symptoms have gotten better. So if if someone comes to me with long haul, a few things I've noticed with them in my office and Roger out there, tell me what you've noticed.

I've noticed that they've had Covid, but they weren't treated with ivermectin when they had Covid because like you said, their symptoms weren't bad or whatever.

So so then they're in this kind of long haul state for whatever reason. And then I should also put in there, you know, when I see the vaccine injury, they're kind of just put in the long haul category too.

So what what I do, you know, I do follow that frontline critical care coalition. I tweak some things.

Long COVID and fibromyalgia management

But the mainstay for long haul ivermectin and low dose naltrexone. And it is amazing how well it helps those out there and low dose naltrexone. What what it is, is now truck zone was actually a drug that was synthesized in the 1960s.

And it is a competitive opioid receptor agonist. So that means you have your opiate receptor and it binds to there. And it's actually approved at higher doses of 50 to 100mg daily for those that have an opiate addiction.

So they're addicted to to opiates such as Norco or Vicodin or heroin. Okay. So what what happened is people were giving it for at low doses. So we start out at 1.5mg and every two weeks you increase until you get to four, 4.5mg.

And that low dose, it does a lot of cool things. It's a glial cell modulator. It releases it's chemicals. It has also a pain reducing effect too. And it's really good with inflammation.

And so lots of studies, on fibromyalgia and low dose naltrexone now long haul Crohn's disease. So MMS is another big one that it is used for because of that, glial cell modulation.

So those two have been extremely, extremely helpful. And in not just with the joint pain, the brain fog, you know, kind of more the fibromyalgia symptoms.

You know, a lot of people just have, fatigue and body aches, but also a lot of times with the respiratory syndrome. So, I, I've had two patients and they, you know, when you have long hauler, you think you do, you still should get worked up medically.

You still should get all the medical tests. I send patients for complete heart testing, cardiac testing, complete respiratory testing. But my patients that I've treated for respiratory issues, they're pulmonology us are in shock that they're doing so well and they're better.

I had a patient that could barely walk up the steps, and she's riding her bicycle 20 to 25 miles at a time now. So when when we look at these things that are maybe not mainstream, they, they really work and they have a lot of they have a lot of studies and research behind it.

So what are you seeing in your office, Roger? I'm curious. Well, so what you know, what I'm seeing is that patients are desperate to find help, number one.

And and, you know, a lot of times they don't even remember that, you know, that there are that there are some other options. So they turn to me to try to figure out what's going on. But, you know, I think the big challenge is the fact that so many, doctors in the conventional world, they don't really know what to do with them.

So, for my, mine, when I'm referring them out to get a workup, a lot of times they just kind of fall through the cracks. And you know, that that can be really very frustrating.

But I, I, I'm finding that my patients really do well with inhalation medicine. So I'm not you know, you're probably familiar with that. So I've got my patients who either come down with acute Covid or post-Covid, problems using inhalation therapy with hydrogen peroxide, just a little bit of food grade hydrogen peroxide.

Doctor Thomas Levy, who wrote a book. Oh. I know, rapid recovery. It's free. Look it up. You get on lots for and in there. He has his protocols in there, but I interviewed him earlier last year.

We got on this whole discussion about hydrogen peroxide. And, Charles Farr in Oklahoma was the father of oxygen medicine, ozone and hydrogen peroxide IV's.

And I studied with him years ago. But so now now this, this therapy is coming back to life again. But for me, I found that that inhalation therapy, high doses of vitamin C, NAC, quercetin, probably some things that you and then also ivermectin.

I've not seen a lot of positive results with LDN, but that's just me. And part of I'm kind of jaded to it because for the last 22 years, you know, they've been saying, hey, fibromyalgia, if you have have imagine need to be on LDN and I've just not seen it be that helpful for fibers.

I'm a little bit jaded to it. I'm becoming much more open minded because the fact that people with long haul, or they need all the help they can get, whatever.

If we had a shaman or a voodoo doctor that we knew, we get some positive results would reach out to them. Yeah. And I think with the LDN there, there are some good studies.

You know, I found some randomized control studies on LDN with fibromyalgia, but I think it goes to several good studies. It's just, you know, sometimes for whatever reason.

And maybe it's just the patients that I track to, they just don't they don't see a lot of difference with it. So but if you're taking it and you're doing well, stay on it for goodness sake.

Yeah. My patients tend to do really well on it. I feel like every once in a while I'll have someone that it did not help them at all. But I also think that there's no magic pill for everything.

I think that when we talk about long haul, not only are we looking at medications, ivermectin and LDN, we're also looking at lifestyle. So, you know, are you getting good sleep?

How are your stress levels? What are you eating. And then also supplements to support the mitochondria. So and

to support detox like you said NAC but also the mitochondria.

You'll you know like carnitine and B vitamins and minerals. So I it's not just like LDN is not going to be a magic pill. Ivermectin is pretty good though.

I mean, I will say I don't think yeah, I don't think anyone's ever like maybe I had one patient that, like, had a side effect, that went away when she stopped taking it.

But I, I feel like, yes, with low dose naltrexone. Does it work for absolutely everyone? No. But have I had people where it's been life changing? Yes.

And and fibromyalgia patients, and long haul patients that it has been life changing. So and it's something that, you know, maybe and maybe in a couple years you go to your conventional doctor and they know what you're talking about.

But right now I don't it's just not it's not heard of as much. So which is unfortunate. But, you know, I think it's not even even in the integrative and functional medicine, you know, crowd that we move in, I talk to practitioners all the time, either being on their podcast or their seminars.

And, you know, I'm talking about long hauler, and most of them don't really know what to do. And they're they're still trying to learn their way. I think because of the, the specialty that, that I have with fibromyalgia, I just have attracted those patients early on.

I mean, I had them, you know, worked with them years ago, and now they've come down with a sort of coming back. And obviously you've seen a lot of them in the E. R.

that then have moved over into your integrative practice. But for most practitioners, they're just not really sure what. Just, you know, sure. What to do with these folks.

Yeah, they're really not. And what they do is they get pushed from one specialist to another or to another, and no one actually helps them.

Practical prevention and closing resources

So some of the things that people could do at home for long haul, you know, fast has been showing to, to be helpful. So doing fasting even with, with Covid has been helpful.

So whether you're just fasting 12 hours at night, you know, some people eat right up when they go to bed and right when they wake up. So they only have like a six hour fast.

So if you would move that to 12 or 14 hours, that's going to give your gut, which is your immune system, it's going to give it some recovery time to to get better.

And also fasting is good for our mitochondria. So, you know, mitochondrial health is so important. And it really takes a day during Covid. And like today I just had a Covid call and I had to and she's having this is her second time I've seen her for Covid.

And she's like, you know, I thought this time I would get through it better. And I'm like, well, I'm like, it's a red flag to me that, you know, because we know you have T-cell immunity that lasts for decades.

You know, maybe your antibodies waned a little bit. Your IgG, but, you know, this is a red flag. Is there something else going on? Why is your immune system so imbalanced?

Is it emotional trauma? Is it gut health? Are you exposed to mold, you know, in mycotoxins. So, you know, this is why it's good to work with with someone that looks at the whole individual and all of the different things.

And and that's what's hard to find sometimes. Yeah. So we're, we're going to run out of time. And I want to make sure I'm going to I don't really want to pick your brain.

And I want to share some real clinical pearls about protocols. So what would you rate? So let's say you got someone who calls you and they say, hey, I've got Covid.

What do I need to do now? Obviously, obviously we'd want to get them before they get Covid. We would, you know, you share in your podcast and your blogs and so that what are the preventative.

But let's say someone's got it. What would you recommend they do right away to help them to lessen the effects of this, this virus. So right away, you know, ivermectin and or hydroxychloroquine, depending on what their situation is, I do if they have coughs and symptoms, we do a lot of inhaled budesonide or palma court.

I like that I've had really good, good experience with that with patients. And then you want to make sure they're on the proper supplements. So, you know, not only just your regular multivitamin, but NAC, quercetin, zinc, vitamin C, melatonin, you can throw in black seed oil and you can honestly take that, if you don't have access to ivermectin, you could use that instead in higher doses.

And then turmeric is good also for to help decrease that, that interleukin six six response. So you know, if you have it right then you definitely want to be hitting things hard with the supplements.

You know, quercetin and zinc, are really great. And we've seen in the studies that that is really helpful. So definitely getting on a good supplement protocol.

And then also you want to decrease the viral load in the nose. So whether I use a lot of biocide and nasal spray with my patients, you could, make an iodine solution.

There's different things. But you also want to in the nose, in the mouth. Make sure you're decreasing that viral load because less viral load is less spike protein.

Yeah. All right. So now we've got someone who's got Covid. Let's say now they call you up though, or someone else and they say, hey, I think I've got long hauler syndrome.

I got a long Covid. What do I need to do? So what? How would that change your protocols based on that? On that patient so long haul? We we do want to based on their symptoms, you know, are they having respiratory symptoms.

Are they having heart symptoms. Is it just fatigue. Because some people it's just food fatigue. So we want to make sure that we do testing to make sure we're not missing anything major going on.

And I've had to do that with patients. I'm like, you know, I need you to go see cardiology and, pulmonology right now. But we do that. Yeah, we do the ivermectin.

We get the viral load down, we I, I start them with low dose naltrexone because by the time they're seen me, they're, they're miserable, you know, and then I start them on might boost a really good mitochondrial supplement.

NAC depending on if they need a little bit more detox support and make sure that they're getting all the proper nutrients from food. So. So with long haul, there's also different things you could do for mast cells.

And I just wait. I, I have them follow up in a couple of weeks and I see what's going on. Because a lot of the mast cell stabilizers, since they're medications not like quercetin and zinc, we would put them on that also for long haul.

But some of the medical ones, in the FLQ protocol, I wait to use those and see how they do with the ivermectin and LDN, because I don't want them having side effects, being drowsy and all of those.

So it just depends on where they're at and what their symptoms are. Also. Yeah, yeah. Yeah. And you know, it's a shame. Unfortunately, we don't really have any good antivirals.

I mean, we, you know, Paxlovid, you know, the I'm not sure about that one. Romesh. Reverse severe. I don't know about that one either, but unfortunately, we really just don't have any good antivirals.

I mean, in the in a cramped syndrome space, I mean, I've used over the years, I've recommended Valtrex in the cycle there to mixed results. And I've had some patients really turn their syndrome around and others that hadn't done anything with fibro.

Normally those antivirals really don't offer much hope at on any any change, but they really are kind of useless in with Covid. So hopefully what we, you know, with Covid.

Another silver lining is, is this interest in developing antivirals that can specific target different viruses like we have with with antibiotics. So hopefully that's, you know, that be something good coming down the down the road.

Tell us what's the best website people want to learn more about you and your work. Where would they go to learn more about you? So you could go to health ology by Doctor Jen.

So that is my website. I have protocols on their blogs and I'm most active on Instagram and it's integrative doctor mom so integrative. And then Dr. Mom and I have a YouTube channel Integrative Doctor Mom with the same same handle.

So I like I said I'm most active on Instagram. I like to hang out there and talk about all the crazy things going on in the world, right? Yeah. Well, Jen, thank you so much.

This has been information. Hope people were taking notes if you didn't, you know, watch the replay. But you want to get some of those protocols down and be prepared.

You know, be proactive. Take the steps to be prepared. And, wish you wish you a lot of luck with a lot of nasty, icky stuff out there. Protect yourself.

Thank you so much for being a part of the summit. I really appreciate your time being on here. Thank you. Roger.