Unmask Underlying Illnesses In Your Body's Long Haul Response Transcript

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Introduction and Dr. Kunkleu2019s Background

– Welcome to Actually, this is a special edition for our overcoming long haul and chronic fatigue. Today I have with me Jamie Kunkle. Dr. Kunkle is a doctor who's been working with us for the last year and a half and um has just brought his wisdom and expertise to our clinic and we've really been, it's been a joy to have and um we're gonna talk about our experience with long covid and uh first of all uh Jamie tell us a little bit about you and your prior experience.

– Yes, thank you. It's a pleasure to be here. And I've really enjoyed working with all the docs and patients this population at Gordon Medical. I've been practicing for about a decade now.

Um I went to Pastor University in Washington State and I also did a master's in Chinese medicine and acupuncture traditional Chinese medicine system. So I kind of started out there, I did my undergrad in neuroscience.

I've always had a lot of you know, interest in that in that arena as well, but about, you know, 67 years ago I started working more with complex chronic diseases and I was part of a integrative practice there. So I was kind of doing a little bit of everything Eastern medicine and Western medicine and all this kind of thing.

And so that was kind of where I really started, you know, coming into my own I think to where I am now and uh it's been, you know, a journey but it's been a great one and you know, my interests really are to try to unravel these complex cases to try to really figure out what is in what, where the imbalances are within the individual and the multi systemic process typically. So I'm kind of going through all that with these with these folks and religious, trying to give them hope, trying to give them answers and uh yeah, getting on that journey and toward healing.

So that's that's really what it's about. So I'll talk more about my practice as we go, but long and the short of it. – Right? You know, and and and you know, what's so fascinating is how, you know, long, you know, long haul uh has been just another teacher of the complexity of people and meeting uh and our immune systems, meeting meeting a new bug, but with old patterns and and that that's that's what's been, I think so interesting um is the uh, you know, how often the patterns are the same, but the trigger is different.

– Yeah, true. We had a great foundation coming into this and certainly there are nuances to it.

Long COVID as a Complex Immune Trigger

I mean, it's a novel virus with novel, you know, processes and some of them might have already been going on in other illnesses. We just, you know, didn't think about them or know about them in the same way and it's been a pretty amazing teacher for us for better or for worse.

And I'm hoping it will greatly enhance our practice in the long term and there will be more research and money and all the good stuff going toward having answers to some of these things. – Yeah. So when you do so at this point, you know you've got I think of uh long covid patients in in several groups, you know 11 of them has been you know the people who thought they were really healthy, you know before Covid, you know and you might so what's been your, let's start off with with that group, what what have you you've seen um in in that patient group because those would be people who really um called us because they had long covid not because they had other problems. – Correct. Yeah. So one population of patients that I have seen with long Covid have been the ones that are previously healthy and they've been referred to our clinic by you know Dr. Patterson's clinic or somebody else.

And uh a lot of them if you really dig deep they may have had some stuff, it wasn't manifesting strongly. A few of them. You know I had one guy that told me he was he had some occasional fatigue relapsing symptoms of some sort that would come and go and some people chalk it up to, oh yeah, you know I'm getting older or something like this going on uh some people didn't really have anything notable but I I consider that sort of the pre healthy

population and Covid comes on the scene and suddenly they just regulate and what's within that maybe it was there before maybe it just was regulated, you know infections and toxins and all this stuff will dive into.

But that population is really interesting and they can heal quicker sometimes which is which is great sometimes with minimal support and you know we can we don't have to necessarily follow them for two years. It might be a couple of months or six months or at the most or something like this and it's that's a great population to work with sometimes and occasionally that the trigger will really dis regulate this population and it happens sometimes and they become more like our complex chronic patients.

But it has been my experience that that hasn't been the majority of that group. – Yeah that that that and out of them, I mean we were talking earlier we've seen responses to basically almost all different kinds of therapies and any one of them stand out to you.

– Yeah I mean I think I've used some of the very basic supportive therapies like the F. L. C. C. C. Program for example. Um Some of my classic foundational support naturopathic therapies and this kind of thing.

And and and and beyond that.

Previously Healthy Patients and Early Treatment Approaches

I have I started off using Patterson's protocol Dr. Bruce Patterson's protocol a little bit from more of the drug model and kind of integrating the F. L. C. C. And more of the natural based approach with the drug model together. Uh and a lot of that was working okay.

Um Not to say everything was working great, but some of it was working just there seemed to be enough synergy between those two systems that that that population was responding okay, and a few of them that didn't respond, we would just kind of rethink our situation, figure out what we were missing. Maybe maybe there was more of a mass cell issue going on, massive activation issue or something like this, which we'll talk about. Um Maybe it was just something we didn't immediately see when they were coming in and often times they were coming in with the expectation if they're coming from Patterson of getting a base protocol and you know, we would we would sort of enact it and and we would put our own flavor into it if it wasn't working. But yeah that that stuff was working okay for for those pre healthy people, I think for the most part. – And I think that's something that um you know, I just want everybody to understand to understand is that, you know, each one of these protocols has its strengths and weaknesses and there are people who will work for, I don't think any of them are bogus or not real, it's just finding out what the individual is going to respond to and you know, I I don't, most of it, I think at this point, you know, we don't tend to start right off with the drugs. Um we're usually looking for more just supportive things because support and time will help a lot.

It just depends on how severe the symptoms are. You know so you're um but i in that in the more complex group you know so the ones I mean cause I said I had the same experience in the beginning with doctor referrals from Dr. Patterson's you know um testing it was you know people came in and they wanted their Morava rock and their status or some of them did. Some of them were still afraid of those but the ones who did, you know and so fine and then what's what's next?

So where where have where have you tend to go with those pop with those populations? I mean you mentioned the mast cell thing to look at but where else have you been poking underneath the hood? – Yeah, for sure.

I think that I've been looking very intently at infections and what and I guess you know, Patterson's group has acknowledged that to some extent as well.

And of course infections are a big deal and a lot of you know a lot of dis regulation in the body and a lot of complex chronic cases of course infectious disease does come up.

And so what's come in with Covid possibly there were co infections and then what was reactivated from Covid maybe dormant viruses or even bacteria sometimes or fungus fungal elements that were within their system. I have

a patient that had a major issue with Candida. We actually found it too, we cultured it, we found pcr evidence of it, you know, so infections do are a very big deal.

And a lot of these people have come to realize and toxins, you know, two things that usually dis regulate people toxins are the next big thing. So some of them have had say mold in their environment prior, you know, they've worked maybe occupationally in toxic places and that seemed to be another layer that I had to kind of investigate or get into a little bit further because I kind of came back to that general principle if like Covid and the spike protein and all this stuff is causing some sort of inflammation in the blood and the helium in the walls of the vascular system are causing these other secondary activations and the platelets systems or all that kind of stuff. What else is acting there or what else could be causing a problem there.

And you know, our blood is not sterile, we had infections that float around there occasionally, some of the viral stuff and you know, there may be maybe other stuff too.

So I would look at some of the tick borne infections and some of these people sometimes and I'd find some evidence there, maybe they had pre existing lime or something to that nature. Uh and a lot of viruses, you know, it seems like a lot of these cases look like chronic fatigue syndrome, classic chronic fatigue and there's often viral stuff that's there.

So infections were a very big deal. Toxins were a big deal massive activation was was a big deal. I always look at the endocrine system and see if something's funky there.

And occasionally I have found that stuff does does dis regulate their as well, their hormones may drop significantly.

Infections, Toxins, and Endocrine Disruption

I've had women that are perimenopausal go menopausal for awhile. They just, you know, everything stops for a period of time. I'll go through the adrenal access the thyroid, access the, you know, everything all the way up to the insulin systems and the metabolic and really do a fine fine comb combing of the endocrine system because that's usually a really big deal too. And then of course there can be autoimmune triggers coming from the infection from other things.

Occasionally people will develop autoimmune disease. A patient develops from repetitive hits of covid. So yeah, I'll kind of go through and see what I'm missing really and I'm usually missing something if they're not getting better, there's even more that I'll probably talk about but that's kind of the yeah, – No, I think it's it's something that, you know, the the the endocrine and all the various endocrine pathways, you know, people often just think of like, you know, the adrenals and thyroid, but you know, we have to remember the insulin system is really part of that world and that whether it was And in America welcome to a dis regulated um insulin um blood sugar system is often there, you know, and and we know that predisposes to severe covid and I don't think anybody's really looked at how much that's a very good how much it might predispose to long covid, you know?

– Yeah. Yeah, totally. It's it's it's it's something that shows up enough. I mean, there's patterns there. I I definitely see insulin resistance. I see higher, higher levels of insulin. I see blood sugar regulation and I see pre post before covid after covid, those things worsened. I think there is some literature on the worsening of blood sugar regulation after covid. You'll see that with a lot of other chronic chronic syndromes as well. But there seems to be a connection point there and that's where I went back to like, what affects the blood.

Again, to cardiovascular disease is also a predisposing factor, whatever that means in that system. So it probably goes even further and deeper into the world of genetics and other. I've already I've already mentioned epigenetic factors that affect the metabolic systems that sort of predisposed.

And you're just seeing Covid sort of trigger that system too. And uh so that working with that system is usually important because if you just let it continually dis regulate its it's hard. But you can't make them go and just exercise right away if they're having the classic symptoms.

So you have to kind of be delicate about it I think and how you approach it. But yeah, – We have to yeah, you know because I said good, but the point I always make over and over again on these talks is that inflammation is is the problem and is this and fixing it is the solution and you know, everything it gets dis regulated. Yeah, dis regulated.

You know, as we say, you know, the higher, you know, inflammation um creates different survival needs for the body and we have to do is get the body to be not not inflamed and sometimes we do it by getting rid of the bug or getting rid of the toxin.

And sometimes we got to convince the body just to stop the inflammation for a while to figure out that the danger is gone. You know, it's this dance back and forth with with with with the system. But what I love is how, you know, how you lay it out that we just really have to keep our eyes open.

You know, I mean, one of the most frustrating things for patients is um is they come and they started therapy and you know, and it doesn't work. You know, it's like wait a minute I should be better.

I did this and it didn't work. And I think one of the things we've been trying to bring out to people is by showing that we had, you know, by having the talks by with with people who who focus on different body systems, you know, or or different theories of covid or long covid, um that and what I like about in our talks is how you clearly see that all of them can be playing, or only some of them are playing, but you always have to keep your eyes open because you don't know which ones are playing in the person in front of you.

And and that's why I always want people to know that there's hope because this illness seems to have a solution. I mean, like, in all the people we've seen, I don't Yeah, nothing's 100%. But people over time people get better. I hope it's more than just time considering, you know, what we're asking people to do that. I do believe it's that because most of the ones that a lot of them were seeing now have been waiting for a year to get better and it still hasn't happened. So, – No, I think it is more than time.

I mean, some of them are quite stuck and there's something missing and if you if you find out what that is, I think they start to move again, there's momentum again forward. So I do think time does help some of these people, but it really just depends on on where where the starkness really lies within their system. It's hard to shut off.

– So you some you have some you know some cases that that kind of show different different stuck points that that might be interesting? – Oh for sure.

Yeah I have several of them. Yeah, sure. I mean I think one of them that was really tough. Well I guess I should preface by saying that the ones that are the toughest seem to be the ones that have more neurologic manifestations in my experience and that can mean a lot of things.

But they often have some sort of neurologic disease or you know, it comes out that way in some capacity and that could be many different things. They may have Europa these of different sorts or they may have obviously immense fatigue and brain fog of different sorts and things like this.

Uh And it can be anything to what looks like, you know, autoimmune manifestations in their nervous system. So I haven't been able to you know, figure that one out.

But I have a case that was involving kind of a covid in a possible vaccine injury of the M. RNA the covid at the same time. And that one kind of developed a lot of a lot of neuro inflammation, nervous system inflammation. And we worked through a lot of the very basic protocols with this person and didn't really get a ton of gains until I found out that there was a lot of infection with her.

As I started working with the infections more intently I started to see more gains. A good… – What type of infections? – Oh yeah, so this person had several um she had been treated prior for tick borne infection and supposedly was better and some of that stuff started to come back.

So we found Lion Bartonella. We found there was there was viruses and stuff. Lots of viruses.

Neurologic and Mast Cell-Driven Complex Cases

Epstein barr virus cytomegalovirus. I see those combinations oftentimes in the neurologic syndromes, as you often see with chronic fatigue to uh they really hit the nervous system from different angles. And occasionally I've also seen Babesia in some of these people, which is really interesting because that puts the fatigue to like another level when some of these people really not great.

So anyway, I treated these and then this person still I think has a lingering infection. So I've made a lot of progress treating the infections and now I'm kind of finally figuring out, I think maybe what what what's left from that.

But the only, the only benefits I've the only movement I've had from this individual person was really with the infection specifically and you have to even go deeper sometimes than what's on the surface of even that conversation. And so I think we found that this person probably has um some variety of really highly resistant Klebsiella pneumonia and that's where we're kind of shifting our focus to.

So this was kind of one of my harder neurological cases I'd have to say. And I probably have some other examples I can share. But this one is clearly a infection driven case in I guess I should say that there's probably some heavy metals and some other, you know toxic elements, but the infection is really the hardest part for this particular person.

So that's that's one case. It was very stuck. Um some of the other ones I'm still unraveling, I have to say. But I have probably a few other examples I could I could say.

Um I keep bringing up infection because I I honestly think that some of my hardest cases that were the most stock, that was the best thing I found for them was something that we could really focus on and that seemed to push them forward.

So that was really cool. And as I said, sometimes it's it's also you know, mass l let me check my little list in my little cheat sheet here. – But just just just to to recap the it makes sense that um you know, since covid into, you know, covid um gets in and creates havoc initially because of its ability to suppress to transparently suppress the innate immune system.

And that seems to like have this downward spiral on on the T cells uh and B cells, but mostly the T cells. So it's not a surprise that uh latent infections, you know, or you know, start cropping up, you know, when when when the you know, when, when your whole policing system gets a little dis regulated.

– Yeah, totally. And I think my other case, I'm still trying to figure out that it's very hard to treat this guy because he has, he has really severe neurologic disease, he gets like tremors and jolts and all kinds of different things and just really severe anxiety, which anxiety comes up a lot with these people too, they get crippling anxiety, um, and they can't really completely control it either.

It's not that it's just that there probably are stressed and anxious about their illness, but there's there's there seems to be more of a physiologic driver to the anxiety response.

And so this guy, he must have had, I don't know, seven or eight tick borne infections prior. He used to live on the east coast and had a bunch of tick bites earlier on.

And then it wasn't until he kind of got the, the dual Smackdown from from, from Covid and the Covid vaccine actually that, that all this stuff just sort of woke up and it was challenging to treat pretty much any of it like the mast cell.

We had to use very micro doses of things to try to push it forward. And even with the infections, we had to use a little doses of herbs and maybe a little bit of pharmaceutical antibiotics and stuff like that. So that's been a slow progress, but we do, we can make progress even with those most institute of patients, we just have to really step back and kind of creatively orient their treatment to how sensitive that they become on multiple levels. And those

are those are some of the more difficult spectrums as well. But there is hope for those two.

You just have to be you have to have a practitioner that really listens to you, here's you and it's very intent on on on on personalizing this this whole formula for you and sometimes it is compounding or micro dosing different things and kind of moving it along but you have to gain momentum somehow. You can't just stop and sort of be like okay we can't do anything for you. So that was another one of my really hard neurologic cases. I am making progress on him but it's it's you know probably another another another cycle another year probably.

– But the you know you're bringing up the super you know like the really sensitive, you know with people with a strong with at least some mast cell component and it's not always mast cells, there are other immune cells that can be have a very hot trigger mast cells or the flavor of the month as we say, but you know just the immune system and the detox ability are all you know so sensitive and I think that that's what you, I love what you're saying. It's just just so people can understand that this is almost like I call a game of pick up sticks, you gotta go very gentle, be very light and you know, really pay attention to what's on the inside, what the patient sharing, which it sounds like your yeah, that's that's allows for the work that you do to happen.

– You really got to meet people where they are with any of this work, I think in general, but especially when, you know, these are people that have prior been not sensitive, they've been sort of tanks in this world, like they've they've been able to do everything that everybody else is able to do and now they can't, so, you know, you really got to be sort of gentle with these people too, because that's another thing that's probably driving a lot of their their stress and anxiety responses that, you know, suddenly why can't why why isn't my body regulating, why isn't it doing what, what it used to be able to do?

So, yeah, so yeah, you just gotta be gentle and you can't force any protocols on, on people. And even if you think something is going to really work, they may not, it may not, or they may not be into it or accepting of it on multiple levels. So yeah, it's it's another issue.

So yeah, the sensitive, – You always have to have another option, – You absolutely do, or another practitioner, you can refer to even, I mean, you don't have to do everything. if you, if you think somebody else is better for it and send them over there too, but that's why we need more people because we don't have enough.

– Yeah. Yeah. So so you've got, you know, so you know, so your your as you say, the neurologic people often have, you know, a layer of infection and you know, I mean the mycotoxins are I would be high up in my in in my – They often do have a history there too.

And my one patient had also had post X plant what was considered breast implant illness on top of all of it. So I think that that probably triggered some things too. So yeah, like I said, heavy metals once again affecting the blood affecting the brain certainly look at them, look for them, probably other other pieces there.

But yeah, micro toxins are a big one. I'd say that the top two that are hidden that people miss all the time are probably the infection. Some of the some of them are not always obvious. Like I said, clubs yellow and your screen for that every day. I mean maybe we should we just find it sometimes. That's it.

And then the other one is is the is the micro toxins are a big deal there. – Right? And yeah, we see a lot with the neurologic and as far as any any patterns that you see with the muscular people with more muscular skeletal complaints or um, uh, you know, things of that sort is, you know, I mean, I personally haven't noticed big differences.

People seem to have the whole, all, all the pictures, but some of the research suggests that there are like buckets, you know, like muscular skeletal people and brain fog people, um, blocking on what the third bucket is.

Musculoskeletal Symptoms, Autoimmunity, and Lyme

I, I seem to see kind of a mush. – Yeah, me too. I don't know if I've had just straight, I guess I've had a few people that have developed, um, joint pain specifically. Um, that's kind of an interesting one, but it's not like a common, a

common factor, I'd say.

Usually they have kind of that mix and mash sort of that fibromyalgia type presentation, They might just have more, you know, myalgic symptoms or something like this or they do have more intensive pain episodes in various parts of their body too.

So, you know, just their, their response to pain is different, but it kind of feels like it manifests a little bit more like a fiber picture whenever I think about it. Um, as far as insights there.

I mean I always look at the viral stuff first with some of those people as I often had and you know, I kind of kind of kind of try to screen a little bit of the autoimmune undertones as I've mentioned because occasionally if it's like really in their joints and it's really inflamed and, you know, funky that can really be what's going on with them. And I've had a fair share of people that have developed or worse in their pre existing auto immunity or they haven't had any history of it whatsoever and suddenly they have it. So we do have to, you know, be careful. Um I think with that arena to just, you know, make sure you don't miss that sometimes.

But yeah, other than that with muscular skeletal, as I said, it's like, I agree with you, it's kind of like a mix and match. They usually have a little bit of this and a little bit of that and they also seem to have this and that may not be the biggest concern if they also have really severe brain fog or you know, really other stuff. So it isn't always like the first primary concern that's presented to me as well, it's usually kind of more of like, oh, and I also feel terribly AKI, and I'm like, yeah, my joints get get funky too.

Like they get, they get, they get very stiff and painful and stuff like this. – Yeah, I must admit my, my, my my bias for um, you know, persistent and move, you know, joint pain that's moving around the body is going to be the tick borne diseases or mycoplasma chlamydia migrating joint.

Yeah, that seems to be, you know, I mean, even if auto immune diseases there, you know, I think we both agree that, you know, if you treat the underlying infection, you got a better shot at quiet in the noise. – That's absolutely true.

And I start there, I don't I don't usually jump in infections. The President's, it's got, it's got to be done even if it's manifesting like auto immunity and that's, you know, goes back to my infection discussion once again infection, infection, infection, you know, so much lime in these people.

I just there's a lot of lyme or borelia whatever. These brilliant species of different sorts. I mean name them, I mean there's a whole bunch of them obviously, but they do seem to come up quite a bit in these cases.

I think this because, you know, – I think back and um, you know, now now our practices so much people with chronic disease, but I remember like 15, 20 years ago and we used to see a lot more people with, you know, relatively new line, you know, like they didn't know what was, they didn't know what was wrong with them and they were coming into it just because they were the t for the last year. And at that point when we first found line, they often wanted their whole family check, which is a good idea at the best at any time.

But what always amazed me is how it's just like mold, you know that everybody is living in the same environment and only one person has symptoms. You know, we would see, you know, 11 or two people in the family with Lyme symptoms, but three or four members, three or four other members of the family had, you know, more impressive looking Lyme tests. – Yeah, totally.

– Yeah. And I think that's what people, I don't think the population, I know doctors don't understand is that that, that, you know, it's not just that people clear line.

I think lots of times people just keep it under wraps and they don't have symptoms and they're doing fine, but you hit them. But when Covid comes and disrupts the immune system just a bit or sometimes a lot, you know, then that expression, that bug is kind of begins to reproduce and then your immune system has something else to jump up and down about, you know? – Yeah, totally.

No, I would agree. And I think that's just, it's a lot of people do regulate these things. You know, they can get multiple tick bites and not be sick, but throw Covid into the mix or throw something else into the mix. I mean they used to say, even some people who get high doses of steroids would get re activations of lime that was not otherwise known.

So anytime you really hit the immune system down there is a chance for that to happen. So whether you talk about the virus is where they talk about beryllium, but a lot of us do carry these things. Bartonella is a big controversy too for the same reasons that a lot of people do carry it. They've they've had cats or they've had animals in their life and they've had exposures. So maybe it is there somewhere but is it causing a big problem with everybody? Not everybody.

So yeah so Covid really does unmask some of these things for people and it's a little scary for them sometimes because they're like I didn't know I had all this.

You know it's a lot of stigma around that and there's obviously a lot of controversies with Lyme disease as it stands too. So doesn't help matters that we don't have a lot of acceptance and understanding of these dynamics just kind of on a you know conventional or mainstream level it's it's just not there.

So that conversation gets a little hard sometimes. – Yeah I think that's that's very important. People understand is that most infectious disease doctors do not believe that there is anything except acute Lyme disease.

And after that if you've had three weeks of antibiotic therapy or six weeks depending on the person on the definition, you have something called post line uh disease and that they feel is autoimmune. And so when they start seeing these positive antibody tests or t cell tests. Um after Covid there they're not gonna believe them especially they're gonna see a lot of positive I.

G. M. Which they believe are false positives. Um So we're in a world and this is what really makes this this is a heartbreak. I mean like all chronic illnesses are really heartbreaking because they just they just get in the way of life. You know, people, you know chronic I mean acute illness gets in your way, but you know, a week, two weeks a month with your back, you know, life goes on. But these things come in and hang out and can really be terribly disruptive. And then the fact that medicine that we're in such areas of disagreement is and and and people not respecting um this idea of chronic persistent low grade infection um you know, that only applies to tuberculosis. Um Let's see Hepatitis C HIV, you know what I mean? The things that we've had um good specific tests or and we can find the bug easily? Sure. Yeah.

– But yeah, that's acceptable. But these other ones, – The other ones still haven't made the grade but still limited. Hopefully long Covid is gonna is gonna slowly change the because the the testing paradigm is going to be different when they're going to they're looking for more subtle signs. So I can only be hopeful.

So when so here you are with, you know, you've you've had a lot of of long haul patients.

Early COVID and Vaccine Support Strategies

And are there any rules of thumb for when you you know, like when when people let's say people are starting out because like you said, you you there are some folks who you know, you knew like we've done, you've done some supportive things for people like like if they got covid or if they were gonna plan to get the vaccine anything in that area.

I think it's been useful that you found mitigates some of the risks. – Yeah. I mean I think when it comes generally to covid the virus illness still treating it early appropriately quickly monitoring the patient, understanding what maybe they if they do harbor other infections or other tendencies, if they do have sensitivity reactions and different things like this that you can support them up front uh effectively. And that's very important.

I think the people that I have jumped on protocols very quickly with, I always tell them, let me know if you're positive or if you've been exposed. Let's talk about it and we talk about it and we we jump onto treatment very quickly.

And that doesn't always mean pharmaceutical treatments that can just be vitamin C, zinc and biotin and vitamin D. Uh some of the basics, N. A. C. And 16, those kind of things at a very minimum level. Uh And if they're higher risk, I will sometimes give them tax loaded in the first five days very quickly.

I will give them ivermectin sometimes as well. I've still found time to help with the inflammation response of Covid and vaccine responses as well. It does seem to help augment the inflammation at the very least.

Uh you can be about the antiviral qualities all day long but clinically it works quite well in terms of helping to mitigate the intensity of the symptoms.

But jumping on the infection quickly is really the key feature and then monitoring for those post phases, seeing if there is, if there are issues with safe, I brin increases, you know, coagulation issues, clotting, you know, hyper code ability. Very important if they do have lingering or reactivated respiratory infections, there's a certain group that have a lot of pulmonary symptoms, their pulmonary pulmonary post covid pulmonary monitoring that and addressing that early is a really big deal. I think for these people monitoring the 02 SATs and jumping on things after you're past the first phase of the virus.

You can, if you have to use steroids or other really intensive anti inflammatories for a short time, you can you don't have to use high doses of them either.

Very big deal. Um, so some of those very, so you're just following the patient sort of through the beginning and hopefully at the end and the end, hopefully within a couple weeks, you know, some of my really sick people, it might be four weeks instead of two weeks where they start to feel better again but not letting up and just following through and then with the vaccine it's kind of challenging.

First of all, they do have to tell me if they're getting it of course that's helpful. Usually I can kind of prepare around it. Oftentimes in those cases I will use a lot of antioxidants. Once again I will use a lot of vitamin C.

A. Will use a lot of N. A. C. And stuff like this. Uh And I will use vitamin E. You know, you know, basically all the blood stuff, I'll monitor them appropriately.

But if they get triggered uh from that sometimes it's not right away, which makes it kind of more challenging. I've had a few patients where it was just the next day and really bad and it just like flared out their chronic symptoms.

I had a patient with a stiff person syndrome SPS, which I think Celine Dion just you know, announced she had that. So it kind of came to the mainstream but that person got a vaccine in the first M. R. And a modern I believe it was all too, you know, two years of progress that we had made on her illness uh just kind of all went back slided and back slid quite a bit and it took us another year and a half or so to get her back to where she was before that. Um but that was very early stages of the vaccine. It was I didn't have, you know, as good protocols there generally speaking. I still can't claim that I can magically stop that process. I think that the the surgeon my theory maybe.

But the surge of spike that comes from the M. R. N. A. Is I think a little harder to mitigate. You don't have a way to stop viral replication like you do with the infection. You don't have a way to very quickly mitigate.

So you're not sure kind of if that surge is gonna escalate into something else. But generally speaking I will think about it from the blood model once again really support intently. But I've seen a lot of infections reactivate from the vaccine to so some of the same sort of things that happened with the virus can happen with the vaccine to in terms of that suppression of the immune system response or that this regulation of the immune system response however you wanna characterize it.

So in those cases I look at you know very intently what's different about them. And some of these cases like I have a family for example that had several hits with covid 19 virus and then a couple hits with you know the Covid vaccine series and it was the booster that kind of pushed them, each of them weirdly enough it was like their second booster I think and then it was just this past summer they all got covid and ever since then every one of them for members of the family. You know we all have different manifestations, one had blind when she since she

was 10 she was 40 years old and Now she has a crippling anxiety. She never had before, for example, never had that her whole history and of course fatigue and worsening pain and all kinds of things. And then her two sons who were 12 and 14, 1, they have a history of pans and pandas to one, you know, flared up quite a bit there and then one um is just really, really, really fatigued at the pans and Pandas didn't come back.

But the fatigue, you know, became very immense. And then dad has been the most functional of them. But you know, his fatigue kind of tanked and a lot of his blood markers, cardiovascular markers, you know, went up really high to fiber and lipid proteins, different things.

So it's interesting to see kind of these repetitive hits and some of these people too and and how that looks. So I kind of try to pay attention to how many times they've had covid and how many times they've been vaccinated on top of it.

I feel like if they didn't just regulate from the first experience, there's still a chance that they could from subsequent experiences. So I try to tell people, you know, don't want to live in a bubble, but just still we want to communicate on, on these types of events and and monitor them appropriately to to try to prevent them from escalating because I still think that if you get on them quickly, there's a chance that you could get them to not get go too deep or go too far. So, but a lot of this is really highly individual at the end of the day. That's why I'm kind of speaking in sort of generalities here, I have to admit. But it's really what in that person is is going wrong and these repetitive hits are really very, very personal and how they, how they just regulate too. So I can't say there's been a silver bullet for all this stuff just to think about it as a full system once again and really think about the individual in front of you once again and and really try to figure out where that imbalance is really is lying with them, but the sooner the better.

– Yeah. Yeah. Yeah. Yeah. I mean that that is an issue. We haven't really brought that up much in this series. Is there are people with repetitive covid infections which is coming more common.

I mean we're now 2.5. Yeah, almost three. I always keep can't count years, but we're almost three years into this, you know, getting close and um of course, you know, there are people with now 3456, you know, six.

And and it's this is what we need, the research, This is where we need. I don't know why we don't have data on people's infections. I mean like there's got to be something a little bit different about people's immune systems or something who get Covid once. Then the people who get COVID-6 times and you know, when they're all having the same exposures, you know, I'm not talking about the person who lives at home and it hasn't gone out in two years.

You know, but it's it's just so frustrating cause that's where the answers lie. You know, we need to know who and what we have to do things for. You know, just like the vaccines. It would be so nice to know who the vaccines are gonna be like an annoying sore armed and not even that and be fine and it's just gonna give them a leg up. So they don't get really sick with covid and who who the vaccine is gonna make really sick and maybe they should better just take their chances. You know, I mean, this is we need data. I keep this is my plea.

I keep saying this. I don't know if the public really needs to hear me say it again.

Reinfections, Data Gaps, and the Need for Better Research

But it's it's just so frustrating because as you know, as doctors work, you and I are working hard to help people and at this point in California, it's actually we can say anything we want in public, but it's actually illegal for us to not illegal, but we can lose our licenses if we told someone in person to not take the vaccine and you know what, we see people who are injured by the vaccine. We also see people who have done very well with the vaccine and we just need to know who is whom And it's a plea for that instead of this, that this demand for silence. I mean, anyways that was a little political thing. I can't help myself.

It just came up. We just need information as physicians. We are ha hobbled by the lack of real science um, and data collection. And now almost three years into this.

I mean that you know, we I did speak with uh Dr. Pelosi from UCSF who's part of the recover program which is the government actually spending good money and really doing good research, doing exciting things.

But still it's gonna be, you know, the reality is the treatments that come out of that will be God knows another year or two away and they're gonna be all rehashes of things that are all, you know, they're not going to be very creative because they're not going to look at anything creative, but they will give us information.

So that would be good. – That's really what we need is information because really a lot of us are relying on these types of discussions with our colleagues, the anecdotes, the observations, what we've all been seeing and we're trying to just understand together. Uh none of us know everything and anybody that would claim to say that they have all the answers, you know that you can't you can't So that's really what we're relying on right now and we do get little snippets here and there of of new studies that are exciting. But yeah, the politics that's coming in come into this has been very difficult, I think, to navigate because we do see patients that are injured by the vaccine, but we aren't given the opportunity to really see the studies or see more more information as to how I I don't know how I could predict that with some of these people, but even just to say that we could acknowledge that that's a possible outcome.

Um, it should be okay from the doctor patient doctor physician relationship to to have that discussion and make that choice. Uh just bypassing that is just, you know, it can it can injure people. I think that that's what really bothers me the most about it. Um, and it just goes for anything.

I think we need to be able to, there's a sanctity between the doctor patient relationship here. What we understand about the person sitting across from us is way greater than what the broader public health and I totally understand public health and where they're coming from, you know, the greater good and all this kind of thing. But with with some of these patients, unfortunately, they're the deviation from the mean, or they're the they're the people on the periphery and and sometimes we don't know, we can't predict that, like I said, they may be previously healthy. So how do we better understand what really makes this tick. We know diabetes or cardiovascular disease or to trigger or two possible predisposing factors, um, among others.

But we don't know enough. So, yeah. – And we don't know enough of what's going to make you react to the vaccine because, you know, again, like you said, but no, cardiovascular disease and diabetes would be things that we'd like to give people the vaccine for.

Because those people don't do well. I would like to know for sure that I to be fair, probably safer, but we just don't have denominators. We nobody's been collecting the data. And so we're kind of lost.

Um, and this is terrible because it's unnecessary. This is what the public health people should be doing. So I don't know why I I've been spending so much time thinking about long.

Covid that I and it's just it's frustrating because, you know, tick borne diseases. One thing nobody really believed in it, you know, chronic fatigue, but this is we've got millions of people with this.

It's been it was like at least two years that that almost that not even public health authorities agree that this was a problem. Yeah. And they're still left us pretty much in the cold. And anyway, – Because you can go to the big centers and they can run tests on you from all the specialists.

And so a lot of the labs can just come out looking normal, but you can still be really sick with this. So there until we find answers until we understand more of the nuances of this where we are kind of left a little bit in the dark because people are still being gas lighted and still being told that they're not sick because all their labs look good and they're scans look good.

They don't, they don't have fibrosis in their lungs or they don't have not. Everybody with post covid has some sort of identifiable ailment from what the classical, the classic conventional uh, you know, investigation would would provide.

So I think that's that's kind of holding people back to. So I still see a lot of people kind of just being pushed aside despite the wide scale of this. So yeah, – No, no, it's it's, you know, and we're we're we're we're back to anecdotal medicine, which is what we have to do because we have to try because we do see people get better who had been ill for a long time.

And and that that that is the goal and just getting the other doctors out there who for who have been treating, you know, the functional medicine doctors and the lime docks and the mast cell docks and the mold docks, you know, get them all to realize that okay, look with a wide lens and these and people with long haul, um, you know, deserve your attention and that kind of evaluation can get you places and you know, and and to be fair I think the the Covid centers that are aca academic centers are doing, I said it's doing a good job if you have autonomic dis regulation usually.

But other than that there, you know, they're not prepared to offer people um a nonstandard treatments under the guise that we can't be sure it's gonna work. And as I said, you know, um yeah maybe we should be very careful if we're going to do things that have potential big harms. But most of the things that we do are fairly safe. And I I think that's the message over and over again is keep looking, keep trying and um yeah don't give up.

So anyway I thank you Jamie. Uh It's been it's been always always we do this a lot without the video. It's fun to talk and and just go over patients and really get a feel for um you know, just the the the complexity of the patient and um just how much fun it is to watch another person's mind working through these complexities because it's always a pleasure to watch yours.

So thank you. – Thank you. I appreciate it