



Treating Long Covid

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What could be the cause/mechanisms of Long Covid?

1. Acute covid *exacerbates* MCAS in patients who have this condition, which may be hitherto unrecognised and untreated.
2. Acute covid-19 *causes* MCAS in the minority of patients with long covid
3. *Viral persistence in some cases* is continuing to elicit the immune response that is causing MCAS- S1 found in monocytes –virus identified 230 days after infection in one individual at autopsy.
4. Covid affects coagulation resulting in cellular hypoxia.
5. Reactivation of EBV, cytomegalovirus, Lymes Disease,

Failure to treat acute covid with early treatment increases the incidence of Long Covid.

Mast Cell Activation Syndrome

1. Frequently seen, seldom recognised
2. Up to 17% of the population are estimated to have dysfunctional mast cells
3. MCAS first described in 1990s, treatments being developed since 2007
4. It causes patterns of chronic inflammation in various different systems, with many of the tests being normal, resulting in often debilitating symptoms.
5. Symptoms are caused by the cytokines and amines released by the mast cells. Histamine intolerance is a frequent feature.
6. Elevated anti IgE antibodies and anti IgE receptor antibodies may be present.
7. CD117 staining may be helpful for the diagnosis

Treating Long Covid

- Younger group than acutely ill group of patients
- Predominantly women
- Often have a milder acute illness
- Significant component of MCAS features
- 10-20% of those who have had Covid19 (50 million worldwide)

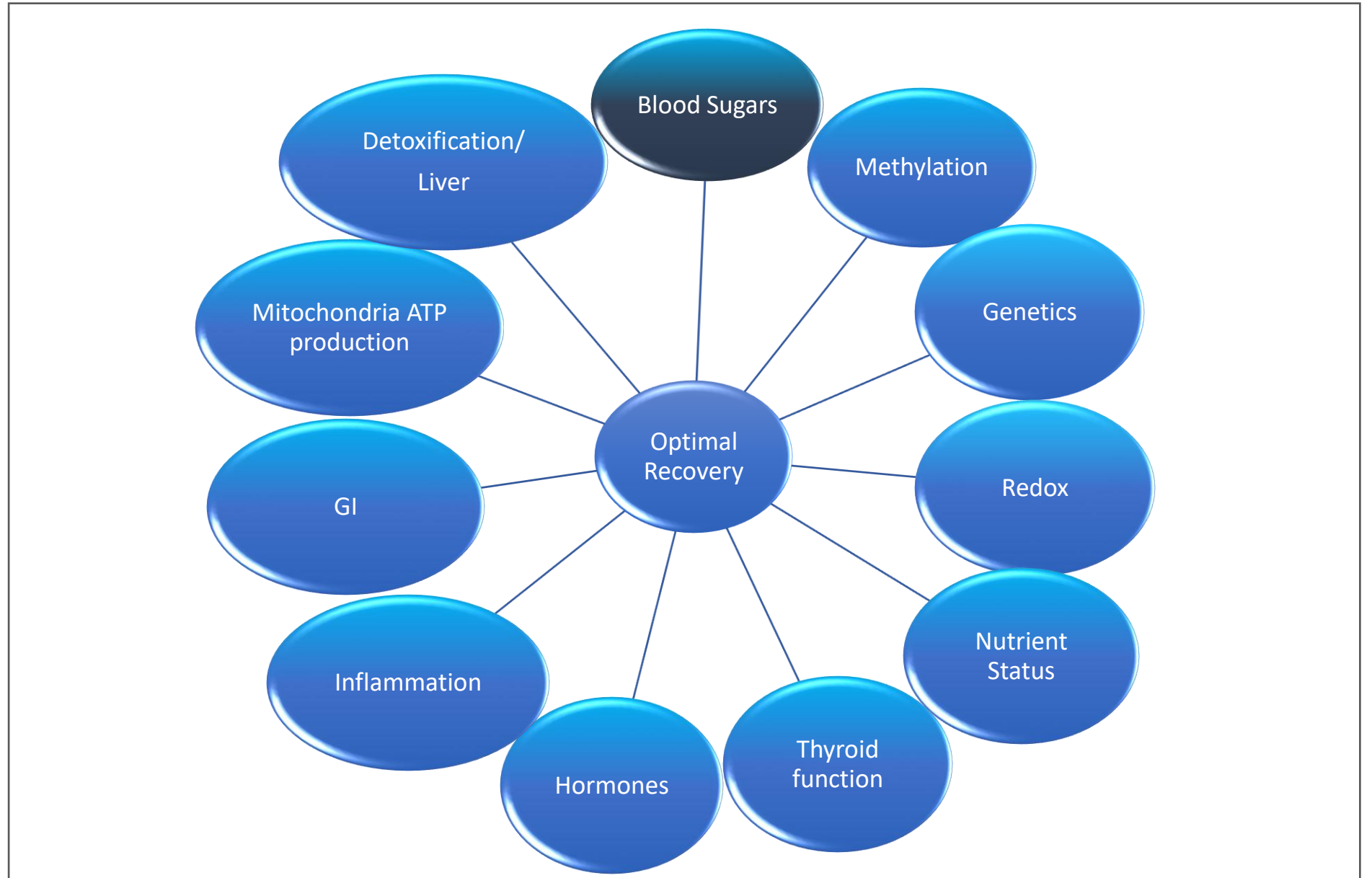
Remember that approximately 17% of the population have MCAS!

- Treat as for MCAS
- Patient reported outcomes-show significant improvements with this approach

Typical symptoms MCAS/Long covid

- abdominal pain, diarrhea, nausea, vomiting, bloating, food intolerances
- itching, sudden redness, rashes, dermatographia, (eczema, psoriasis, rosacea)
- palpitations, vertigo, arrhythmia, **hypotension, POTs**, Kuonis disease
- running nose, sneezing attacks (asthma and SOB)
- headache, migraine, sweating, freezing, menstrual pain
- fibromyalgia, tingling sensations, **brain fog**
- **Anxiety**, panic attacks, **insomnia, fatigue, Post exertional malaise**

Where to start?



First line Treatments 1

- Low histamine diet-this can make a huge difference.
- A Type I antihistamine : Loratadine 10mg tds or cetirizine 10mg tds or fexofenadine 180mg tds
- A Type II antihistamine : Famotidine 20mg bd or Nizatadine 150mg bd
- Mast cells stabilisers : Rupatadine 10mg nocte or Ketotifen 1mg nocte plus or minus Sodium cromoglycate 200mg tds (built up slowly) or Quercetin 500mg tds

First Line Treatments 2

- Probiotics, vitamins C slow release 1000mg, D3 4000 iu, Niacin (no flush) B3 500mg ,
- Selenium 100mcg, zinc 15-30mg, magnesium 400mg, NAC , resveratrol 1-2000mg ,
- Ivermectin 0.2-0.4 mg/kg daily for 5 days or until well?/or weekly
- Neuroplastic retraining of the amygdala and insula
- Melatonin (SR) 2-10mg

First line Treatments 3

- Montelukast 10mg (beware depression in some)
- LDN up to 4.5mg daily
- Diazepam 0.5-1mg bd
- Colchicine 100mg daily for 3 months-anti inflammatory
- Important to ensure good gut health-check the microbiome, for dysbiosis, parasites etc, treat dysmotility and any infections (EBV, Lyme Disease, mould toxicity) Rebalance the microbiome
- Vedicinals 9 –may need to come off some other medication and some of the supplements-see www.vedicinals.com.
- www.Arcmicrotech.com micro current resulting in restoration and boosting of ATP



Additional points – Mycotoxin screen

- IgG elevated indicates current exposure
- IgE elevation indicates MCAS
- Must be treated in the house and treated in the patients or they just stay ill!