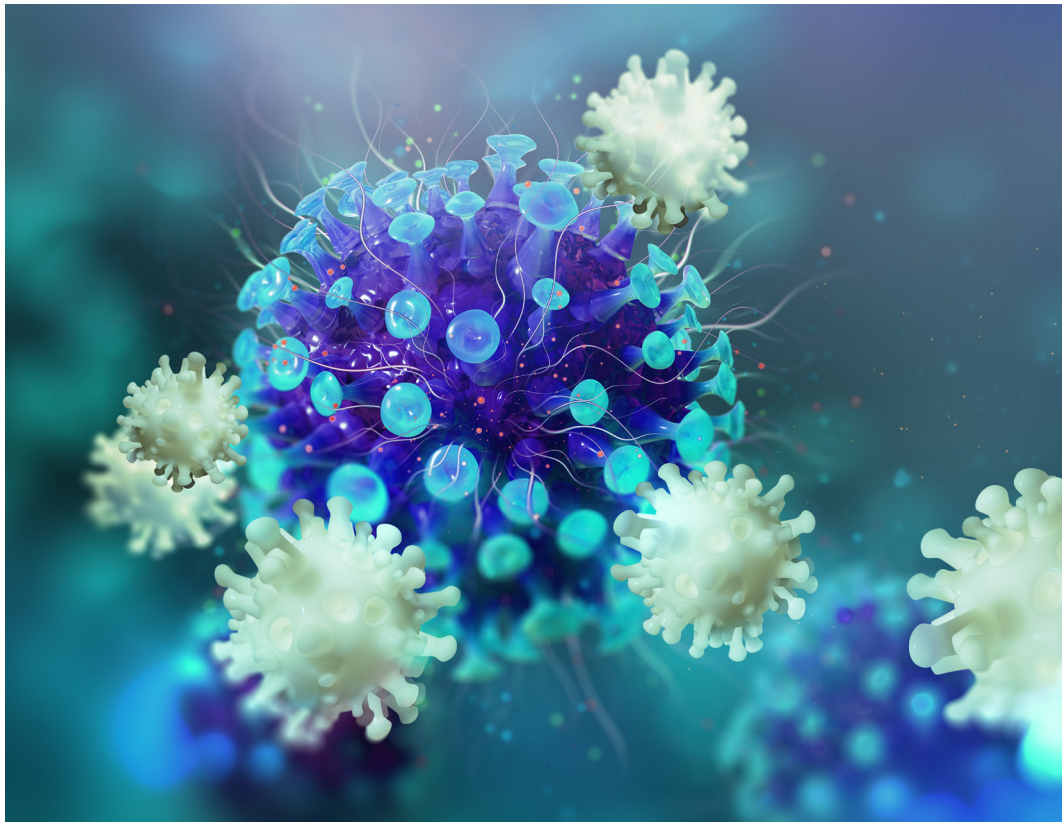


OCTOBER 2022 SUPPLEMENT

SPECIAL ISSUE

Immune Health



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What We Can Learn About Long-Covid from Chronic Fatigue Syndrome

An interview with Jacob Teitelbaum, MD

Chronic fatigue syndrome (CFS) is a poorly understood condition that affects up to 2.5 million Americans. Since the Covid-19 pandemic has left untold numbers of people with postviral symptoms that resemble CFS, interest in understanding the condition has been renewed. In a recent NMJ Podcast interview *Natural Medicine Journal* editor-in-chief Tina Kaczor, ND, FABNO, spoke with Jacob Teitelbaum, MD, who has studied postviral CFS for decades. This is a condensed version of their discussion.



Listen to the full podcast here.

Approximate listening time: 45 minutes

Tina Kaczor, ND, FABNO: How did you get into studying chronic fatigue?

Jacob Teitelbaum, MD: For those of us who have been doing integrative medicine for so long, we've been seeing chronic fatigue syndrome, fibromyalgia, and similar syndromes for years, and they're often postviral. It's really caught our eye now because it's finally getting the attention that it's probably deserved all along, but with Covid there's a bright research light being shined on it.

Kaczor: Is there anything about long-Covid that's different than other postviral syndromes?

Teitelbaum: Well to start with, long-Covid hasn't been fully defined. It's any symptom that persists. So your long-Covid can be cardiomyopathy, or if you're having shock lung and you're out of the game, or if you're having trouble smelling or tasting, or if you have postviral CFS. So you want to break those 4 groups out because the treatments are quite different and may overlap a bit.

Kaczor: What is shock lung?

Teitelbaum: ARDS, acute respiratory distress syndrome. It is what happens to the lungs when people get Covid pneumonias. Once you have persistent problems, you have that shock lung or oxidative stress to the lung.

Kaczor: You mentioned some of the organ systems involved. How about the brain?

Teitelbaum: The brain fog is such an inherent part of postviral CFS. Now there are those with encephalopathic

disease. That's quite different from brain fog. Most people will have brain fog, which is not a direct viral thing acting on the brain and causing almost a dullness. Your thinking is not sharp and quick-moving. That's more encephalopathic. With brain fog, there's difficulty with word finding, word substitution, and short-term memory, but it's a very different feel.

Kaczor: You've talked about tripping a breaker. What do you mean by that?

Teitelbaum: When you see postviral chronic fatigue syndrome or CFS or fibromyalgia in general, these conditions represent an energy crisis. The energy level has gotten low enough that the area using the most energy for its size goes offline. There's an almond-sized area in the middle of the forehead of the brain called the hypothalamus. It is the circuit breaker and controls sleep. So people find that they're sleeping all day, and then that morphs to can't sleep at all. Or they get 3, 4 hours of sleep and can't get restorative sleep. The hypothalamus controls the hormone system, and those hormones are low across the board despite normal testing. It also controls autonomic function. Major, major issue, autonomic dysfunction in post-Covid, where people stand up and the blood goes out to their legs because of gravity and it stays there and doesn't come back up to their brains. They start getting fuzzy and they start having issues. You can email me at Fatiguedoc@gmail.com for a home quiz that will help you diagnose and treat it. Ask for the 3 critical tools and you'll also get some other intake questionnaires that will simplify things dramatically.

Kaczor: What you're talking about is POTS, or Postural Orthostatic Tachycardia Syndrome. That's probably the one that's most talked about in my circles anyway.

Teitelbaum: That's the current name. I've been around long enough that there are many names. For postviral with Covid, if you don't have that on your radar, you're not going to be able

to help people properly. It's especially prominent with Covid more than other viruses.

Kaczor: Let's say a person just had Covid and wants to address this as early as possible to prevent chronic fatigue from developing. What are some signs or symptoms to look out for?

Teitelbaum: Some people are more vulnerable to energy crises because they have nutritional deficiencies and are not sleeping, but especially people who try to push through the virus, who are thinking, "Well, I can't rest, I've got to keep working." They're the ones more likely to blow a fuse. So if they come in showing fatigue, trouble sleeping, brain fog, and achiness, those are the big 4 that tell you that you're heading toward a postviral fatigue path. You want to nip that in the bud.

Kaczor: I know you had a protocol, many years before Covid, for chronic fatigue. Can you speak about that?

Teitelbaum: The concept was that an increase in energy production will restore function and turn the circuit breaker back on, which is indeed what happens. The acronym we use is SHINE. S addresses sleep, H is hormonal issues, I is infections, N is nutritional support, and E is exercise. In a randomized, double-blind, placebo-controlled study we did, 91% of people improved with an average 90% increase in quality of life in the treatment group. So this is a very, very treatable disease.

Kaczor: With the system-wide energy crisis you are talking about, what tools in general would be indicated after a viral infection to bring down the body's inflammatory state?



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Teitelbaum: Yes, Curaphen is a nice mix because that has a highly absorbed curcumin and Boswellia. I'll also use Curapro if there's not pain and Curaphen if there is pain. They're remarkable for shutting inflammation down. You also got to go with a good multivitamin that's high in antioxidants, but especially B vitamins, magnesium, zinc, and vitamin A. Zinc is critical, especially in this virus because it will cause these chronic infections, and inflammation causes zinc loss. You're aiming for 15 mg of zinc in your multivitamin and a half mg copper.

Kaczor: Moving to low-dose Naltrexone, what's the mechanism behind it?

Teitelbaum: It helps address microglial activation in the brain. The microglial cells are like mild-mannered farmers tending the nerve cells. But then if they see something amiss, like an infection, they start attacking everything. It's called microbial activation, and this triggers widespread damage. Low-dose Naltrexone, along with some other options, settles down microglial activation. It takes 8 to 10 weeks to start working. It is an important, immediate go-to for most autoimmune disease.

Kaczor: I'm excited that research dollars from the National Institutes of Health has increased from a pittance to over a billion dollars over the next 4 years to study what is going on. Will we do some basic research to understand how the body resolves inflammation?

Teitelbaum: Inflammation is only bad when it's out of balance. A big part of that is a diet high in sugar, white flour, and grain-fed beef. But by the time something useful comes out from their \$1.15 billion, they'll be about as old as I am because they haven't even designed a group to study. They're just starting to do subsets. But we don't have to wait for all that. You can help all these CFS patients now. For example, we already know how to get people sleeping again.

Kaczor: So there's a ton of information that we've talked about. The big take-homes are to get people to take the time to recover and take it easy on themselves and maybe not just jump right back into the fray too quickly. Get their sleep going, get the inflammation down and their antioxidant status up, so that they're recovering.

ABOUT THE EXPERT

JACOB TEITELBAUM, MD, is a board-certified internist and nationally known expert in the fields of chronic fatigue syndrome, fibromyalgia, sleep and pain. He has authored numerous books including the best-selling *From Fatigued to Fantastic!* (now in its 4th edition). He is the lead author of numerous studies on effective treatment for fibromyalgia and chronic fatigue syndrome, and one study on effective treatment of autism using NAET. He also developed the popular free smartphone app "Cures A-Z." Teitelbaum lives in Kona, Hawaii.



Teitelbaum: Yes, and take a good multivitamin. Also, there's a study we've just published using HRG80 red ginseng. In the study, stamina and energy both went up about 70% in postviral fatigue for severe cases, and about 60% of people improved quite dramatically. On my desk I have 1 bottle of chewable red ginseng energies. There is also a product that is being studied, but not available in the USA yet, called Recovery Factors. It is polypeptides that help with recovery too.

But yes, give patients a good multivitamin. Get them sleeping, rest, hydration. If they have post-Covid vaccine—I've seen almost as many of those as I've seen post-Covid where they get the CFS after—ivermectin works. I have no idea of the mechanism for why that works for a vaccine, but 27 mg a day for 4 days (or 5 days for really acute cases). Compounded is the easiest way to get it. Their postvaccine seems to clear up, but they often need to repeat courses. I have no idea why, but my old mentor used to say, "First see what it is. Don't try to understand it or explain it, or you'll never see anything you don't expect. See what is, and then you can figure it out if you can." This is one of those.

The views expressed in this interview are those of the guest and do not represent the views of Natural Medicine Journal, its staff, or its publishers.

REFERENCE

- 1 Epidemiology | Presentation and Clinical Course | Healthcare Providers | Myalgic Encephalomyelitis/Chronic Fatigue Syndrome (ME/CFS) | CDC. [www.cdc.gov. Published April 27, 2021. https://www.cdc.gov/me-cfs/healthcare-providers/presentation-clinical-course/epidemiology.html](https://www.cdc.gov/me-cfs/healthcare-providers/presentation-clinical-course/epidemiology.html)