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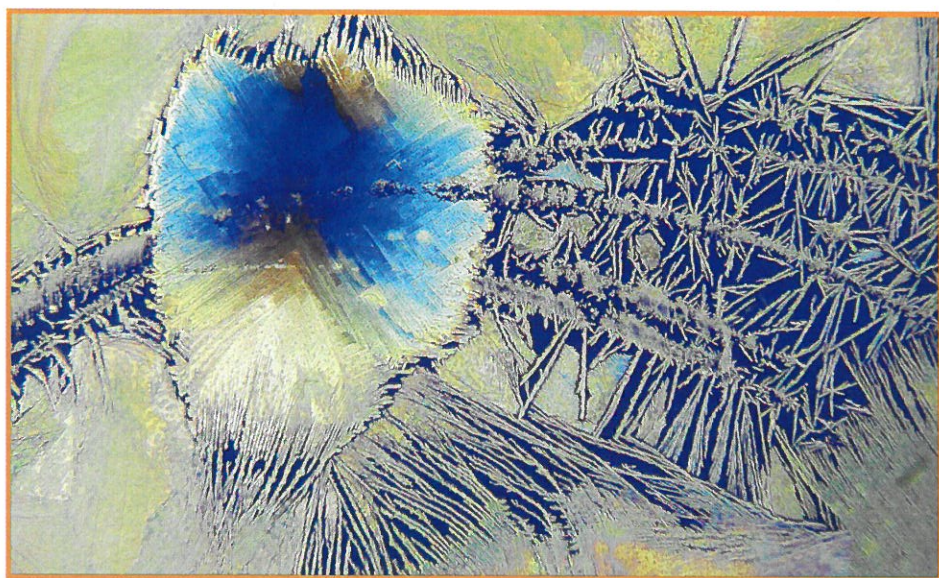
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Crystals of uric acid in polarized light through microscope. Uric acid is not a harmless, inert metabolite. Asymptomatic hyperuricemia—elevations below the threshold to cause gout or kidney stones—is a risk factor for other cardiometabolic problems.

Lucia Dovalova/Wikimedia Commons

CHRONIC DISEASE

Dropping (Uric) Acid with Dr. David Perlmutter

BY KRISTEN SCHEPKER
Assistant Editor

Conventional medical wisdom holds that uric acid is a harmless, inert form of metabolic waste, and most physicians were trained to see it as a “trivial, incidental byproduct of our normal biology.” But contemporary research reveals that this compound is “anything but meaningless or unworthy of our attention,” says neurologist David Perlmutter, MD.

In his latest book, *Drop Acid: The Surprising New Science of Uric Acid—The Key to Losing Weight, Controlling Blood Sugar, and Achieving Extraordinary Health*, Perlmutter contends that even modest uric acid elevations can have pernicious long-term consequences if left unchecked. People will do themselves a world of good by dropping acid—uric acid, that is.

Though UA testing is included in routine blood work, most people—unless they have gout or kidney stones—haven’t heard of it, and few can recite their UA levels the way they do with their lipid profiles.

Physicians themselves often ignore UA, or cast it aside as an “innocent bystander,” says Perlmutter. Most doctors learned that UA is problematic only when it reaches the levels that cause gout and kidney stones.

According to Dr. Perlmutter, a UA rise is far more than just a risk factor for gout or kidney problems. Elevated UA is a common thread linking a striking number of chronic conditions, including: obesity, insulin resistance, type 2 diabetes, nonalcoholic fatty liver disease (NAFLD), hypertension, coronary artery disease, stroke, and neurological disorders including Alzheimer’s.

Drop Acid draws on the work of Dr. Richard Johnson, a University of Colorado nephrologist who is among the world’s uric acid experts, and who guided Perlmutter in developing the book. It lays out a strong case that “asymptomatic hyperuricemia” driven largely by excessive fructose intake, precedes the development of elevated blood glucose, hypertension, dyslipidemia, weight gain, and chronic inflammation.

This is not a new concept. More than a century ago, a Scottish physician named Alexander Haig recognized a connection between elevated uric acid levels, and conditions like migraine, depression, epilepsy, diabetes, obesity and cardiovascular disease. Haig published a book on this in 1896, but his ideas failed to impress his medical contemporaries, who insisted that uric acid was harmless except at extremely high levels.

Haig was obsessed with dietary purines as the main driver of uric acid elevation, and he advocated a highly restrictive “purine-free” diet that eliminated all meat, legumes, and many common vegetables.

Drop Acid, which Dr. Perlmutter wrote with longtime collaborator Kristin Loberg, has a different focus and takes a gentler approach. It states that in our current society, fructose is a far more important culprit than purines. The book’s “LUV (Lower Uric Values) Diet” emphasizes fructose reduction. While it does recommend reducing purine-rich meats and fish, the LUV Diet does not entirely eliminate them.

Uric acid “sits at the heart of regulatory mechanisms involved in our most fundamental processes of metabolism,” says Perlmutter, who is also author of *Grain Brain*, and several other best-sellers. *Drop Acid* urges practitioners to rethink everything they learned about

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FUNCTIONAL MEDICINE

Clearing the Fog Around MCAS

BY ERIK GOLDMAN
Editor

Mast cell activation syndrome (MCAS)—a multi-system disorder characterized by aberrant activity of these key immune cells—is widely prevalent, and on the rise as the world becomes more toxic, infectious, and stressful, says Tania Tyles Dempsey, MD, a clinician who specializes in this common but mis-diagnosed problem.

The syndrome differs from mastocytosis or mast cell cancers in that it is not caused by excessive proliferation of mast cells. Rather, it occurs when normal numbers of mast cells are chronically and inappropriately triggered, explained Dr. Dempsey at the 2022 Integrative Healthcare Symposium.

A 2013 study suggested that roughly 17% of the general population of Germany had symptoms that fit the picture of mast cell activation syndrome (MCAS). It tends to cluster in families; nearly 50% of all first-degree relatives of MCAS patients will also fit the pattern (Molderings GJ, et al. *PLoS One*. 2013).

According to Dempsey, in most US medical practices—and especially in functional and holistic medicine—the prevalence may be as high as 50% of all patients.

Many people with MCAS go undiagnosed for years. That’s because there is no single definitive diagnostic test, the “official” criteria are new and constantly evolving, and the syndrome is inherently complex.

Defining MCAS

MCAS as a clinical syndrome emerged around 2010, when physicians and researchers recognized that many people have multi-organ symptoms consistent with mast cell

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INFECTIOUS DISEASE

Long Haul Covid: A Variant Of Post-Viral Syndrome

BY JACOB TEITELBAUM, MD
Contributing Writer

Long-haul Covid has unique features, but essentially it is a variant of post-viral syndrome. That’s good news because many of the features of post-viral syndrome are easily treated.

Between 20% and 25% of all Covid patients have persistent symptoms of some sort. Those numbers are similar to what we see with Epstein-Barr virus (EBV) and mononucleosis; roughly 25% of college students who get mono develop chronic fatigue. There are similar patterns with other infections, such as avian flu. This is just what you see after certain kinds of viruses.

Post-Covid symptoms are diverse. For some it’s persistent loss of smell, or chronic fatigue and muscle pain. For others it’s brain fog and cognitive impairment, or chronic

respiratory problems. But the “official” definition of long-haul is simply *any* symptom after the acute phase. Everything gets lumped together. That’s absurd, because the patterns are not the same.

I have been researching post-viral syndromes and working with patients affected by them for the last 45 years. My interest emerged from personal experience: I had post-viral complications back in 1975. The resulting chronic fatigue sidelined me for almost a year during med school.

Over the years, I developed a comprehensive approach I call the SHINE Protocol. The acronym stands for: Sleep, Hormones, Infections, Nutrition, and Exercise. By addressing these five domains, we can greatly improve the health of people with post-viral CFS. Much

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Long Haul Covid

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of what we've learned from CFS is applicable to post-Covid patients.

SHINE includes supplements, botanicals, hormonal therapies and, in some cases, antivirals, antifungals, antidepressants, and drugs for sleep. The basic protocol includes a multivitamin, magnesium plus malic acid, melatonin, and a Valerian/Melissa combination. But there are many additional options depending on an individual's test results and clinical history.

When a patient comes in saying, "I still feel lousy," months after Covid, the first step is to characterize the symptom patterns. They typically fall into one of the following patterns:

Fatigue, brain fog, achiness, poor non-restorative sleep: This is the majority of long Covid patients. They experience extreme fatigue, yet they don't sleep well. Energy is low; thinking and memory are foggy. Some have muscle pain. This is classic post-viral CFS. The basic SHINE protocol works well here. For post-viral CFS, 91% of people will improve if they follow it closely.

Pneumonia, respiratory distress, "shock lung": Some patients have long-term respiratory symptoms, especially if they had severe lung involvement during the acute phase. Again, this is not unique to Covid. Other viruses can also trigger shock lung. It usually improves on its own over time, but it can cause a lot of distress.

For these patients, I recommend a highly-absorbed form of curcumin, and a reduced glutathione to turn off the inflammation and the oxidative stress. And also, low-dose naltrexone to turn off the microglial activation.

Some people experience difficulty breathing in the absence of actual lung damage. A pulse oximeter—available for about \$25 on Amazon—is a valuable tool. If someone feels short of breath, but oxygen levels are OK, the problem is likely due to vagal inflammation, not permanent alveolar damage.

This occurs in roughly 27% of long-haulers. What happens is the inflamed vagus signals the diaphragm to tighten, causing a sensation of constriction. It's alarming but it does not mean there's an oxygen deficit. An oximeter can assure that oxygen is sufficient despite the sensation. This can avert panic and hyperventilation.

Cardiac involvement: If a patient had cardiovascular problems tied to Covid, and shows residual impairment, think about treating with coenzyme Q10, acetyl carnitine, magnesium, and D-ribose. This needs to be coordinated with whatever conventional therapies the patient was prescribed by his/her cardiologist. Here, too, pulse oximetry provides insight. If someone has an oxygen saturation of 93 at rest, and then it drops when they walk, that's a sure sign there is actual cardiac or lung involvement, and not just vagal nerve inflammation.

Loss of smell and/or taste: This is a unique feature of Covid. While many patients find that the problem resolves over a few months, for others it persists. These patients will benefit from 25–50 mg of zinc. Smell and taste are highly dependent on zinc, and also vitamin A. These two nutrients work together. For men, I recommend 8,000 IU per day of retinol. That's safe for men, but could potentially cause birth defects if a woman gets pregnant. The minimum RDA for vitamin A is about 3,000 IU for men, and 2,500 IU for women. So, 8,000 is not exactly a megadose. But I don't recommend it for women.

Direct brain involvement: Brain fog often follows Covid, and is part of post-viral syndromes in general. If someone has brain fog alone, and not fatigue or other symptoms, it suggests direct brain involvement. In these cases, curcumin, antioxidants, and low-dose naltrexone are helpful. I give 750–1,500 mg of curcumin twice daily, and clinical glutathione twice daily, for 2–3 months. It's like putting out a fire—we have to quench inflammation and oxidative stress. A small number of people have post-Covid encephalopathy, clots, or stroke. For them, conventional medicine is the best way to go.

Allostatic Load & Long-Haul Risk

Severe stress during the initial viral phase raises the odds of long-haul. If someone is not able to rest while ill with Covid, this also raises risk. It's all about allostatic load—the total stress index. When you get beyond a certain stress level, you trip a hypothalamic circuit-breaker which controls sleep, hormones, and autonomic function. Once you trigger that circuit-breaker, you get CFS and fibromyalgia. Energy drops, and you experience insomnia and/or non-restorative sleep.

Helping People Sleep

Sleep problems are common in post-viral syndromes. In most cases, this is not due to poor sleep hygiene but rather to hypothalamic dysfunction.

As a holistic practitioner, you probably have some preferred sleep supplements and herbs that you recommend. I find sustained release melatonin to be helpful. I also formulated a mix of six ingredients (Valerian, Passionflower, Hops, Lemon Balm, 5-HTP, and L-Theanine) that can be helpful. There are lots of natural options.

Herbs tend to help people stay asleep, but they do not always help people fall asleep. So, many of these patients will need prescription drugs in addition to natural remedies. I use Trazadone (25–50 mg), Cyclobenzaprine (2.0–2.5 mg), and Gabapentin (100–300 mg). Zolpidem (Ambien) may also be helpful, at low doses of 5–10 mg.

I keep doses low—just enough to get the desired effect. Tiny doses of several things, instead of high doses of one, will create an additive effect without the "hangover" the next day. It's akin to the traditional Chinese medicine approach of using small amounts of different herbs. This is how it should be with prescription drugs too, especially in this population, because they often have trouble detoxing drugs.

FDA & AMA

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patient: "Did you know that dietary supplements aren't approved by FDA?" (Cue Mister Softee jingle.)

The third video—a hodge-podge of themes from the first two—seems to be written more for a consumer audience than a medical one. That's odd given this is a CME program.

"When it comes to taking dietary supplements, it is important to be an informed consumer. And don't believe everything you read," our announcer states.

She cautions everyone to be alert for products that claim to be "totally safe" or to have "no side effects," to "always talk to your doctor, pharmacist, or other healthcare professional" when considering supplements, and to immediately report any potential adverse events to the FDA.

And that, dear reader, is the length and breadth of what the federal government's top regulatory agency and the country's largest physicians' organization (current membership over 270,000) think you should know about supplements.

In a nutshell, it comes down to this: Supplements are not regulated like drugs, they're potentially dangerous, probably unnecessary, and might even muck up important diagnostic tests.

Absence of Accountability

In 30 minutes, there is not a word about all the new research on probiotics. There's nothing on omega-3s, vitamin D, antioxidants, or botanicals. No discussion about nutritional support for mitochondrial activity, immune system resilience, epithelial integrity, minimizing inflammation, or autonomic regulation.

On the rare occasions these videos acknowledge some vague potential benefit from supplements, the statement is always followed by a "but . . ." and a restatement of the FDA's limited authority, or the axiom that supplements do not replace drugs or foods.



Red Ginseng

Because they're not sleeping well, many of these patients lack energy during the day. Rather than caffeine or pharmaceutical stimulants, I recommend a form of Red Ginseng known as HRG80. It is hydroponically grown, so it is much less expensive than wild Ginseng, and it is very high in active constituents. I take it myself, and I'm very impressed. I studied it in 188 post-viral fatigue patients, 60% of whom improved. There was quite a dramatic increase in energy and stamina.

This CME series is devoid of any practical information on how to use any type of supplement in patient care.

And you know what else is missing from this FDA/AMA "education" series? References!

For its bold claims about the dangers of supplements, there's not a single citation in either the videos or the accompanying PDF downloads. Not one. Nor is there any information about who compiled the content or who wrote the scripts. How's that for accountability?

This is ironic, given that: (a) CME activities are supposed to be "evidence-based," (b) the AMA's CME review boards are notorious for their scrutiny of content produced by other groups, and (c) FDA officials and supplement detractors are always whining about the absence of data to support supplement claims.

"Risk-Based Conversations"

In a statement announcing the CME collaboration, the AMA noted that its work "stems in part from policy adopted by the House of Delegates in 2020 urging physicians to inquire about patients' use of dietary supplements and engage in risk-based conversations with them about dietary supplement product use."

Dietary Supplements: What Physicians Should Know definitely delivers on the "risk" part. Simply put, this is a scare campaign, not an education program. To call it the latter is a false and misleading claim. I'm tempted to call the FTC.

I suppose I should not be surprised. The videos are in keeping with the long tradition of excluding meaningful nutrition education in most medical and nursing schools. And from its earliest days, the AMA has been hostile toward naturopathy, herbal medicine, nutrition, Asian and Indigenous medical traditions, and basically anything outside the pharmaceutical, surgical, or medical device models of healthcare.

The FDA, for its part, clearly wants greater authority over supplements. Some within the agency and within Congress want to see all but the most basic ones regulated as drugs.

Earlier this year, Sen. Dick Durbin (D-IL) called for mandatory pre-market FDA listings

Mitigating Viral Reactivation

There are some viruses that the body kills off totally, and others like herpes, chicken pox, and EBV that the body never fully eliminates. The reasons for that are not clear. But when immunity goes down, you see a jailbreak, and these other viruses reactivate. For example, shingles is a jailbreak of the chicken pox virus. It shows up in the skin, and it is very obvious, so mainstream medicine can't ignore it. A similar process happens in other bodily systems, but instead of a big rash, it manifests as fatigue, muscle pain, etc.

This is the "I" in SHINE—the other residual infections. Reactivation is very real. We need to treat latent infections like Candida and other fungi, and latent viruses.

If someone has chronic nasal congestion, sinusitis, post-nasal drip, or irritable bowel syndrome, or intense sugar cravings, assume there's chronic Candida and treat with Diflucan. If someone has chronic flu-like symptoms, I give Famciclovir (500–750 mg, 3x/day) and Celecoxib (200 mg 2x/day)—an antiviral plus an NSAID. Celecoxib (Celebrex), it turns out, has antiviral effects. I'm targeting EBV, HSV1, any of the other herpes viruses. Give the combination for 4–6 months. It takes 2–4 months to see effects.

By applying therapies that have proven effective in the aftermath of other viral infections, we can go a long way in helping our post-Covid patients recover quickly.

Jacob Teitelbaum, MD, is one of the most frequently quoted integrative medical authorities in the world. He is the author of several best-sellers, including *From Fatigued to Fantastic!*, *The Beat Sugar Addiction Now!* series, *The Fatigue and Fibromyalgia Solution*, and the popular free smartphone app *Cures A–Z*. He is the lead author of 4 studies on effective treatment for fibromyalgia and chronic fatigue syndrome. He earned his MD degree from Ohio State University, and recently celebrated his 50th year as a physician. Learn more at Vitality101.com.

for all dietary supplement products—a benign idea on paper, but one that many within the industry and within holistic medicine view as a prelude to a pre-market FDA approval requirement.

The FDA's CME videos were released shortly after the Center for Food Safety and Nutrition (CFSAN) issued *Science and Our Food Supply: Examining Dietary Supplements*—an 86-page guide to supplements for middle and high school teachers. This, too, has an alarmist tone, aimed at prompting teachers to dissuade teens from taking a lot of supplements.

To its credit, though, this teacher's guide takes a much more balanced approach. *Science and Our Food Supply* emphasizes the "cons" more than the "pros," but it does include statements supportive of some supplements. And it provides references from diverse sources. On the whole, it is far more "educational" than the CME videos.

One would hope that in the midst of a pandemic that laid bare the limits of allopathic medicine, and in the glare of countless studies showing that diet and lifestyle factors drive most chronic disease, the AMA and FDA might've shown a little humility and dropped their ossified stances against supplements.

But that's not the case. If anything, the CME program shows that the negative attitudes are more entrenched than ever.

Credit where credit is due: The "FDAMA" did a commendable job of virtue-signaling. They cast a young Asian-American woman as narrator, and an African-American woman to play the "Doctor" to a Euro-American male "Patient." That's progress, I suppose. But it's the only thing remotely progressive about these videos.

With their aggregate resources and collective brain trusts, the AMA and FDA could have created something truly interesting and impactful. They chose not to do so, opting instead to push out a smear job masquerading as a CME program.

Dietary Supplements: What Physicians Should Know would be laughable if it weren't so frustrating.