

COVID-19: Complete Guide to Dr. Lawson's Thinking on the topic

By Lynese L. Lawson, D.O. Medical Director, Proactive Wellness Centers, PLC

The pandemic that changed our lives finally seems to be getting under control with the advent of 3 vaccines, monoclonal AB treatment and more refined treatments for severe Covid cases. I am pleased to say that none of my patient population have developed severe COVID-19 requiring admission to the Intensive Care Unit (ICU). I don't think that is a coincidence given that the patient population is a diverse group, ethnically, geographically and literally across every demographic element. Optimized hormones and Vitamin D, targeted supplements including Zinc and of course being safe and smart in going about your day has played a role in avoiding severe COVID for our patient population.

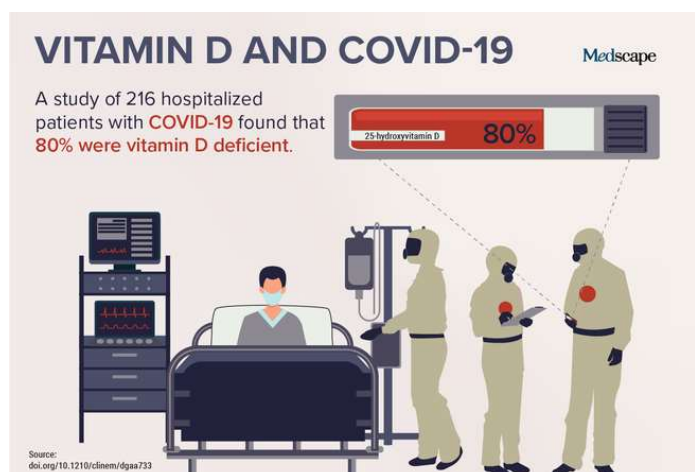
As this has progressed, I have published multiple papers dealing with all of the topics including prevention, vaccination and early-stage treatment. Now we are beginning to see the "long haulers", term given to those patients that have lingering but severe symptoms long after the active infection is over. Chronic Lyme sufferers can relate to this concept and in fact there are many parallels.

With this paper, I am providing a summary of the other papers that cover prevention, vaccination, and early-stage treatment. Please see the separate paper on Covid long haulers that I am concurrently publishing. I've received so much positive feedback about the papers so the summary should make it easy as this puts all of the relevant information in one paper.

Prevention

I recommend the following minimum approach to strengthening your immune system.

1. **Vitamin D.** Ensure your vitamin D level is optimized (50-80). Multiple studies have shown a correlation between suboptimal Vitamin D levels and severe COVID. Mainly, this means ensuring that you are taking your prescribed Vitamin D on a daily or weekly basis depending on which regimen you are on.



2. **Zinc.** I continue to recommend zinc supplementation in the amount of 25 mg daily. This was in one of my earlier recommendations and it continues to be a viable adjunct to strengthening the immune system. Remember that zinc specifically blocks viral replication even of corona viruses.
3. **Quercetin.** Quercetin is a nutraceutical product with anti-inflammatory and anti-histamine properties, so it is clinically useful in treating allergies, mast cell activation disorder and a host of other illnesses. But studies also show that Quercetin inhibits replication and reduces viral load of coronaviruses specifically. Here is a key study reference <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4808895/>
4. **Ivermectin.** Especially for high-risk patients, prophylactic Ivermectin has been shown in small studies to prevent severe COVID. Ivermectin is a medication that many of you have been prescribed if you have had parasites. It is a safe medication and again has been shown to prevent COVID and to reduce severity in cases where the patient already has COVID. Here is link to a key study reference: <https://covid19criticalcare.com/wp-content/uploads/2020/10/FLCCC-IVERMECTIN-Summary.pdf>

Vaccination

Please read the entire article here: https://proactivwellnesscenters.com/wp-content/uploads/2021/03/Proactive_Wellness-DrLawson-latest_thinking_about_COVID_19_Vaccinations.pdf

For the recommendations summary, read below:

1. **If you are under 16, there are no approved vaccines for you.** The Moderna vaccine is approved for 18 or over and the Pfizer is approved for 16 or over. Both promise to have vaccines later in the year for the younger groups.
2. If you are on the “**front line**” (first responders, restaurant workers, health care workers, others in frequent and direct contact with the public) in your occupation, **I would highly recommend the vaccine** unless you are in the group of persons who should not get the vaccine (point 6 below)
3. If you are over 75, or between 60 and 75 and have one or more of the reported comorbidity conditions (see CDC Comorbidities below), **I again highly recommend the vaccine** unless you are in a group that should not get the vaccine (point 6 below).
4. Healthy individuals between 18 and 60 years without significant comorbidities. Many of you fit into this group and I have thought long and hard about what to recommend. After considering everything known and some of what is unknown, **I recommend that you consider the vaccine both for your own protection and for the overall “greater good”.**

Consider that many of you have family or friends that have been severely impacted by COVID-19. Further, if this broad group doesn't get vaccinated, it will be difficult to achieve herd immunity needed to end the pandemic and that means that many of the elderly and high-risk persons that are a part of your life will continue to be at risk. Again, the recommendation is still subject to each of your own personal beliefs and

unique health situations not covered in this letter. **However, the point is that you need to think about your loved ones, and not just what is best for you personally.**

5. **Female patients who are pregnant or considering a near-term pregnancy.** Since pregnant women were excluded from the initial placebo-controlled studies, the CDC says there are not sufficient data to make any recommendations for women considering near-term pregnancies. However, the CDC does say that based on the available data that pregnant women are at increased risk for severe COVID. Accordingly, females that are considering pregnancy are best advised to hold on the pregnancy until more data is available. If you are committed to the near-term pregnancy, then shelter in to avoid exposure and postpone taking the vaccine until more data is available to make an informed choice. **With no data on the impact of the vaccine on an active pregnancy, it is hard to recommend getting a vaccine.** If you are already pregnant, you should again consider all of the other risk factors mentioned in making an informed decision. Studies are underway and perhaps in a few months, the answer will be more clear.
6. **Patients who should NOT get the vaccine.**
 - a. **Patients that are allergic to any of the listed ingredients.** I know, most people have no idea if they are allergic to the mentioned ingredients, but this is the only absolute exclusion case.
 - b. Patients with a history of anaphylactic reactions should only take the vaccine if recommendation #2 (front line worker) or #3 (high risk by age/comorbidity) above applies due to the probability of a severe reaction. **If you do decide to take it, be sure that your EPI-PEN is not expired and keep it on your person when you go to get the vaccine.** Further, it is highly recommended that you only get vaccinated at sites that have EPI-PEN and other life-saving equipment available such as hospitals.
 - c. Patients that have been diagnosed and not yet fully treated for Mast Cell Activation Disorder (MCAD) should generally avoid the vaccine until their MCAD is well-managed. Mast Cell Activation Disorder (MCAD) is a disorder where components of the blood stream, namely mast cells, secrete various substances including histamine, interleukins, prostaglandins, cytokines, chemokines, and heparin, which can be then involved in an aggressive allergic reaction or significant inflammatory response. MCAD patients frequently have extreme reactions to chemicals, perfumes, many other environment substances.

MCAD patients with significant comorbidity factors that make the risk too great to not get it right away should consult specifically with Dr. Lawson. It should be noted that patients appearing for the studies with symptoms of MCAD were excluded from the study, hence there is no evidence to indicate that it is safe for patients with MCAD. Scientifically, there are many areas of concern for a patient with MCAD being given the vaccine. If a person with MCAD does elect to get a vaccine, it is highly recommended that this person only get vaccinated at sites that have EPI-PEN and other life-saving equipment available such as hospitals.

- d. Patients with a prior COVID-19 positive diagnosis should not get the vaccine for at least 90 days after the positive test.
 - e. Patients who received convalescent plasma or one of the available commercial antibody treatments should wait for 90 days from cessation of treatment prior to getting the vaccine
7. **CIRS (Chronic Inflammatory Response Syndrome/Mold Illness) patients.** Once again, there is not a singular answer. CIRS patients should consider which categories are applicable from the above list and make their decisions accordingly. It is true that your immune system is weakened and as such, there are reasons why you should get the vaccine as well as reasons why you should not get one. On the pro-vaccine side, it is my opinion that CIRS is another unlisted comorbidity factor that increases risk of severe COVID. On the anti-vaccine side, many of you also have mild or more significant cases of MCAD and this would be a reason to consider NOT for getting the vaccine, at least until your MCAD is well-managed.

I recognize that this isn't as straight-forward as some would like, but under the circumstances the decision is not straight-forward for any patient. Patients have to consider the totality of their own situation, exposure risks, risks to elderly that live with them or close to them, the impact of the pandemic itself, economics and many other factors. I do hope that this paper has given you a framework for an informed decision.

Early Treatment after positive Covid-19 test

Here, one needs to determine quickly if your case is likely to lead to severe covid or not or if you are at high risk for severe covid based on the known comorbidities which include chronic kidney disease, COPD, Obesity (BMI 30 or above), Immunocompromised status, serious heart or cardiovascular conditions, sickle cell disease and type 2 diabetes. If you have one of these conditions, then it is my recommendation that you aggressively treat and monitor under the management of a physician that is familiar with the early interventions. Below is a summary of early interventions that I am comfortable implementing for my patients.

1. **Vitamin D.** Take 50,000 IU for 3 consecutive days
2. **Zinc.** Take 25 mg daily
3. **Vitamin C.** Take 4000 – 6000 mg per day in 3 doses (bowel tolerance dose)
4. **Quercetin,** take 1000 mg for 3 days, then reduce to 500 mg
5. **Melatonin.** Take 6-12 mg nightly
6. **Thymosin Apha 1.** Take as directed by physician.
7. **If high risk,** add **Ivermectin** as directed by the physician.
<https://covid19criticalcare.com/wp-content/uploads/2020/10/FLCCC-IVERMECTIN-Summary.pdf>
8. **If high risk,** consider **monoclonal antibody** (mAb) treatment. Studies have consistently shown that mAb treatment prevents severe covid in a high percentage of the cases.
https://combatcovid.hhs.gov/i-have-covid-19-now/monoclonal-antibodies-high-risk-covid-19-positive-patients?gclid=CjwKCAiAp4KCBhB6EiwAxRxbpOul52PgJyEq3JD-TxQPfbJoPMUzvl3zFjrx1p3U5Vj3fmuLZA9JIBoCzzYQAvD_BwE

Treating Covid Long Haulers (CLH) symptoms

Diagnosing and treating CLH is much like treating other chronic diseases. Not everyone will have the same presentation and the same root causes but there are some common threads. Here is the short version of our CLH protocol.

Testing:

1. **Food Sensitivity Testing** is indicated to determine the extent to which eating foods that you are sensitive to is contributing to the immune dysregulation
2. **GPL-TOX** is indicated to determine the toxic burden on the body

Supplements. The core supplements are used in every case. The additional ones are needed based on indications and lab results.

Core: Vitamin D, Zinc, Vitamin C, CoQ10, NAC, lymphatic detox, biotoxin binder

Optional: GI resolve, Probiotic

Medications. These are used based on indications and lab results.

Ivermectin, Thymosin Alpha 1,