

DR. LAWSON'S LATEST THINKING ABOUT COVID-19, THE VACCINES AND THE NEW TREATMENTS

Effective 12-26-2021

As 2021 comes to a close, we have seen optimism and pessimism with regards to the end of the pandemic. Then the Omicron variant entered and ended that discussion. So, once again the pandemic is impacting our lives as various governmental organizations contemplate additional lockdowns, vaccine mandates, and potentially booster mandates. Yet despite data and treatment options being available, no one in the mainstream scientific/governmental community is talking about strengthening the immune system to provide a degree of protection to patients. This document represents my latest thoughts that patients can use to take action to protect their health.

VACCINE SIDE EFFECTS: MYOCARDITIS AND PERICARDITIS

In reviewing some of the most recent research, I have new advice for patients that have elected to get a vaccine (and haven't yet), as well as for those that are required to get a vaccine as a condition of employment. This advice is for men, regardless of age, and is related to the concerns about myocarditis and pericarditis, aka heart inflammation.

Note that new data from a retrospective study in France that has come forth indicates that the Pfizer vaccine has significantly lower cases of heart inflammation (myocarditis and pericarditis) than the Moderna vaccine. The same data shows that these cardiac adverse events are significantly more prevalent in men under 30 years of age. The scientists posture that hormones, particularly higher testosterone levels may be responsible for the increased cases of heart inflammation.

Since most men in this practice are optimizing their testosterone levels, it is my opinion that they are best to avoid the Moderna vaccine, just in case after more research, it is confirmed that higher levels of testosterone does in fact increase the risk of heart inflammation with the Moderna vaccine in particular. While we don't know for sure, I would still advise that men, regardless of age, avoid the Moderna vaccine when a choice is available and get the Pfizer vaccine instead if required or if by choice. From the data, the Moderna vaccine generated 13.3 cases per 100,000 of heart inflammation vs 2.7 cases per 100,000 for the Pfizer vaccine, an 80% reduction of the heart inflammation risk by getting the Pfizer vaccine.

The same data set does reflect that the Moderna vaccine has a lower breakthrough rate of 86 cases per 100,000 than the Pfizer vaccine at 135 per 100,000 vaccinations. However, this favorable point doesn't offset the higher probability of a significant adverse heart inflammation event in men. It does suggest that if given a choice, that females are better off with the Moderna vaccine given the lower breakthrough rate. Of course, most cases (70% of new cases) today are of the Omicron variant, and the

mainstream opinion is that the initial vaccines provide little protection against Omicron. Therefore, it seems that if you are seeking protection from the vaccine, a booster is indicated. Note that most cases of the heart inflammation resolve but not without visits to cardiologists, medications and limiting activities for several weeks to several months. Accordingly it is a non-trivial adverse event.

References:

<https://www.cNBC.com/2021/11/11/moderna-says-covid-vaccine-has-fewer-breakthrough-cases-than-pfizers.html>

<https://www.reuters.com/business/healthcare-pharmaceuticals/french-health-authority-advises-against-moderna-covid-19-vaccine-under-30s-2021-11-09/>

VACCINE SIDE EFFECTS: SPIKE PROTEIN

Many patients that have received the mRNA form of the COVID 19 vaccine have reported side effects beyond the expected injection site pain from the Pfizer and Moderna mRNA medications. These side effects range from moderate to severe. The predominant scientific opinion is that the side effects are largely due to the spike protein component of the vaccine. The virus spike protein has been linked to adverse effects, such as: blood clots, brain fog, organizing pneumonia, and myocarditis. It is probably responsible for many of the Covid-19 vaccination side effects. Even if you have not had any symptoms, or experienced adverse side effects after a jab, there may still be lingering spike proteins inside your body that is wreaking havoc on your body.

Accordingly, after reviewing some of the available research, we have begun offering a detoxification support protocol that should help the patient's body detoxify from the spike protein component of the vaccine.

The protocol should be used in its entirety for symptomatic patients. Asymptomatic patients should adopt components of the protocol as they feel will best help them. However, at a minimum, I would recommend the Vitamin C, Tudca and Zinc since the zinc also helps prevent viral replication if you do contract a breakthrough case of COVID.

- **Vitamin C.** Antioxidant. Oral dose of 1000 – 1500 mg twice per day to bowel tolerance if that happens sooner than 2000 mg. **For local patients, High Dose C IVs weekly with glutathione for 4 weeks is the best option.**
- **Tudca or NAC.** Neutralizes the spike protein. 1 Capsule twice daily.
- **Quercetin.** Inhibits the spike protein from damaging cells. 500 mg daily.
- **Zinc.** Inhibits the spike protein from damaging cells and has the additional benefit of preventing viral replication in case the patient contracts COVID 19. 25 mg daily or more if a copper blend.
- **Infrared sauna** promotes detoxification
- **Intermittent fasting** 16:8 is helpful for autophagy, which helps with detoxification at the cellular level. 16:8 intermittent fasting means to avoid eating for 16 straight hours and eat only in an 8-hour window. For example, consider fasting between 8:00 PM and 12:00 Noon the next day and eating only between 12:00 Noon and 8:00 PM.

PREVENTION OF SEVERE COVID-19

Now that it is well established that the breakthrough cases are well above the initially projected 5%, it is important that even patients that are fully vaccinated continue to implement the recommended COVID-19 Prevention Protocol that I implemented last year. The protocol is provided again for completeness in this document. Here is a data point that I would like to share. *Of the approximately 600 patients that are presently under care at Proactive Wellness Centers, we have had less than a handful of moderate cases that required hospitalization, and have had no severe cases requiring mechanical ventilation.*

- **Vitamin D.** Ensure your vitamin D level is optimized (60-80). 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.
- **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.
- **Quercetin.** Quercetin is a nutraceutical product with anti-inflammatory and anti-histamine properties, and 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 corona viruses specifically. Here are references to a study. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4808895/>
- **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, so it is a safe medication and has been shown to prevent COVID infections and to reduce severity in cases where the patient already has COVID. Here is link to the study references: <https://covid19criticalcare.com/wp-content/uploads/2020/10/FLCCC-IVERMECTIN-Summary.pdf>

TREATMENT IN CASE OF POSITIVE COVID TEST

A patient 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 seek aggressively treatment and monitoring 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. The first 4 should be started without regard to symptoms

- **Vitamin D.** Take 50,000 IU for 3 consecutive days, then 50,000 IU weekly
- **Zinc.** Take 25 mg daily
- **Vitamin C.** Take 4000 – 6000 mg per day in 3 doses (bowel tolerance dose)
- **Quercetin,** take 1000 mg for 3 days, then reduce to 500 mg
- **If high risk,** add **Ivermectin** as directed by the physician. <https://covid19criticalcare.com/wp-content/uploads/2020/10/FLCCC-IVERMECTIN-Summary.pdf>
- **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://bit.ly/3pvGXR2>

It should be noted that there are three different Monoclonal Antibody treatments available. According to the latest scientific data, only the GlaxoSmithKline's Vir (sotrovimab) is effective against the Omicron variant. The problem here is that Omicron is now 73% of all new cases, but unless your sample was selected for additional processing, the variant isn't disclosed in a routine PCR test. Based on these data, patients seeking Monoclonal antibody treatment should seek and select a location that offers the GlaxoSmithKline's Vir (sotrovimab) since it is the only one that works on all of the variants that are currently in circulation. <https://www.msn.com/en-us/health/medical/most-mono-clonal-antibody-treatments-dont-work-against-omicron/ar-AAS8LBv?ocid=uxbndlbing>

- **If high risk**, one can also consider one of the new COVID-19 oral tablets that has recently received Emergency Use Authorization by the FDA for COVID-19 positive cases with high risk to proceed to severe COVID. PAXLOVID™ by Pfizer is the first oral treatment of this nature, but there are others in the near-term pipeline. The treatment is authorized ONLY for patients with severe COVID-19 risk factors such as obesity, lung conditions, hypertension, diabetes and others. According to the Pfizer data submitted to the FDA, Paxlovid prevented progression to severe COVID in 89% of the cases in the trial. It is not known at this time how these requirements for “high-risk” conditions will be vetted or when these treatments will actually be available for prescribing. Further, some physicians and scientists have already expressed significant concerns about potential drug to drug interactions with Paxlovid since it is known to have severe interactions with many commonly used drugs. We will continue to monitor these developments and share more as we learn more.

I hope that this information is helpful and timely as we continue to navigate this pandemic together.

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