

Treating Long-Haul Syndrome

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Story at-a-glance

- Long-haul syndrome refers to symptoms that persist for four or more weeks after an initial COVID-19 infection
- A board-certified internist and cardiologist and editor of two medical journals Dr. Peter McCullough discusses potential treatments for long-haul syndrome
- McCullough uses full-dose aspirin – 325 milligrams a day – in almost everyone with long COVID syndrome who doesn't have a major blood clot, in addition to other medications
- A better alternative to aspirin is digestive fibrinolytic enzymes like lumbrokinase and serrapeptase; anyone who had COVID-19, especially with significant symptoms, should consider taking digestive fibrinolytic enzymes to be sure you don't have any clotting
- An alternative to determine if clotting is occurring is a test called D-dimer, although it can be pricey
- FLCCC's I-RECOVER protocol can be downloaded in full, giving you step-by-step instructions on how to treat long-haul COVID syndrome and/or reactions from COVID-19 injections

Long COVID, also known as long-haul COVID, chronic COVID or long-haul syndrome, refers to symptoms that persist for four or more weeks after initial COVID-19 infection.¹ Board-certified internist and cardiologist Dr. Peter McCullough discusses potential treatments for long-haul COVID in the video above,² including which tests may be necessary and when to seek emergency medical care.

Many of the symptoms can also mirror those caused by COVID-19 shots, and McCullough details the four categories of COVID-19 shot-injury syndromes that he's seen in his practice. While anyone can experience long COVID, those who are sick enough to be hospitalized in the ICU are most often affected.

According to McCullough, 50% of this group will have manifestations of long COVID syndrome. "So the sicker someone is, and the longer the duration of COVID, the more likely they are to have long COVID syndrome. That's the reason why we like early treatment. We shorten the duration of symptoms and there's less of a chance for long COVID syndrome."³

Common Symptoms of Long COVID

Signs and symptoms of long COVID, which persist for four weeks or more after you've been diagnosed with COVID-19, include:⁴

Fatigue	Shortness of breath or difficulty breathing
Cough	Joint pain
Chest pain	Memory, concentration, or sleep problems
Muscle pain or headache	Fast or pounding heartbeat
Loss of smell or taste	Depression or anxiety
Fever	Dizziness when you stand
Worsened symptoms after physical or mental activities	

These symptoms are a result of damage to the following body systems:⁵

- Pulmonary/lungs
- Immune/allergy
- Mitochondria/energy system

- Heart
- Central/Peripheral nervous system

According to McCullough, a paper presented by Dr. Bruce Patterson at the International COVID Summit in Rome, September 12 to 14, 2021, showed that in “individuals who’ve had significant COVID illness, 15 months later the s1 segment of the spike protein is recoverable from human monocytes.” He added:⁶

“That means the body literally has been sprayed with the virus and it spends 15 months, in a sense, trying to clean out the spike protein from our tissues. No wonder people have long COVID syndrome.”

Be on the Lookout for Blood Clots for 90 Days

If you’ve had COVID-19, especially if it was a severe case, be aware that blood clots and heart problems, including heart attack, can occur for 90 days or more. It’s believed that remnants of the virus remain in the nervous system, the lungs, the heart, and other organs.

If the symptoms include major shortness of breath, cough with blood in it, or pain on one side when you take a deep breath, it could be due to a late pulmonary embolism or a blood clot going to the lungs. “We’ve seen this on more than one occasion,” McCullough said.⁷

In this case, McCullough recommends a chest CT with contrast and, if a blood clot is found, oral blood thinners for three to six months. McCullough also uses full-dose aspirin – 325 milligrams a day – in almost everyone with long COVID syndrome who doesn’t have a major blood clot, in addition to other medications.

However, a safer and likely equally effective alternative to aspirin is digestive fibrinolytic enzymes like lumbrokinase and serrapeptase. You can alternate between the two enzymes – one day take lumbrokinase and the next take serrapeptase – because you’ll need to be on it for about three months and you can develop a sensitivity to them over time.

Anyone who had COVID-19, especially with significant symptoms, should consider taking digestive fibrinolytic enzymes to be sure you don’t have any clotting. An alternative to determine if clotting is occurring is a test called D-dimer, although it can be pricey. D-dimer is a protein fragment produced by the body when a blood clot dissolves.

It’s typically undetectable or present only at very low levels, but its level may significantly rise when the body is forming and breaking down blood clots.⁸ If your d-dimer test is low, then you don’t need to take the enzymes. Likewise, if you had a very mild, cold-like case, of COVID-19, you probably don’t need them.

Aside from a CT scan to rule out pulmonary embolism if you’re having symptoms and possibly a D-dimer test, McCullough suggests a high-sensitivity C-reactive protein (CRP) test, which provides a general index of inflammation. Keep in mind, though, as McCullough said:

“This pursuit of a blood clot is very important. I’ve seen multiple cases now where blood clots have been missed ... this is now almost a daily occurrence, particularly within the first 90 days after COVID-19. I think after that period of time it becomes progressively less likely.”

Heart Problems and Neurological

Issues Are Common

Inflammation around the lining of the heart – pericarditis – and the lining of the lungs – pleuritis – may also occur in long COVID. “The virus can set up inflammation and the spike protein is in the body, it’s triggered inflammation and, importantly, that’s really a clinical diagnosis,” McCullough said.⁹ He prescribes steroids and colchicine, an anti-inflammatory drug commonly used for gout to reduce high uric acid, in such cases.

There’s a real risk for heart attack or stroke to occur without warning in long COVID, so McCullough warns those recovering to “be on your guard,” especially if you have a heart stent or carotid stenosis.

Neurologic syndromes in long COVID also occur, although they aren’t well described. Symptoms include joint and muscle pain, headaches, brain fog, and tinnitus (ringing in the ears). Some people also have changes in the autonomic nervous system, such as elevated heart rate, and sensory neuropathies, including numbness and weakness in the legs.

McCullough’s host in the video, Dr. Al Johnson, recommends using a foam roller on your back, three to five times a day, to relax your nervous system, as well as to relieve rib pain from all the coughing. McCullough has had some success treating neurologic symptoms with an older SSRI called fluvoxamine.

Supplements That Play a Role in Long COVID Syndrome

Dr. Johnson recommends several supplements to support healing from long COVID. Among them:

- Vitamin C, because it helps calm down inflammation

- Vitamin D, for both prevention and long haulers
- Glutathione, because it helps calm down inflammatory processes
- N-acetylcysteine (NAC), a precursor to glutathione

McCullough, an enlightened allopathic physician, recognizes the role that dietary and integrative therapies play in helping people recover from long COVID:¹⁰

“As an allopathic doctor, I’m not skilled in understanding how to use vitamins and supplements like our integrative, holistic and naturopathic colleagues, but they’ve played a big role in COVID-19. I’ll just make the observation that COVID-19 is an enormous catabolic strain ... the weight loss is tremendous.

It is such a strain on the body ... we want to avoid sugary foods. When someone has acute COVID-19 and moves into the long COVID, post-COVID syndrome, we want to stay away from sugary foods ... the sugar seems to feed the virus. It seems to feed inflammatory processes.”

McCullough has also referred some patients to chiropractors in his area, noting that “long COVID syndrome, out of all the illnesses we face, is one for collaborative care, for integrative care. There’s a lot of elements to it.”¹¹ Likewise, Johnson suggests a combination of physical therapy and exercise – but not overexercising – to get back the normal function of your musculoskeletal system.

Support a Healthy Microbiome

Research by Dr. Sabine Hazan has shown that your microbiome plays an incredible role in COVID-19.¹² According to McCullough, she’s figured out that one reason why certain people within the same household don’t develop COVID-19 while

others do comes down to the gut. A healthy microbiome score is protective against developing COVID-19. Bifidobacterium, McCullough notes, is among the leading bacteria that appear to fight off COVID-19.¹³

“COVID-19 is clearly a GI syndrome,” he said. SARS-CoV-2 collects in your nose and mouth, and as you swallow it’s introduced to your GI tract. According to Forbes, Li Tongzeng, deputy director of the respiratory and infectious diseases department at Beijing You An Hospital, cited research that SARS-CoV-2 survives longer in the anus and feces than in the respiratory tract.

Due to this, an anal swab may be able to more accurately detect mild or asymptomatic cases than a nose or throat test.¹⁴

Staying away from irritants to the GI tract is important, and Johnson recommends eating a clean diet with organic food and glass-bottled spring water, if possible. Eating fermented foods, or taking a high-quality probiotic, is also essential for gut health, as is avoiding unnecessary antibiotics usage and processed foods.

Chronic Fatigue and Sleep Disturbances

Chronic fatigue is a major problem for many with long-haul COVID, and for this Johnson recommends hyperbaric oxygen therapy (HBOT). One of the reasons I’m fascinated by HBOT, in particular, is its ability to improve mitochondrial function.¹⁵ As Johnson explained, “Toxins affect the mitochondria ... the little engines in our body that create ATP, which is our energy system.”¹⁶

HBOT protects against mitochondrial dysfunction,¹⁷ speeding up the mitochondria and ATP production, which helps increase

energy while decreasing brain fog and fatigue. Further, Johnson added, it helps heal body tissues like your lungs, heart, and muscles while decreasing inflammation and lessening symptoms.

If sleep disturbances are an issue – and they often are for long haulers – McCullough recommends avoiding alcohol for at least a month, as “just one drink in 28 days will destroy sleep architecture.” The Front Line COVID-19 Critical Care Working Group (FLCCC) has a management protocol – I-RECOVER¹⁸ – for long haul COVID-19 syndrome that includes melatonin, which can also help with sleep disturbances.

Shot-Induced Myocarditis Is Worse Than COVID's

McCullough detailed the non-fatal syndromes that are occurring after COVID-19 shots, which cause symptoms similar to that of long COVID in many cases. The shot-induced syndromes fall into four areas, the first being cardiac.

Myocarditis is a recognized effect of both COVID-19 and COVID-19 shots, but they're completely different, McCullough said. “A child is more likely to be hospitalized with myocarditis after a Pfizer or Moderna [shot] than actually being hospitalized with COVID-19,” he said. Further:¹⁹

“The myocarditis in COVID-19 is mild. It's inconsequential. I don't want anyone to think that the myocarditis we're seeing with the natural infection is anything like what we're seeing with the [shots] ... there are studies suggesting the lipid nanoparticles actually go right into the heart, the heart expresses the spike protein, the body attacks the heart.

There are dramatic EKG changes. The troponin, the blood test for heart injury with the vaccine myocarditis, is 10 to 100

volts higher than the troponin we see with the natural infection. It's a totally different syndrome. When the kids get myocarditis after the vaccine, 90% have to be hospitalized ... so vaccine-induced myocarditis is a big deal, and in children it's way more serious and more prominent than a post-COVID myocarditis."

In addition to myocarditis, atrial fibrillation in young people and pericarditis can also occur post-COVID-19 shot. The second category of shot-induced syndromes is neurologic, which causes neurological symptoms similar to those among COVID-19 long haulers, as well as additional, more serious, effects. This includes Guillain-Barré syndrome, which can be fatal, bell's palsy, seizures, persistent headaches, and blood clots in the brain.

The third category is immunologic, which includes suppression of lymphocyte count and reactivation of other viral syndromes, including Epstein-Barr virus and shingles. The fourth category – hematologic – occurs about two weeks after the shot and describes vaccine-induced thrombocytopenic purpura.

Signs include bruising all over the body, bleeding from the gums and nose, and dark urine. If you notice these signs in the weeks after receiving a COVID-19 injection, get to a hospital immediately.

"What happens," McCullough says, "is the [shot] tricks the body and gives an excessive antigenic presentation of platelets to the spleen, the spleen produces an antibody that actually pins platelets against blood vessel walls ... and that's what drives vaccine-induced thrombocytopenic purpura."

For those suffering from these shot-induced syndromes, FLCCC's I-RECOVER²⁰ protocol for long-haul COVID syndrome has been used to treat shot-induced symptoms with similar success. The protocol can be downloaded in full,²¹ giving you step-by-step

instructions on how to treat long-haul COVID syndrome and/or reactions from COVID-19 injections.

Sources and References

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