



OCTOBER-NOVEMBER 2020

A warm welcome to the Millhouse Community and other readers

Covid-19 has created uncertain times. A few returning travelers have tested negative during the quarantine, then later showed positive while in the community. There has been much uncertainty for business, and devastation for some, despite the cushioning of government wage subsidies. Unemployment may reach 10% of the national workforce. The real estate market has become ambiguous, with the home ownership to which many aspire being complicated by the return of cash-rich New Zealanders wanting to buy. There is great uncertainty as to the likely development of an effective vaccine that would allow us to resume carefree Kiwi living.



Until that does happen, we must be vigilant, especially those of us with serious maladies, by keeping social distance, using masks in crowded public places such as buses, trains and planes, always performing hand hygiene, and remembering to use the QR code tracing app. Sadly, many appear to be out of that habit already.

This is (hopefully) my last newsletter on Covid-19. In the earlier blogs and newsletters, I outlined a strategy, *which the health authorities have not yet promoted*, to strengthen the immune system and survive a Covid-19 illness.

In this letter I briefly discuss four countries with differing responses to Covid-19, then outline the viral progression of disease and comment on self-interventions that will assist in modifying the severity of a Covid Infection.

MILLHOUSE NEWS

COVID SWABS The Botany Community Testing Station is now closed but our nurses, in protective PPE gear, continue to take COVID swabs at 130 Millhouse. Please ring for an appointment if you have any respiratory symptoms; Reception will give you a booking time and you can park in the 130M carpark. Stay in your car when you arrive, ring Reception and a nurse will come and take the swab while you remain in the car.

VIRTUAL CONSULTATIONS We are doing video consultations online through doxy.me, a secure telemedicine website. This option can be requested through Reception at the time of booking an appointment. Near to the appointment time, Reception will send an email with the video-link address for **doxy.me**, where you can log on ready for your virtual doctor consultation.

MANAGEMYHEALTH PATIENT PORTAL & BLOOD TEST RESULTS Last year when we changed the practice management system to Evolution, we also adopted the ManageMyHealth patient portal, so you would have access to all investigation results requested by your doctor (and by other specialists if a copy of the result was sent to Millhouse). Remember to obtain an activation code from Reception so you can view the results online. **We will inform you if there are concerns**, by phone if immediate action is required, or by email or facsimile.



REPEAT LONG-TERM PRESCRIPTIONS Rather than using the Millhouse website form or ringing Reception, our preference now is that you use the ManageMyHealth portal, as that way the script request goes directly to your doctor. This avoids delays and the time needed for Reception and Nurses to process your request.

REMEMBER DR AVANI to whom I introduced you recently, who is an experienced practitioner with a special interest in women's and children's health and complex medical disorders. Using a holistic approach that focuses on the root cause of illness, genetic predispositions, triggers, environmental factors, lifestyle and social influences, Dr Avani will guide you into possibilities to improve your health. Dr Avani consults each Wednesday afternoon at 128 Millhouse.

COVID-19

Occasionally I visit the [Worldometer website](https://www.worldometer.info/) and view the Covid incidence of countries that interest me.

Taiwan, population 23.8 million, had at the start of Covid more than a million citizens working in China, the epicenter of the disease. Taiwan now leads the world in how to tackle a world-wide pandemic infection.

19 October 2020	Total cases	Cases / million	Total Deaths	Deaths/million
TAIWAN	540	23	7	0.3
NEW ZEALAND	1886	377	25	5
SWEDEN	103,200	10,200	5918	585
USA	8,388,312	25,297	224,732	678

Admittedly, Taiwan was forewarned with the SARS pandemic in 2004, and developed a National Command Centre that acted promptly at the first hint of Covid in December 2019. Immediately all returning passengers from China were checked at the border and soon after, contrary to WHO advice, flights coming from Wuhan were blocked. A [Kiwi living in Taiwan](#) reports the country did not go into full lockdown, work continued, and the economy remained open but at a slower pace. From February onwards temperature checks and hand sanitizers were available at every school, restaurant, workplace, and public space. Wearing a mask and social distancing were enforced and masks were cheaply available at all pharmacies. Night clubs and events of more than 50 were prohibited. GPS phone tracking identified those at risk and any breaking quarantine rules. The National Health Card enabled doctors and health officials to easily contact those at greatest risk.

By contrast, the **United States of America** is a disaster in Covid management. The pandemic magnified the tensions that exist in the world's third-biggest country: the increasing divide between the rich and poor, and the volatile racial situation, not forgetting the fires and hurricanes that devastated the environment and shattered lives. In this foremost nation of IT and medical innovation, Covid-19 abruptly exposed the inadequacies and disorganisation of services and supplies at all levels of government from the President down.



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Sweden allowed work and daily living to continue with no restrictions. There was no wearing of masks, but they did encourage social distancing and limit large gatherings. However, their experience has been one of great cost especially to the elderly, who make up 45% of the deaths. A [sobering article](#) in the 8 October NY Times suggested that decades of down-grading and privatisation of the healthcare services, with poorly-trained part-time and temporary workers, may have contributed to nursing home residents being at much of higher risk of death.

New Zealand had to learn fast. We did not have a pandemic Command and Control Centre and were slow off the mark in border quarantine control, but this improved when Army personnel were mobilised. Our trace and track system lacked the sophistication available with GPS digital technology, confusing mixed messages were given regarding Covid testing, and distribution issues with personal protective clothing were experienced. Despite the glitches, the government has performed well, which I'm sure is translated in the election result. I believe under Alert Level One masks should still be worn on buses, trains and planes, the crowded situations, to prevent possible viral spread. However I do not see Covid being a serious threat until next autumn when we move towards winter.

COVID DISEASE PROGRESSION

The Covid-19 story began in Wuhan, China in December 2019, with a cluster of lung infections, thought to be an influenza-like viral pneumonia. Over ensuing weeks, it spread rapidly throughout the Hubei Province, and was soon taken by travelers across the world. Three months later, on March 11, the WHO declared COVID-19 a pandemic and since that time we have learnt much more about this virus and how best to treat it.

For 80% of the population Covid causes no or few symptoms but for the elderly and sufferers of chronic illness, it may be a deadly disease.

Significant Covid infection presents like a severe case of influenza. It begins with a **Viral phase**: Symptoms appear, usually within 5-6 days of contact, but can be 14 days, and commonly include fever, dry cough and shortness of breath. Sore throat, muscle aches, tiredness, loss of taste, nausea/vomiting and diarrhea may also occur.

Within a month of the pandemic's onset, Chinese researchers realised the lung disease that occurs in 15% of infected patients is more complex than a simple pneumonia (lung infection), with an overreacting immune system releasing a flood of inflammatory small proteins, cytokines and other molecules, that causes the **Cytokine storm phase**. Doctors worldwide then noticed that the seriously-ill (5% of infected patients) were experiencing the **Coagulation phase** with rampant release of micro- and macrovascular clots in the deep veins of the legs, lungs, heart, brain, and kidneys. Some experienced multi-organ failure.

More recent evidence suggests there is a late resurgence of inflammation, **late hyperinflammatory phase**, that also affects the veins and arteries, presenting as 'Covid toes', like chilblains, and skin rashes. The disease is most lethal when viral replication has ended but fragments remain, hidden from immune surveillance. It is not uncommon for those who have recovered from the acute illness to have ongoing symptoms, particular fatigue and shortness of breath.

COVID TREATMENT

The hallmark of treatment is support. There are no effective antiviral drugs. More than 75% admitted to hospital require oxygen and a few require ventilation. Anti-inflammatory steroids (hydrocortisone, methylprednisolone or dexamethasone) and blood thinning (heparin) therapy assist in quelling the cytokine and coagulation phases, and antibiotics are added to stop bacterial infection developing.

IF YOU GET COVID-19

Take Vitamin D 100,000iu initially (50,000capx2) then 5000iu daily. Two recent small randomised studies, one in an [Italian hospital](#) and the other in [French residential care](#), showed greater survival in those taking vitamin D.

Take Zinc daily (Zincaps 50mg 1-2 daily, or less if you suffer gut side effects). [Spanish researchers](#) have shown that zinc-deficient Covid patients have greater complications, need more intensive care and remain longer in hospital.

Take Vitamin C (1-2gm every few hours, can increase till bowel symptoms eventuate).

For more information on the use of intravenous Vitamin C for acute Covid infection visit <http://bit.ly/VitCclinical>.

In the April 2019 newsletter I highlighted how critically-ill sepsis patients had improved outcomes using intravenous Vitamin C (IVC) in intensive care. Dr Paul Marik and his team at Eastern Virginia Medical School have since demonstrated similar success in treating seriously-ill Covid patients using Methylprednisolone, Ascorbic acid (IVC), Thiamine(B1) and Heparin – the MATH+ protocol.

To learn more about protocols: <http://bit.ly/VitCclinical>

Yours in good health

Richard J Coleman

Phases of Covid-19

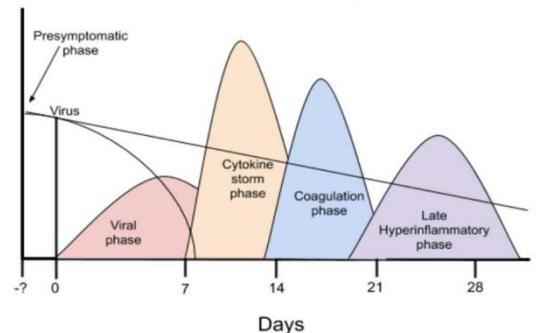


DIAGRAM - DR. DANIEL GRIFFIN, COLUMBIA UNIVERSITY
JULY 17, 2020

Nutrients for Acute Infection

Vit D 100,000iu then 5000iu daily

Zinc 50-100mg daily

Vit C 1-2 gm every 2-3 hours

Increase

Quercetin, NAC & Melatonin

Protective Nutrients

For Covid & Influenza Prevention

Vitamin C 1gm x3 daily

Vitamin D 2000 - 5000iu daily

Zinc 20mg daily

Magnesium 400mg daily

Selenium 100microgms daily

Melatonin 2-4mg night

Quercetin up to 500mg daily

N-Acetylcysteine (NAC) 600mg daily

[References on request](#)