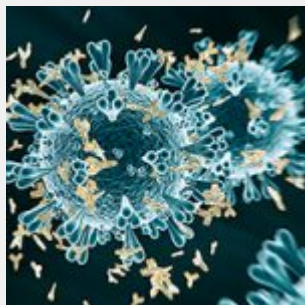


The latest on COVID-19: From antibodies to zinc, and everything in between



Is it a “Plandemic”? Spreading more rapidly than the virus itself, and threatening to inflame your limbic system and deprive you all your critical faculties, is a slick video featuring researcher Dr. Judy Mikovits. She outlines a wide-ranging conspiracy to infect people with a manufactured virus to juice vaccine profits. She points to a cabal of profiteers—including Tony Fauci—who have gone so far as to discredit her, and even imprison her without pretext, for threatening their sinecures.

She states: “If you’ve ever had the flu vaccine, you were injected with coronaviruses.”

The *YouTube* video has generated millions of hits and is exploding on social media. Ill-conceived efforts to suppress it have only amplified its appeal; *ipso facto*, if it’s so bogus, how come the powers-that-be are so intent on burying it?

In addition to the preposterousness of its lurid and outlandish claims, there are reasons to be skeptical. Dr. Mikovits has a troubled record. She has long asserted that a mouse virus was inadvertently—or maybe deliberately—transmitted to vaccine recipients. That, she claims, has been responsible for, among other things, the current epidemic of autism.

In 2009 she advanced the astonishing claim that she had discovered and isolated the viral agent responsible for Chronic Fatigue Syndrome—XMRV. This ended in a fiasco. The work was found to be shoddy, possibly a result of data manipulation or contamination. Her results could not be replicated, and her papers were retracted by the journal *Science*.

Then, Dr. Mikovits got in a snit with the lab she was working with, and after they terminated her, she was arrested for appropriating (stealing?) materials from her former employer. She spent 5 days in jail and was subsequently released and charges dropped.

She is not a trusted source. But it’s a telling illustration of how far distrust of conventional medicine, government, and in particular vaccine science has permeated the public consciousness. And for good reason. We have been burned so many times by rosy claims of scientific breakthroughs that turn out to be worthless or even harmful—often while enriching BigPharma.

Responsible people in the integrative medicine community have now unanimously concluded that Dr. Mikovits’ claims are unfounded and self-serving; worse yet, her

fabrications delegitimize the valid critiques we offer about mainstream medicine's obsession with pricey, high-tech magic bullets for conditions requiring more nuanced, holistic responses.

But like a resilient virus, "Plandemic" will be hard to kill and it will continue to spread. When I've pointed out its falsehoods on social media, I've been reviled as a sellout and unfriended. Only facts will help immunize us to its grip. But some people have already been irreversibly infected.

Immunity Passports? Some plans for relaxing the lockdown envision "phased reentry"—enabling younger individuals without "comorbidities" to emerge from sequestration with appropriate social distancing. But "at risk" persons will be urged to remain in isolation.

What constitutes a "low risk" individual is a source of debate. Antibody tests may reveal who has been exposed, and thus relatively immune; but there's still doubt as to the accuracy of some tests, and how to interpret them. And how long that immunity will last is another question.

Older individuals are more prone to serious COVID-19 infections, but what's the cutoff? Should it be 60, or 65, or 70? Should some allowance be made for ostensibly "healthy" seniors? And what should be the criteria? I'd hate to be banished to my apartment because I'm chronologically 67, but feel younger because I take no medications, do triathlons, and have a normal BMI.

And speaking of BMI, I couldn't help wincing the other day during my daily walk as I watched a decidedly overweight homeless woman munching a crust of pizza and swigging a bottle of Pepsi. I thought to myself, "She is sooo vulnerable, living on the streets, morbidly obese, exposed to the elements and the dirt, and she's doing herself in with poor dietary choices." But I checked my skinny privilege; wasn't I engaging in the worst sort of stereotyping about overweight, bordering on fat-shaming?

Yet, it's been proposed that people be stratified according to a sort of risk algorithm—in which age, obesity, hypertension, and diabetes figure prominently—to determine eligibility for emerging from lockdown.

Will one of the unintended consequences of the pandemic be a regime under which the overweight be advised to stay home along with the aged, while young, fit individuals are allowed to emerge from lockdown? Maybe stigmatizing individuals during a pandemic where lots of people are stress-eating and economizing by eating poor quality food isn't such a good idea. And it's sure to arouse a response from civil libertarians and "Fat Acceptance" advocates.

Germany recently withdrew plans for immunity passports based on antibody tests. Legislators opposed the measure because it would create "a two-class system, between the infected and non-infected".

To top it off, "at-risk" persons may be *compelled* to get whatever vaccine comes down the pike in coming months or years, while others skate. Given seniors' overall record of non-compliance with the battery of vaccines recommended for "vulnerable" over-60s (shingles, flu, pneumonia, whooping cough, etc.), this isn't likely to fly.

Vitamin D and Zinc—Been Sayin'! OK, now it's official—vitamin D and zinc are getting recognition for their potential to tame the severity of coronavirus infections.

In a study of 20 European countries, entitled "The role of vitamin D in the

prevention of coronavirus disease 2019 infection and mortality”, it was found that there was a direct correlation between vitamin D levels and the severity of COVID-19. Of note, levels were lowest in the southern countries like Spain and Italy, nations particularly hard hit by the pandemic.

75% of elderly patients in nursing homes in those countries had abysmal vitamin D levels, accounting for the high toll in those facilities. Paradoxically, residents of less sunny Nordic countries had the best levels of vitamin D. The study authors speculate that this may be due in part to the high intake of cod liver oil—a rich source of D—by Scandinavians. Indeed, northern European countries were less hard hit by the virus than their neighbors to the south.

On the zinc front, a new review states: “ . . . certain indications suggest that modulation of zinc status may be beneficial in COVID-19.”

The article points to zinc’s ability to tame inflammation, and that it “may decrease the activity of angiotensin-converting enzyme 2 (ACE2), known to be the receptor for SARS-CoV-2.”

The researchers also note that zinc deficiency is conspicuous in many of the comorbidities that are associated with worse prognosis of COVID-19: Aging, diabetes, immune deficiency, obesity, and cardiovascular disease.

Since zinc can be immunosuppressive at high doses, I suggest patients limit their intake to 50-80 mg of elemental zinc per day, preferably in the form of zinc gluconate or picolinate. Individual requirements may vary. Unfortunately, blood tests for zinc are not always reliable indicators of zinc status.