

PARTIAL TRANSCRIPT

Dr. Tina Peers from UK Discusses the Management of Long Haul Syndrome [And Mast Cell Activation Syndrome]

May 21, 2021

Drbeen Medical Lectures

Notes and partial transcription by Twila Brase, President and Co-founder, CCHF, Feb 12, 2022

<https://www.youtube.com/watch?v=NOKUDh3vHVU&list=PLqFVU9Pg5ISHq3GVIsnkguTXWEugKx-t7&index=3>

Dr. Peers has managed mast cell activation syndrome for years.

Trained as GP (general practice), consultant in contraception for 24 years, then in Nov 2020 started doing Covid.

Mast cell activation syndrome

Headaches, urticaria, IBS (irritable bowel syndrome).

Long Covid – all of the symptoms seem to resonate with mass cell activation. Immune system exacerbating pre-condition of MCAS or causing it in them.

PeopleWithApp – BBC, 2000 people did. Matched MCAS.

Opened a clinic – filled quickly.

Most had allergies previous to Covid – Covid made it much worse.

Most have gotten completely better.

70 Long Covid clinics, but they are only telling people to pace themselves.

She organized a conference on MCAS.

Can be cured and brought back to normal.

MCAS – not well known.

Patients with acute Covid should be treated immediately...**as if they have MCAS.**

Antihistamines and supplements and ivermectin.

More difficult to sort out hyper-inflammation once in hospital.

MCAS put together as a syndrome in the 1980, given a name in the 1990s, and three case studies in 2007 published. So hasn't been taught. No RCTs. Everything is by consensus and expert opinion. **Very new science.**

IBS – probably MCAS
Fibromyalgia
Chronic headaches

These patients can spend decades with no help and no diagnosis.

Hoping that the silver lining of LH Covid is putting MCAS on the map.

Hyperinflammatory states that are affecting up to 17% of the population.

BIRD – International Ivermectin for Covid Conference 2021 April 24-25

Caused by Covid in minority of cases.

Acute Covid exacerbates MCAS in people who already have it.

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Hypothesis: What could be the cause of long covid?

1. Acute covid **exacerbates** MCAS in patients who have this condition, which may be hitherto unrecognised and untreated.
2. Acute covid-19 **causes** MCAS in the minority of patients with long covid
3. **Viral persistence** in some cases is continuing to elicit the immune response that is causing MCAS

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Etiology – environmental, genetic, viral, and epigenetic.

Viral – normal mast cell stimulated by the virus

Genetic – already mast cell mutations. Up to 50, may have a combination of a whole load

Now think it's viral debris, not viral persistence.

Allergies are very common...based in mast cell activation.

10% of pre-school children have allergies.

More common in women than men – 80% in females.

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Mast Cell Activation Syndrome

1. Frequently seen, seldom recognised
2. Up to 17% of the population are estimated to have dysfunctional mast cells
3. MCAS first described in 1990s, treatments being developed since 2007
4. It causes patterns of chronic inflammation in various different systems, with most of the tests being completely normal, resulting in often debilitating symptoms.
5. Symptoms are caused by the cytokines and amines released by the mast cells. Histamine intolerance is a frequent feature.

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People who have it:

- Flush with wine
- Funny rashes
- React to insect bites
- Headaches after wine
- Psoriasis, rosacea
- Causes chronic inflammation
- Can be multi-systemic.
- Can be confusing
- Usually all the tests are normal
- No blood tests helpful.

Dr. Bruce Patterson's work (InCellDx) may change this.

The clinical picture becomes so familiar once you start working in this field so you can feel certain with diagnosis

Symptoms are caused by cytokines and amines released by the mast cell.

Mast cells release over a 1000 chemicals and mediators.
Cytokines are messengers between the cells.

Cytokine storm and possibility selective chemicals are irritating body and causing inflammation.

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The International Journal of Infectious Diseases
Afrin, Weinstock, Molderings publication Sept.10th 2020

- Hyperinflammation seen in covid19 is *consistent* with MCAS
- Prevalence of severe covid19 is *similar* to that of MCAS
- Drugs inhibiting MCs and their mediators show promise in covid19
- None of the patients treated in this way for acute covid19 have had *severe forms* of the disease or *mortality*
- Dysfunctional MCs of MCAS may underlie *severe* acute and *chronic* covid19 illness

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17% of patients who have Covid have it severely, like the 17% that have mast cell problem.

Antihistamines and Vit C, D, Zinc, Selenium, Quercetin

Type 2 histamine – all in 24 hrs started to get better (only 10 patients, but it was consistent)

None of the patients with MCAS (under control) fared better with acute COVID infection.

Dysfunction mast cells may underlie severe covid.

'Likelihood that severe and long covid may be established in the early stages of the disease'

Bergamashi L, et al Cambridge University Jan 2021

- Asymptomatic or mild disease is characterised by a *robust* immune response early on in the infection
- Patients admitted to hospital have an *impaired immune response* and *severe inflammation* from the time of symptom onset
- Persistent abnormalities in the immune cells and a change in the bodies immune response *may* contribute to long covid.
- This *over-reaction* of the immune system causes the cytokine storm and the severe inflammation that can result in organ failure and death.

Those that got better (??), cytokine storm persisted and cells didn't go back to normal.

'resolution of some of the abnormal T and B cells is slow, and in some cases they persist'

- Mild or no symptoms had a robust adaptive response producing B cells, T cells and antibodies specific to the virus. *Quick resolution to normal, no inflammation*
- Severe covid: delay in early adaptive response, profound abnormalities in a number of the white cell subtypes and evidence of severe inflammation *early* after onset of symptoms
- This response was not initially determined by viral load
- *Persistence of the abnormal immune cell types* for weeks or months with resolution depending on the type of immune cells
- Some cell populations remain *abnormal* or show *limited* recovery, even after systemic inflammation has resolved.

Long covid clinic opened 1st November 2020

Fully booked within 36 hours of opening til 31st March 2021

60 patients : 8 men, 52 women

58 with a previous medical history suggestive of MCAS

2 with no previous history

All have been investigated by different specialties, all tests normal, with the exception of a small minority who have a diagnosis of myocarditis.(3)

People with MCAS can also have other pathologies so keep radar aware.

Typical symptoms MCAS/Long covid

- abdominal pain, diarrhea, nausea, vomiting, bloating, food intolerances
- itching, sudden redness, rashes, dermatographia, (eczema, psoriasis, rosacea)
- palpitations, vertigo, arrhythmia, hypotension, POTs, Kuonis disease
- running nose, sneezing attacks (asthma and SOB)
- headache, migraine, sweating, freezing, menstrual pain
- fibromyalgia, tingling sensations, brain fog
- Anxiety, panic attacks, insomnia, fatigue, Post exertional malaise

Kounis syndrome – angina types. Happens with high histamine.

<https://pubmed.ncbi.nlm.nih.gov/22050066/>

Triggers – usual, such as walking from warm room to cold room

Tingling – whole body tremoring inside (32:50)

When the histamine is very high, when mast cell high, it releases adrenalin.

Insomnia is a big one.

Fatigue and malaise from exercising

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Treatments: First line

- Low histamine diet
- Type I antihistamines : Loratadine 10mg tds, cetirizine 10mg tds, fexofenadine 180mg tds
- Type II antihistamines : Famotidine 20mg bd, Nizatadine 150mg bd
- Mast cells stabilisers : Rupatadine 10mg nocte, Ketotifen 1 mg nocte, Sodium cromoglycate 200mg tds (built up slowly), Quercetin 500mg tds
- Probiotics, vitamins C slow release 1000mg, D3 4000 iu, Niacin B3 500mg ,
- Selenium 100mcg, zinc 15-30mg, magnesium 400mg
- Ivermectin 0.2-0.4 mg/kg daily for 5 days or until well?/or weekly (need consensus on this)
- The Gupta Program-neuroplastic retraining of the amygdala and insula

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DIET – Lots of veggies, fruit, meat

AVOID THE TRIGGERS

REDUCE RELEASE OF MEDIATORS

Don't like to use steroids, but some non-steroids can make them worse

Type 1 – try for two weeks

When it does help you'll know

Type II – try one thing at a time

Famotidine – most powerful

Rupatadine at night, then twice a day

Ketotifen – useful, makes them sleepy, may have to titrate slowly up to 1 mg or feel hung over

Quercetin – 500 mg tid

Probiotics – really important!

Long Haulers seem to have problems with genetic variants – the ones that mop up toxins and help the body to stay in balance – so they get inflammation and the toxins persist and cause dysregulation of their homeostasis. May need more manganese or zinc etc.

Do gut testing (Debbie Cotton will present the finding at the conference). Dysbiosis, parasites

Niacin – prefer the no-flush one.

Ivermectin – starting to prescribe for long haulers. Five days and then weekly for four weeks.

Dr. SYED – some countries haven't even figured out that Long Covid exists. Story: Suffering for a year and just three days of IVM changed the day for her.

Peers: A lot of my Long Covid patients have been better than they've been for YEARS because they've been suffering from MCAS for years, untreated.

Long Covid patients – no longer have the insomnia, itchy skin, gut problems.

Retraining the amygdala and insula – desensitizing the mast cells. CALM THEM DOWN.

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Treatment-second line

- Montelukast 10mg (beware depression in some)
- LDN up to 4.5mg daily
- Diazepam 0.5-1mg bd
- SSRIs

Important to ensure good gut health-check the microbiome, for dysbiosis, parasites etc, treat dysmotility

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Montelukast – Caution: 30% of patients get depressed

LDN – Low Dose Naltrexone – especially with the tingling and neurological pain

Diazepam – don't become addicted. It sits on the mast cells

SSRIs –

Treat every infection that can activate their mast cell
Interstitial cystitis – common

We need improved diagnostic techniques. Need to run the biomarkers. Different genetic mutations. Will release the cytokines in different formations.

Would be better than today's trial and error...and find targeted treatments

With Bruce Patterson's work, we're getting very close to that.

DR. SYED:

“Doctors who've appeared on this show. They have a unique different from other doctors and that is they are thinkers. All of them.”

“At this time, there are two types of victims of Covid. One are actually the victims of SARS-CoV2 itself and then the other ones that are the victims of the doctor's ignorance or refusal to learn or understand and do research.”

PEERS:

Patients with Long Covid have been languishing on their sofas. GPs often say there's nothing to do for them. Go home. But for those of us working to help these people, it's a big joint effort to help these people.

Yoga, Pilates, weights – keep heart from running too fast. Don't RUN.

Lowering of vision, lots of people suffering with tinnitus.

Histamine is a neurotransmitter.

Lots of the cytokines that are released, we haven't figured out what they do.

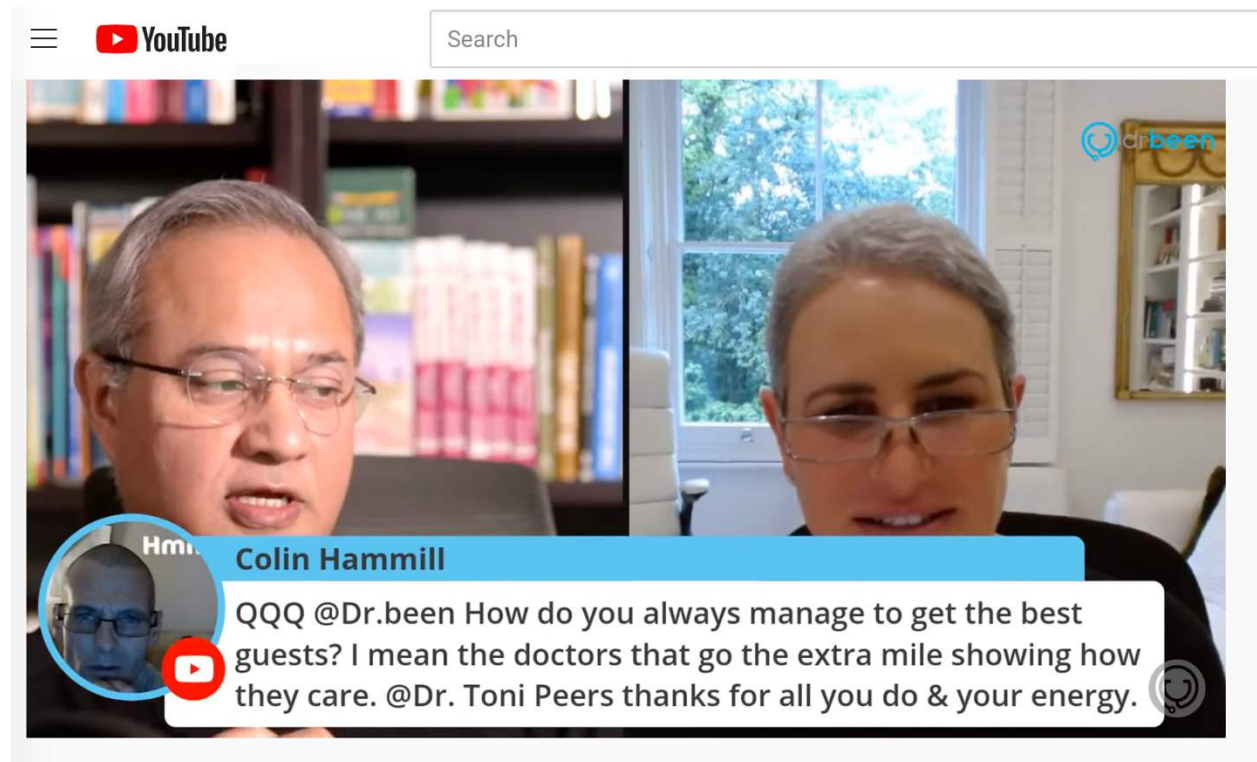
Farid, Jalali, MD, gastroenterologist in California, - big proponent of histamine/serotonin. **150 slides presented on Dr. Mobeen lectures.** He's a curious person who started doctoring.

In the words of Dr. Kory: **“Go back to doctoring.”**

“Doctoring doesn't mean that if you become a specialist in one area, now you cannot think about another area. Doctoring is doctoring. Doing research. Figuring out what would help the patient.”

Food allergies – can buy **DAO supplements** for patients who are going to eat out. 20 min before. **ToxiPrevent** can absorb some of the histamine out of the food. Patients can get

pancreatic insufficiency. Supplements can help. Give them **D-pan** or other digestive enzymes and their stools are transformed.



SYED – when the times are hard, lights shine out. These doctors are like shining lights. They are the ones deciding in the future how these diseases will be treated. Their protocols and their books. At the end of the day, this helps people.

June 2021 Conference includes: Mobeen Syed,
Lawrence Afrin – talking about Mast Cell Activation
Dr. Cafallo, Argentina – Ivermectin

RE: Vaccines

Take antihistamines (and supplements, including Fexafinadine, Famotidine, Quercetin) the day before and the day of the vaccination.

Systematic Approach: ALL OF BELOW FIRST

- Type 1
- Type 2
- Mass cell stabilizer
- Vitamins
- Low histamine diet
- Avoid triggers

Hopeful that there will be blood tests from InCellDx (Bruce Patterson's company)

Putting together an algorithm for management of Long Haul...working with FLCCC.net

Antihistamine to block Cytokines?

Try them all – Not sure of cytokines, but will block the histamines on the receptors.

Benedryl can be very effective

Bromhexin – a protease inhibitor. Doesn't enter the cell and works with the RDRP on the surface of the cell. *May have less effect.*

SYED:

The MoBeen Covid lectures started after a fake Stanford paper.

Friend died following the protocol.

Lectures wasn't a plan.

It was an intent to save man.

Covid differentiate from MCAS – get viral symptoms, fever

Recommend antihistamine – ranitidine NOT anymore. A shame can't use it.

In early April 2020, the U.S. Food and Drug Administration FDA warned that **Zantac ranitidine's over-the-counter heartburn medication was unsafe**. The FDA said this because all ranitidine products contain unacceptable levels of NDMA (N Nitrosodimethylamine).

<https://www.rosenfeldinjurylawyers.com/news/fda-cancer-ranitidine-warning/>

After everything calmed down, will be able to exercise again.

Mast cells can last several months, or even a few years.

Have got patients who can do bike rides...but have to change diet to keep up exercise.

Some don't have to stay with the low histamine diet forever, but have to careful to keep everything below the threshold.

Our modern diets are just so histaminic – coffee, tea, alcohol, chocolate, tomatoes, avocados, TV dinners, processed foods, eating out, leftovers, TOO MUCH HISTAMINE. Are diamond oxidase blockers

Dr. Nick Arisa – talks a lot about diets.