

Covid-19: A look back at an alternative view

Philip Maffetone

Abstract: Overall, the chiropractic view of healthcare takes a natural focus; it begins with a holistic concept and ends with living that lifestyle. The world's recent experience with Covid-19 has tested our beliefs. During the Covid-19 pandemic, three scientific papers were published by the author with colleague Professor Paul Laursen, appearing in different scientific journals of *Frontiers* (1, 2, 3) that brought to light this natural focus. These are reviewed here with the same natural healthcare perspective.

Indexing Terms: Chiropractic; COVID; Syndemic; Overfat; Natural Health.

Introduction

While it should be a wakeup call to all those in public health and healthcare, along with politicians and citizens, Covid-19 is not a pandemic but rather a *syndemic*; a pandemic synergistically fuelled by pre-existing health conditions. You may not see this referred to as holistic as that term is rarely used in mainstream medicine. In this case, there is a collision of two global pandemics. A significant pre-existing health contribution to Covid-19 is a single lifestyle-related risk factor that can impair immunity and promote inflammation and chronic diseases (the conditions that most promote hospitalisations and deaths from Covid-19) called the overfat pandemic.

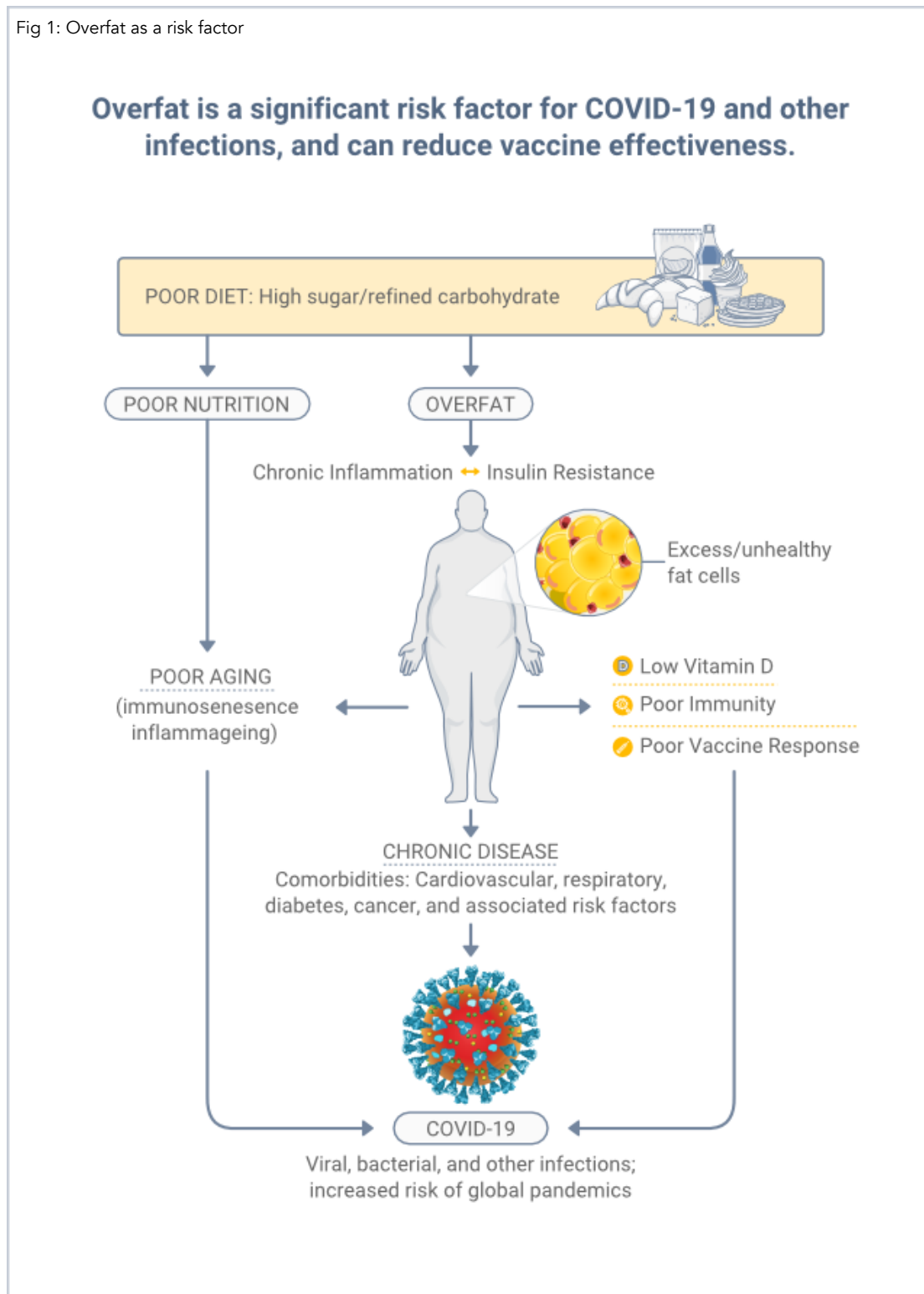
Overfat is defined as excess body fat that impairs health and is associated with malnutrition. As an important functional tissue in the human body, excess fat loses its function promoting poor immunity and chronic inflammation. Not only does excess body fat increase the risk for infection, it can also reduce vaccine effectiveness (Figure 1).

The decades-long diet-induced overfat pandemic has been enabled, and even encouraged, by business, governments, and public health agencies not unlike Big Tobacco's damaging reign. Junk food is the new tobacco. It is not too early to plan for the next infectious pandemic by taking proactive measures and addressing the causes of reduced resistance to disease, rather than waiting for another disaster. For most people, overfat is a diet-induced condition, and is reversible with healthy eating.

... A Natural Health perspective on Covid-19 provides an alternate view that integrates with the chiropractic perspective. The argument is that Covid-19 is a SYNDemic, a pandemic synergistically fuelled by pre-existing health conditions ...'



Fig 1: Overfat as a risk factor



Malnutrition

Of course, eating junk food can result in the inadequate intake of a wide variety of micro-, macro, and phytonutrients. While many of these are important for immune function, three are noted here. Sulfur and the related amino acid cysteine are key ingredients in production of the body's most powerful antioxidant, glutathione. Sulfur also can prevent human cell surfaces from the SARS-CoV-2 entrance. A high content of sulfur is found in cruciferous vegetables with cysteine found in whole protein foods. Low sulfur is related to poor vitamin D status (considered another

global pandemic) and can also impair immunity. Although most of this pro-hormone is obtained from healthy sun exposure, vitamin D is not metabolised well in the presence of excess body fat. This may be a reason low vitamin D levels are associated with higher prevalence of Covid-19.

Reactive vs. proactive care

As a predictable and preventable disaster, Covid-19 was not averted by proactive healthy lifestyles known to help avoid, or at least reduce the risk of illness. Instead, most of the world's public health officials (including politicians) waited for the pandemic to develop, then implemented various reactive responses to address it. This came with worldwide devastating effects on individual health and society.

- ▶ Reactive care is described as screening for disease, post-disease treatment, and little to no lifestyle implementation.
- ▶ Proactive care refers to reducing disease risk, pre-disease preventive intervention, and a strong emphasis on healthy lifestyle to support natural immunity.



Modern medicine tends to wait for disease to strike then address it with expensive measures that don't address the cause. One result of this approach is the rising levels of poor health. Instead, by considering Covid-19 as a syndemic, we more easily recognise and address the causes as a means of preventing or minimising diseases through natural proactive measures.

Covid-19 Fallout

There have been substantial and dramatic physical, biochemical, mental-emotional devastation from Covid-19, which includes financial and other social problems as well. Two are highlighted here: 1) the post-Covid-19 condition called Long Covid, and 2) sudden cardiac death due to myo- and pericarditis secondary to Covid infection and vaccination.

Long Covid

It is estimated that up to 30% of those who recovered from Covid-19 didn't really recover, but instead continue experiencing ongoing mild or debilitating symptoms; the condition is called Long Covid (Ed: as with Long Hauler Covid patients see [Masarsky & Todres Masarsky](#) in this issue),

which may be a new public health disaster in the making. Whether referred to as subclinical or functional, the symptoms of Long Covid are sometimes vague but real; often difficult to diagnose. The condition follows similar patterns of acute illnesses or trauma, stressors that lead to lingering chronic conditions, which could last months or years. Very similar conditions abound, including fibromyalgia, Lyme, Epstein-Barr, chronic fatigue, or others, along with PTSD (post-traumatic stress disorder) due to physical and/or mental trauma. Because of the many physiological similarities, it might be logical to simply refer to all these conditions as a post-stress syndrome.

Whether post-infection or post-traumatic, these conditions typically follow other types of physical, biochemical, and/or mental-emotional stress that occurred quickly (an auto accident), short-term (a bad flu) or long-term (a war zone). In athletes, it can even follow one or more hard training sessions, a competitive event, and is often part of the overtraining syndrome. Students may encounter the same stress after exam week, or accountants following tax season. And symptoms can range from minor to debilitating, including pain. The common denominator is stress. Patients with these complex and ambiguous histories often face a difficult and tortuous experiences, as mainstream healthcare tends to be specialty-based and organ-focused, and ambivalent about recognising these as legitimate conditions. Even without naming it, health dysfunction can clearly exist.

Stress

We first sense stress in our brains. The response to infection, trauma, pain, or any stress triggers a brain-body reaction via the hypothalamic-pituitary-adrenal (HPA) axis. It affects body-wide neurological, hormonal, muscular, bone and joint, and other mechanisms, including the metabolism, that can become impaired. Whether short or sustained, physical, biochemical, or mental-emotional, the brain may sense these stressors as violent events, triggering an enormous HPA axis response, and driving more production of the adrenal stress hormone cortisol. The reaction is meant for recovery so all systems can return to normal. But often, whether due to the severity or chronicity of the problem, and/or the presence of too many stressors (even minor ones) at one time, recovery can be delayed or just not happen. High levels of stress hormones can impair glycemic control (blood sugar), sleep, fat metabolism, immunity, worsen chronic inflammation, which can cause pain, and exhaust the adrenal glands themselves. (Other glands, such as the thyroid, ovaries, etc. also participate in regulating stress and can be affected.).

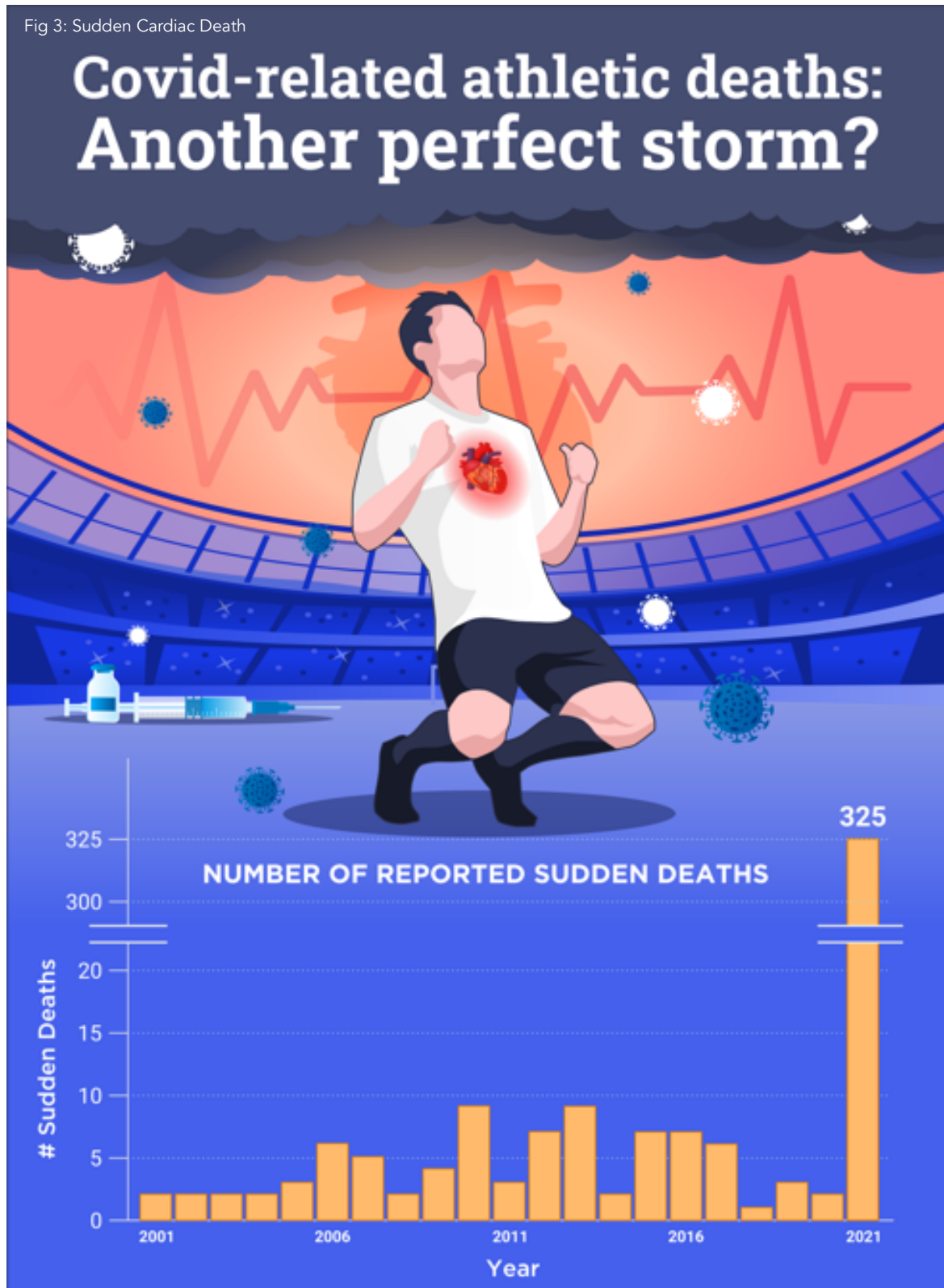
A post-stress syndrome can result from a lack of recovery, potentially producing many different signs and symptoms. Since the most common areas affected by stress include the immune and nervous systems, and the gut (the location of much of our immunity), impairment of these areas can adversely affect virtually any parts of the brain and body. In short, until we better adapt, reduce enough stressors, and maintain good health, recovery may be difficult.

Sudden cardiac death

Clinicians and scientists have discovered an alarming increase in the incidence of sudden cardiac deaths (SCD) in athletes following Covid-19 infection and/or vaccination. While this study the author (3) addresses SCD in athletes, the problem also occurs in the general population.

This disturbing trend in the wake of the Covid pandemic of a significant increase in SCD in athletes is relatively rare, but even a single case is one too many especially considering most are preventable. Increased cardiac risk is associated with both Covid-19 infection and the side effects of mRNA vaccinations (Pfizer-BioNTech and Moderna) promoting myocarditis and pericarditis. Figure 2 shows the reported deaths in 2021 compared to the previous 20 years.

Fig 3: Sudden Cardiac Death



Both myocarditis and pericarditis are acute inflammatory cardiac conditions that raise the risk of SCD. They can lead to cardiac dysfunction such as arrhythmias and heart failure. Viral myocarditis in asymptomatic athletes is a common cause, especially in those under 35 years including adolescents. Myocarditis tends to develop rapidly in younger individuals, mostly after a second vaccination; pericarditis tends to affect middle age and older patients later, after either the first or second dose. (While all the biological mechanisms associated with SCD are not yet clear, the same adverse events following smallpox vaccine have been long known.)

Pharmacovigilance reports, health system surveillance and case studies, and many other published research papers have described associations between covid vaccination and myocarditis/pericarditis in the general population. The U.S. *Center for Disease Control and Prevention* is tracking this problem. In weighing the risk of myocarditis against the reported benefit of preventing severe Covid-19, the U.K., Norway, Hong Kong, and Taiwan, have suspended second-dose covid vaccinations for adolescents.

It's been long known that physical activity can increase the risk of death in those with myocarditis. In addition, high-intensity exercise, a common risk factor for overtraining, can suppress the immune system and risk infection, and promote inflammation. These problems can last several days, even after a single exercise bout. By comparison, a similar type of cardiac injury is observed in the hearts of some patients recently given mRNA vaccines (which can increase heart inflammation) and in post-Covid-19 infections.

Many athletes with SCD had no apparent signs or symptoms and first presented with sudden death. However, about 30 percent reportedly had chest pain, shortness of breath, performance decline, or palpitations leading up to the event. Better healthcare and education can help prevent such events.

Conclusion

What do we go from here?

It is now time to plan for the next infectious pandemic by taking proactive measures and address the causes of reduced resistance to disease, rather than waiting for another disaster. Within our spheres of influence, we can continue emphasising such forward-thinking issues as healthy lifestyles. Importantly, we can take care of ourselves as individuals, and help personalise the care of others.

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About the author

Philip Maffetone is a graduate of National University of Health Science and writes and lectures on a wide range of health and fitness topics surrounding human performance. He has authored over 20 books and textbooks, publishes scientific research, and is a retired clinician and sports coach who implemented biofeedback, exercise physiology, physiotherapy, nutrition, and other approaches. Phil is also a professional singer-songwriter and music producer.

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