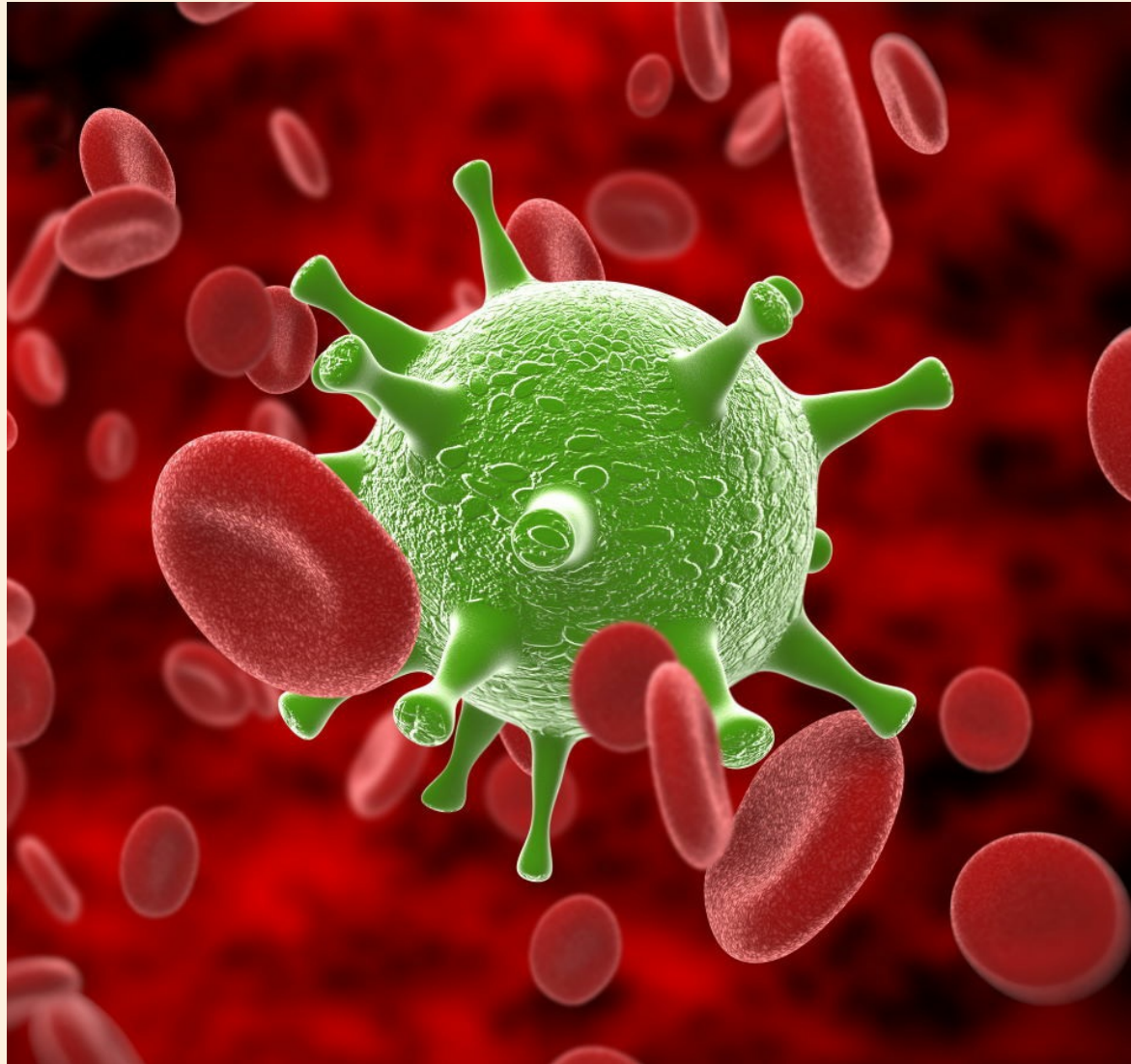


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Ten Things to Do Now to Prepare for Coronavirus Covid-19

Actually, consideration of these issues would probably be beneficial for anyone in the general population, but they're especially important for microscopic colitis (MC) patients because we seem to be slightly more vulnerable to viruses than other people. And we certainly don't need another health issue to contend with. It's becoming increasingly clear that the coronavirus, known as Covid-19, is going to blanket every country in the world. The scary part is that we still don't know for a fact how it's propagated. But since it is a virus, it's probably best to assume that it spreads similar to any other virus, while keeping in mind that there may also be other ways in which it can be spread.

The “unscary” part (if that's a word) is that because it's a virus, we should be able to deal with it. After all, our species has been dealing with viruses ever since we first evolved. Viruses were here on this planet before we were. They were a major driving force in our evolution, and their footprint is clear in our DNA.

Researchers have determined that approximately 30 percent of all our protein adaptations since humans first evolved have been due to the effects of viruses (Science News, 2016, July 13).⁽¹⁾ Since life began on this planet, whenever a virus epidemic or pandemic has occurred, the targeted species has either adapted, or gone extinct. Humans have always adapted. That's just one of many reasons why our species has competed so successfully — we're extremely good at adaptation.

You probably already know what you should be doing to prepare, but perhaps this reminder will prompt you to begin doing these things now, so that you will be in an optimum position to either avoid developing the disease, or minimizing the symptoms, if you do become infected.

- 1.** Get your vitamin D level up over 50 or 60 ng/ml (125 or 150 nmol/L)
- 2.** Make sure you're not magnesium deficient by supplementing with approximately the daily RDA, (320 mg for women and 400mg for men), divided up during the day, preferably with or after meals. You might need more if you're taking a medication that depletes magnesium, such as a corticosteroid, PPIs and many antibiotics. Magnesium will enable your immune system to convert inactive vitamin D into the active form so that your immune system will be at its strongest (and this will also optimize healing potential).
- 3.** Get plenty of sleep.
- 4.** Avoid crowds. The fewer people you are around, the lower your chances of being exposed. Remember, some people will probably be infectious before they even realize that they are developing the disease.
- 5.** Wash your hands regularly, especially after going out in public, or after being around other people.
- 6.** Keep your hands away from your face. Get out of the habit of rubbing your eyes or your nose with your hands.
- 7.** If anyone visits your home, disinfect any surfaces that they touch, unless you're very, very, sure that they pose no risk.
- 8.** Stock up on any possible medications that might be useful in treating flu, (if coronavirus gets going, pharmacy shelves will empty fast), ginger tea (to help with nausea), at least 5 bottles of Pedialyte or some other electrolyte solution (to help prevent dehydration), a disinfectant such as Lysol or hospital grade hydrogen peroxide (in case a family member catches it), and masks, (in case you need them).
- 9.** Also, stock up on any OTC drugs that might be helpful if the virus causes diarrhea and/or puts you into a flare, like Imodium and PeptoBismol.
- 10.** Try to have a stock of your prescription medications on hand. If you can get 3 months worth at a time, all the better. Supply lines for drugs might get disrupted. Also, you want to minimize trips to the drug store, as your chances of encountering an infectious person are higher there than most places.

You'll notice that there's no recommendation to get a flu shot. The flu shot is only marginally effective for ordinary flu (less than 50 % effective), and it almost surely has no effect at all on Covid-19. If a vaccine can be developed and proven effective at some point, then sure, get it if you can, but in the meantime, don't hold your breath.

Development of an effective vaccine within the available time frame is very unlikely. And production and distribution would be major problems. A vaccine will probably eventually be developed, but by the time it's approved, produced, and distributed, Covid-19 will probably have mutated into a resistant strain, similar to the behavior of other viruses.

What if we become infected with Covid-19?

Here's what Dr. John Cannell wrote in the Vitamin D Council Newsletter on May 16, 2009, when the H1N1 flu (bird flu) was a threat (the Vitamin D Council Newsletter is no longer published)

“ . . . Stock you [sic] homes pharmacy with several fresh bottles of 50,000 IU capsules of Vitamin D3, a medicine, not a supplement, and if you get this flu, take 2,000 IU per kg of body weight per day for a week. As I weigh 220

pounds, I would take 200,000 IU per day for seven days if I thought I had an infection with a 1918-like influenza virus. . . ."

That newsletter contained much useful information, and although the original newsletter is no longer available for viewing, a complete copy of the newsletter is posted (with Dr. Cannell's permission), on the Discussion and Support Forum associated with our website at the link below, and it can be read by anyone, without even logging in (Persky, 2009, May 16).⁽²⁾



<https://perskyfarms.com/phpBB2/viewtopic.php?t=9862>

If the virus does become widespread, we will surely find ourselves in charge of our own health, but fortunately, we're used to that, thanks to microscopic colitis.

1. Science News. (2016, July 13). Viruses revealed to be a major driver of human evolution. ScienceDaily. Accessed at

<https://www.sciencedaily.com/releases/2016/07/160713100911.htm>

Persky, W. (2009, May 16).

2. How to survive a deadly flu pandemic. Online forum comment. Retrieved from

<https://perskyfarms.com/phpBB2/viewtopic.php?t=9862>



**"You know what I'm going to do on vacation?
Not wash my hands."**

An Update on My Personal Experience With Magnesium Threonate by Wayne Persky

As you may recall, my initial impressions of my experiences with magnesium threonate from last summer were published in Volume 4, Issue 4 of the Newsletter, which became available on August 13, 2019. As you might

surmise, I've had some additional impressions and insights since then, which have caused me to change my magnesium supplementation routine.

Before I started taking magnesium threonate, I was taking 300 mg of magnesium glycinate. I reduced that to 200 mg when I started taking 3 capsules of magnesium threonate daily, because 3 capsules of magnesium threonate contain 147 mg of elemental magnesium. After I wrote the original article, I eventually began to develop leg and foot cramps, suggesting a magnesium deficiency. So I went back to my original dose of magnesium glycinate, which was 300 mg (scattered throughout the day), and the symptoms promptly resolved. I have not altered my dosage of magnesium threonate. I still take 3 capsules of Life Extension Neuro-Mag brand magnesium threonate daily, scattered throughout the day. Apparently, no significant amount of magnesium threonate goes to muscles, bones, or any other storage tissue. Virtually all of it goes to the brain and central nervous system.

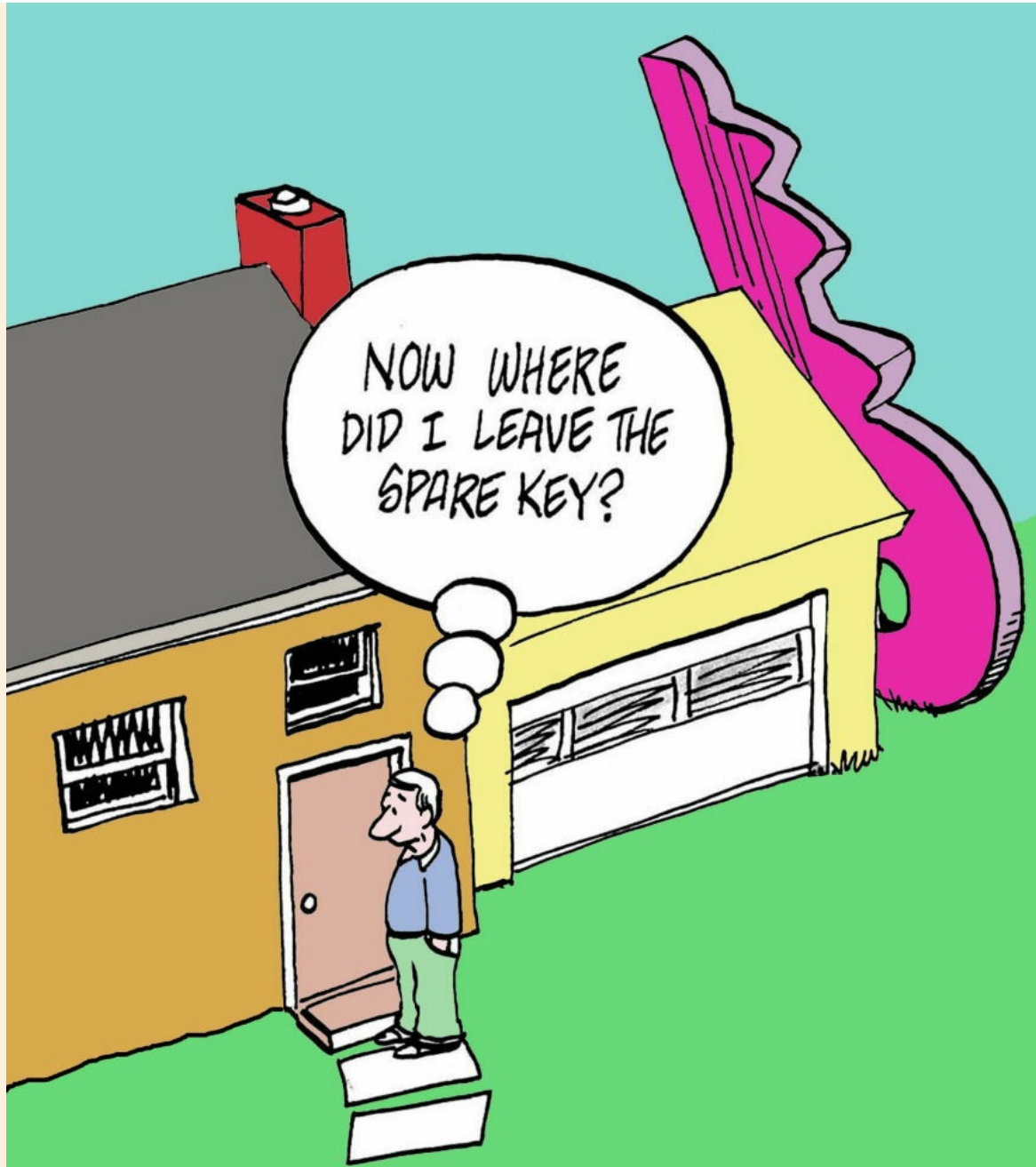
During December, I developed a severe toothache from a tooth infection, so I discontinued taking magnesium threonate for a week because magnesium interacts with Cipro, my antibiotic of choice. Cipro depletes magnesium and magnesium depletes Cipro. Incidentally, that's why some patients develop the severe side effects posted on the Black Box label warnings for Cipro — they run out of magnesium. As long as you keep your magnesium level up, you're not at risk for those side effects.

Getting back to the reasons for this update, after stopping the magnesium threonate, within a few days I began losing the gains that I had made by using magnesium threonate in the first place. By the end of the week, I seemed to have lost virtually all of the gains. I was clumsier, sometimes confused, and my memory and coordination declined. After resuming taking magnesium threonate for a few days, the issues faded away and I was back to my new normal.

I had two teeth that need to be pulled back in December, but the dentist decided not to pull both at the same time. So naturally I had to deal with another round of Cipro due to another toothache. I changed my strategy and staggered my Cipro dosing so that I took it either 2 hours before any magnesium, or 6 hours after any magnesium. By careful timing, I was still able to divide up the doses during the day, and still take a total of 3 capsules of magnesium threonate, and 3 tablets of magnesium glycinate each day, plus the Cipro twice a day, of course. This worked great. The Cipro worked well, and I didn't develop any magnesium deficiency symptoms.

So my impressions at this point are that the magnesium threonate is definitely still helping, because if I stop taking it my abilities quickly decline. But apparently I have to continue taking it in order to retain the benefits. My other takeaway is that magnesium threonate does not seem to replace any other type of magnesium supplement. I still have to take the full dose of magnesium glycinate that I was taking before I started taking the magnesium threonate.

This suggests that magnesium threonate is a totally unique type of magnesium, and therefore a totally independent supplement.



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