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**Relaxing With Wildlife Photography — the
Easy Way
by Wayne Persky**

Many of us are sheltering at home, and avoiding boredom is an ever-present challenge. Here is an idea for an enjoyable and relaxing project.

These days we are blessed with a seemingly infinite selection of very good cameras. The camera industry has made photography an option for virtually everyone. The capabilities of the cameras in our cell phones would have been priceless, had they been available a couple of generations ago. Beyond cell phone cameras, there are good point-and-shoot cameras with high-power zoom lenses that are more than adequate for wildlife photography, and many are available at a reasonable price.



Killdeer



Inca Dove

If you don't crave to trek the backwoods, the easiest way to get wildlife to pose for pictures is to set up a feeder and let the birds and animals come to you. Of course if you live in an apartment or condominium that won't be an option, but feeders can certainly be set up in most backyards. You may have one already. And they can provide some good photo opportunities.

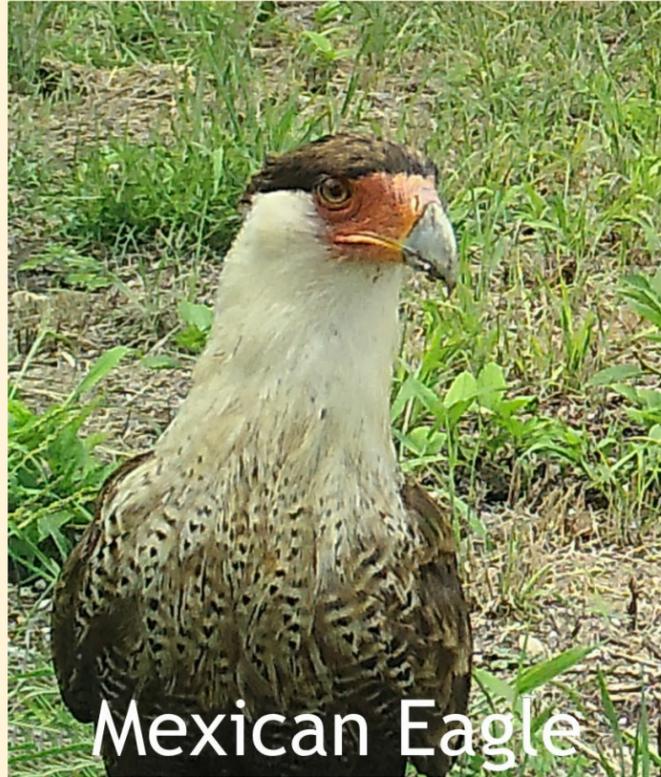
The above photos were made with a relatively inexpensive Panasonic point-and-shoot camera with a 10X zoom lens. They were edited (cropped and resized) with a free image editor, Paint.net.



Whitetail Buck

But there's an even simpler and cheaper way to get good wildlife photographs. Trail cameras or game cameras that take photos automatically are relatively cheap, and they've evolved to the point where they can take some excellent photos when they're set up correctly. They can be set up virtually anywhere, and they can take good photos in just about any kind of weather, and at any time of the day or night, totally unattended. They're triggered

automatically by motion or body heat from the wildlife. You can even set many of the latest models to send the photos to your own cell phone, so you can sit at home in an easy chair while the camera does all the work for you.



The above photos were made with Bushnell and Browning trail cameras. They were also edited (cropped and resized) using Paint.net.

COVID-19 Considerations for Microscopic Colitis (MC) Patients

Animosity between hospital management and staff at many hospitals has been festering for years. Although this issue is not specific to MC patients, it definitely affects the quality of health care that we might be able to receive, so all of us need to be aware of the worrisome situation that exists in our hospital system. It can have a very powerful effect on the way that doctors and nurses are allowed to do their jobs. This issue managed to stay out of the public spotlight until the Covid-19 pandemic uncovered the huge disparities in compassion, dedication to the welfare of patients and staff, and moral courage that exist in our hospitals today.¹

Out on the front line of care in the hospitals, the doctors and nurses put their lives on the line every day to do their best to care for patients suffering from the virus or any other medical issue. The level of care that they are able to provide, however, isn't up to them. It's limited by the hospital management executives — ultimately the CEO.

In contrast, the offices of the hospital administrators are isolated from the risk. Yet they have almost complete control over how well the hospital staff are able to perform their jobs, because they control

the way the hospital is managed and most importantly, the finances. They were so intent on watching the bottom line, and doing everything they could to maximize profits for the institutions, that they ignored the obvious warning signs on the horizon and failed to prepare for a pandemic.

The threat of a possible virus pandemic was well known.

The probability that a virus-based pandemic was a real and eminent threat has been known for many years. Bill Gates even gave a TED talk on the subject back in 2015. So hospital administrators had plenty of time to stockpile the supplies that doctors and nurses would surely need to allow them to safely deal with such a crisis, yet they never bothered to obtain those supplies, even though they had to know how crucial those supplies would be to anyone on the front line. And this wasn't just an isolated problem, it was a problem virtually everywhere, at least this appeared to be the case in most hospitals in the U. S. Then, as if to add insult to injury, when the pandemic actually arrived, they admonished, and sometimes fired, health care workers who complained about having to work without adequate personal protective equipment (PPE). It's not surprising that doctors and nurses are so unhappy with the way they've been treated.

Medical care will never be the same.

Like many other businesses, hospitals and other organizations that provide general healthcare have seen a huge drop in their cash flow due to the virus. In many cases, their financial health has been severely damaged. Operating policy changes and restrictions in the way that healthcare services are offered, together with public fears about the risk of Covid-19 exposure, has severely reduced the use of these services by patients. Misjudgments about the pandemic didn't help. Already, clinics are being closed in many areas. Needless to say, this situation doesn't bode well for the future of healthcare.

As part of the fallout from the Covid-19 crisis, medical care in the future is not likely to go back to the way it performed in the past.

Many medical experts believe that many (if not most) of the changes made to the health care system because of Covid-19 will be permanent.

Concern is growing about the health of ICU survivors.

It appears that as many as 80 % of patients who are able to recover from Covid-19 in an intensive care unit (ICU) are not home free when they are discharged.² They are left with an assortment of residual physical, cognitive, and even psychiatric symptoms. Their lives have been significantly changed, and they will never be the same as they were originally.

The lives of doctors, nurses, and other healthcare workers are also being affected by the added stress. In China, a study of 1200 front line hospital workers showed that about 50 % of them reported feeling depressed, while anxiety was an issue for about 44 % of them.

Low-level chest radiation is being investigated.

The Medscape article cited above also mentions that Italy, India, Iran, Spain, and the U. S. are conducting clinical trials involving a one-time treatment with low-dose chest radiation. This treatment is thought to reduce the effects of the cytokine storm that threatens the lives of certain Covid-19 patients. The treatment often reduces inflammation level in the lungs of severely ill Covid-19 patients, allowing them to

reduce or totally avoid the need for spending time on a ventilator. Extended use of a ventilator is suspected of adding to the lung damage incurred by many severely ill Covid-19 patients.

WHO makes a disingenuous statement.

The World Health Organization (WHO) issued a statement suggesting that the spread of Covid-19 by asymptomatic patients is rare. Should we believe that? They based that claim on the fact that they currently do not have sufficient medical evidence to support a claim that asymptomatic patients can spread the disease. But then they have no medical evidence to support a claim that asymptomatic patients cannot spread Covid-19 either. So why would they even bother to bring it up? Accordingly, researchers have disputed WHO's claim.³ There is indeed evidence that asymptomatic patients have transmitted Covid-19.⁴ How often it happens is the gist of the dispute.

This appears to be similar to the false claim by many doctors that non-celiac gluten sensitivity does not exist, simply because the medical community does not have an approved test capable of detecting non-celiac gluten sensitivity. As MC patients who respond favorably to the gluten-free diet, we're well aware of the absurdity of that claim.

Covid-19 kills by causing severe lung damage.

The primary cause of death from coronavirus infections is progressive respiratory failure due to lung damage. Autopsies of patients who died because of the disease show widespread alveolar damage with T-cell infiltration into fluid-filled spaces around tiny blood vessels.⁵ This appears to be associated with severe endothelial damage that weakens the walls of the blood vessels. The small capillaries become so thick-walled and weak that they leak, forming serum pools around the vessel (which causes swelling that squeezes the capillaries), and microscopic blood clots within the blood vessels. Both these actions restrict blood flow in the lungs, compromising oxygenation of the blood. Covid-19 can cause approximately 9 times as many tiny clots as severe influenza.

It may be worth noting that many MC patients take Metanx, or a generic equivalent, in order to overcome methylation issues caused by methylenetetrahydrofolate reductase (MTHFR) gene mutations.

Metanx also treats endothelial disease, so it might prove to be helpful in this situation. Of course this is pure speculation at this point.

There is evidence that Covid-19 may trigger diabetes.

Some patients who recover from Covid-19 have been found to have newly-discovered diabetes.⁶ It's too soon to conclude that the virus definitely triggers diabetes, because some of these cases may have preexisted but were undiagnosed. Further research should confirm or rule out this possibility.

Be aware that the ingredient lists of some commercial products my have changed without any label changes.

Because of disruptions in the food supply chain, processors asked for and received, permission from the FDA to make certain minor ingredient changes without making changes to the label. The eight primary allergens, including wheat, soy, eggs, milk, peanuts, tree nuts, fish, and crustaceans, must still be prominently labeled (as before). Other ingredients may be changed without notice as long as

they are considered to be minor ingredients in the product.

Blood type may affect Covid-19 risks.

Based on three recent studies, there is increasing evidence that having Type A blood might increase the risk of developing the disease and suffering a fatal outcome.⁷ The same studies indicated that having Type O blood might be protective. These differences appear to be relatively small, but they are significant (as medical data goes). From a practical viewpoint, until more data become available, it's difficult to say whether this should be considered to be an important discovery, or not.

Dexamethasone is being heralded as a “breakthrough” drug in the UK.

In trials in the United Kingdom, dexamethasone has been found to reduce death rates from Covid-19 by about a third.⁸ At this point, that's the most promising response that anyone has seen from any drug being considered for treating Covid-19. Dexamethasone is inexpensive and readily available (by prescription only), so if the trials continue to show promise, it may see more widespread use. Hypertension appears to double the risk of mortality from Covid-19.

This was also documented in the Medscape article referenced above as number 5, and this may be especially important to not only many MC patients, but IBD patients in general, and anyone else taking a corticosteroid. The evidence is strong enough that it would appear to provide an incentive to wean off budesonide as soon as possible, because one of the side-effects of budesonide (like all corticosteroids) is hypertension. Also, remember that hypertension is one of the symptoms of a chronic magnesium deficiency. Conversely, magnesium treats hypertension.

But there's another side to this issue.

Dexamethasone is a steroid, and as we have seen above, it can save lives when used to treat Covid-19. This creates an interesting paradox, since steroids promote hypertension, and as we have already seen, hypertension doubles the risk of a fatal outcome for Covid-19 patients. Presumably the anti-inflammatory properties of dexamethasone outweigh the hypertension risks in this situation.

So might budesonide actually be protective of Covid-19 fatalities?

Until more specific research is done, we can only guess that it might be. It certainly appears that this may be a possibility. So if you're taking budesonide to treat MC, there's a good chance that it may not increase any risks associated with Covid-19. To the contrary, it may turn out to be protective. Again, at this point that statement is speculation, since there's no research to support it.

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“As your Guardian Angel I advise you to run faster.”

