



COVID-19 STIGMA

WHEN THE HAZE DOESN'T LIFT

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COVID - 19

“COVID-19 IS NOT THE FLU”

Our understanding of COVID-19 has accreted around the idea that it kills a few and is "mild" for the rest. The lingering damage that COVID-19 can inflict has been known in the medical community fairly early on since the beginning of the pandemic. Yet, somehow the myth of "COVID-19 mildness" continues to circulate among the general public and also among healthcare practitioners.

COVID-19 survivors report many more long-term effects of the infection than influenza survivors.

COVID - 19

THE ENDOTHELIAL CELL INJURY TRIGGERING THE INFLAMMATORY CASCADE IS A CENTRAL FEATURE OF THE PATHOPHYSIOLOGY

The coronavirus often strikes the lungs first, but it is not simply a respiratory disease. The coronavirus can injure multiple organs and affect the whole body.

Thrombotic complications associated with COVID-19 as well as neurological and psychological manifestations are frequent.



COVID-19 COAGULOPATHY

ENDOTHELIAL INJURY IS LINKED TO DISEASE SEVERITY IN COVID-19

COVID-19-ASSOCIATED COAGULOPATHY IS CHARACTERISED BY INCREASED THROMBOTIC AND MICROVASCULAR COMPLICATIONS.

ACE2

The SARS-CoV-2 spike glycoprotein on the viral envelope binds to ACE2 (angiotensin-converting enzyme 2) receptor on the membrane of host cells in lungs. ACE2 is also expressed in various human organs other than of lungs.

ACE2 distribution in the body is strongly associated with multi-organ injury in COVID-19, including acute lung injury, acute kidney injury, cardiac injury, liver dysfunction, and other.



COVID-19 NEUROLOGICAL IMPACT

COVID-19 IS ASSOCIATED WITH CEREBROVASCULAR EVENTS, ALTERED MENTAL STATUS, PERIPHERAL NEUROLOGY, OR OTHER

IF YOU THINK OF ACE2 AS A DOOR LOCK TO ENTER THE CELL, THEN NEUROPILIN-1 COULD BE A FACTOR THAT DIRECTS THE VIRUS TO THE DOOR.

N R P 1

NRP1 (neuropilin-1) receptor is abundantly expressed in the respiratory and olfactory epithelium, with highest expression in endothelial and epithelial cells. It can promote transport of virus from the nasal mucosa directly into the brain.

Damage within the CNS or PNS suggests both indirect and direct neurotropic pathways. It might be caused directly by the virus or by the body's innate and adaptive immune responses to infection along with thrombotic microangiopathy.



SARS CORONAVIRUS 2003

1. THE LONG-TERM IMPACT OF SEVERE ACUTE RESPIRATORY SYNDROME ON PULMONARY FUNCTION, EXERCISE CAPACITY AND HEALTH STATUS. JENNY C. NGAI ET AL. *RESPIROLOGY*. 2010 APR; 15(3): 543–550.

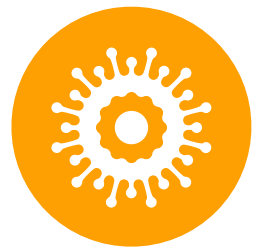
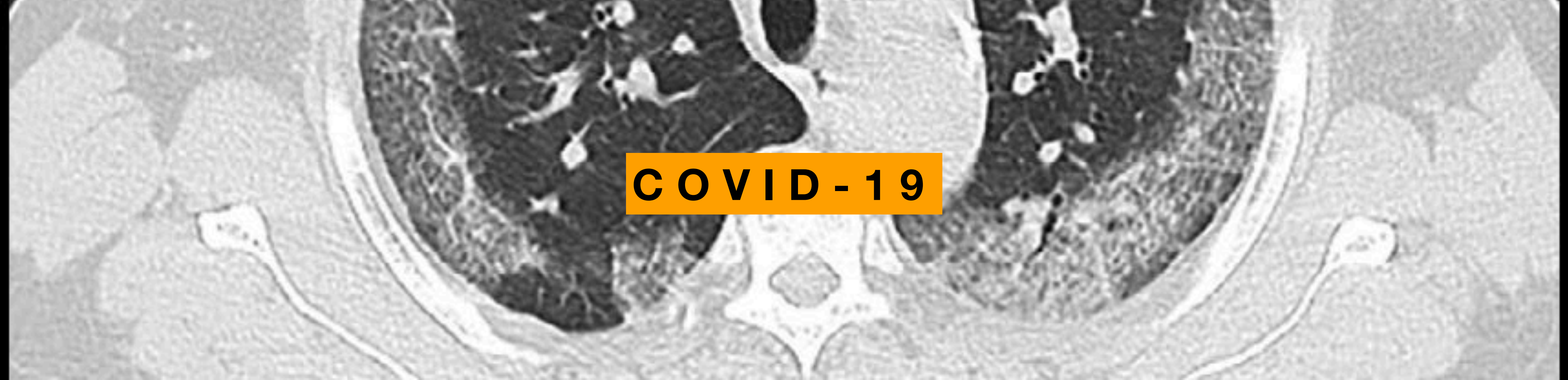
PERSISTENT AND SIGNIFICANT IMPAIRMENT OF DL_{co}, EXERCISE CAPACITY AND HEALTH STATUS IN SURVIVORS OF SARS OVER 24 MONTHS

2. MENTAL MORBIDITIES AND CHRONIC FATIGUE IN SEVERE ACUTE RESPIRATORY SYNDROME SURVIVORS: LONG-TERM FOLLOW-UP. LAM MH ET AL. *ARCH INTERN MED*. 2009;169(22):2142–2147.

40% OF PEOPLE RECOVERING FROM SARS STILL HAD CHRONIC FATIGUE SYMPTOMS 3.5 YEARS AFTER ILLNESS

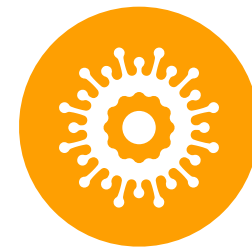
3. LONG TERM OUTCOMES IN SURVIVORS OF EPIDEMIC INFLUENZA A (H7N9) VIRUS INFECTION. CHEN, J. ET AL. *SCI REP* 7, 17275 (2017).

LONG-TERM LUNG DISABILITY AND PSYCHOLOGICAL IMPAIRMENT IN H7N9 SURVIVORS PERSISTED AT 2 YEARS AFTER DISCHARGE FROM THE HOSPITAL



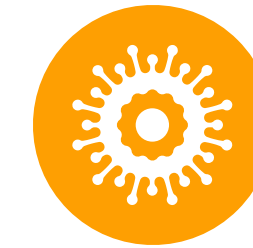
ACUTE **COVID-19** INFECTION

Signs and symptoms of COVID-19 for up to 4 weeks.



ONGOING SYMPTOMATIC **COVID-19**

Signs and symptoms of COVID-19 from 4 weeks up to 12 weeks.



POST-**COVID-19** SYNDROME

Signs and symptoms that develop during or following an infection consistent with COVID-19, continue for **more than 12 weeks** and are not explained by an alternative diagnosis.

POST-COVID-19 SYNDROME

POST-VIRAL FATIGUE SYNDROME IS REAL AND DEBILIATING

About 10% of COVID-19 patients develop post-COVID-19 syndrome.

Only about 25% of sufferers had tested positive for COVID-19.

Almost 70% of low risk, young people with no comorbidities have impairments in one or more organs months after acute COVID-19.^[1]

POST-COVID-19 SYNDROME

SIGNS AND SYMPTOMS MAY ARISE FROM ANY SYSTEM IN THE BODY, OFTEN **OVERLAP**, AND MAY **CHANGE** OVER TIME

This includes but is not limited to the cardiovascular, respiratory, gastrointestinal, neurological, musculoskeletal, metabolic, renal, dermatological, otolaryngological, haematological and autonomic systems, in addition to psychiatric problems, generalised pain, fatigue and persisting fever.

Terminology includes 'long COVID,' 'post-COVID syndrome' and 'post-acute COVID-19 syndrome,' also known colloquially as COVID-19 '**long-haulers.**'

POST-COVID-19 SYNDROME

SUFFERERS EXPERIENCE

shortness of breath, persistent dry cough, arrhythmias, debilitating fatigue, post-exertional malaise, body aches and pains affecting the entire body, persistent loss of smell and taste or "phantom smells", disturbed stomach and intestines, disrupted sleep, eye problems, brain fog, impaired memory, difficulty concentrating, dizziness and depression, and others

POST-COVID-19 SYNDROME

“I CAN'T BREATHE”

SMOKE FILLS COLLECTIVE LUNGS FROM CLIMATE-INDUCED WILDFIRES

'I can't breathe' is the most desperate plea for life.

'I can't breathe' is the cry of mother Earth, our common home,
we share with every person and creature on the planet.

'I can't breathe' are words of those who die and those who continue to live
daily slow deaths under oppressive systems.

POST-COVID-19 SYNDROME

“AS IF THE FOG OR HAZE DOESN'T LIFT FROM THE BRAIN”

'Brain fog' associated with 'long COVID' plagues sufferers and impedes their ability to work and function in daily life.

Troubling cognitive symptoms can include memory loss, confusion, difficulty focusing, dizziness and grasping for everyday words and names of people they know well.

THE STIGMA OF DEATH

“WE LIVE IN A DEATH DENYING CULTURE”

DENYING DEATH IS TANTAMOUNT TO LIFE AVOIDANCE

We spend our lives distancing ourselves from death.

Yet to die is a natural part of the human condition.

The stigma of death and terminal illness needs to be expunged from our collective desire to ignore the fact that life has the end.

CONCLUSION

THE COVID-19 PANDEMIC WILL CERTAINLY CREATE A SUBSTANTIAL WAVE OF CHRONICALLY DISABLED PEOPLE

The role of homeopathy can gain an increasing significance and recognition in helping a post COVID-19 roller coaster of ill health and its lingering marks alongside the social stigmatisation and psychological issues of survivors. To consider these challenges, to find remedies conforming well to the underlying dynamic pattern is of paramount importance and utmost urgency.