

Opinion

Long Covid: New findings and Theories

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Received Date: 11 March, 2025 ; Published Date: 07 April, 2025

Keywords:

Covid-19; Mortality; MRI; Prevention; Treatment.

Citation:

Doepp M (2025) Long Covid: New findings and Theories. Digital J Sci 2(4): 126.

DOI: 10.63592/DJS/126

Abstract

This paper explores key factors influencing Covid-19 mortality, particularly the higher rates in Western countries compared to East Asia, possibly due to dietary differences. It also examines gender as a risk factor for Long Covid, with postmenopausal women being more affected. Long Covid subtypes are outlined, alongside therapeutic approaches ranging from medications to natural remedies. The effectiveness of *mRNA* vaccines in reducing mortality remains questionable.

Introduction

Covid-19 has shown varied mortality rates worldwide, with Western countries like the USA being more affected than East Asia. This may be linked to differences in lifestyle and diet rather than genetics or industrialization. Diets rich in processed foods and sugar are common in the West, while Eastern diets are more natural. Additionally, gender plays a role in Long Covid risk, especially in postmenopausal women due to hormonal decline. Understanding these factors is key to prevention and treatment.

Discussion

Mortality

The Covid-19 era is in full swing. This primarily concerns the USA, as it had a relatively high mortality rate from this infection compared to the rest of the world [1]. One could ask why countries in East Asia (Korea, Taiwan, Japan) had a low mortality rate and Western countries a higher one. It cannot be related to racial genetics, because China had a rather high mortality rate. The degree of industrialization is also about the same. However, one could look at the way

of life and, above all, the diet. In the West: processed food based on wheat, corn and potatoes, genetic manipulation, with high consumption of meat and sugar, in the East: natural food based on rice, vegetables, soy products, algae, fish, with little meat and sugar. This is most pronounced in Okinawa, the island with the highest life expectancy.

Sex hormones

A newly recognized risk factor for Long Covid-19 is gender: women have a greater Long Covid risk than men, especially post-menopausally [2]. Men are known to have a slower decline in sex hormones after the menopause than women. It is therefore a risk of having a deficit of sex hormones relative to age. This could be compensated for with prohormones (such as DHEA and pregnenolone).

Long Covid subtypes

Recently, the inconsistency in the Long Covid definitions has been classified. [3] Geng et al. distinguish five subtypes based on a scoring system of 44 common symptoms. Symptoms such as fatigue, post-exertional malaise or pain, dizziness, brain fog and palpitations persist in approx. 5-7% of cases in which Covid infections have occurred.

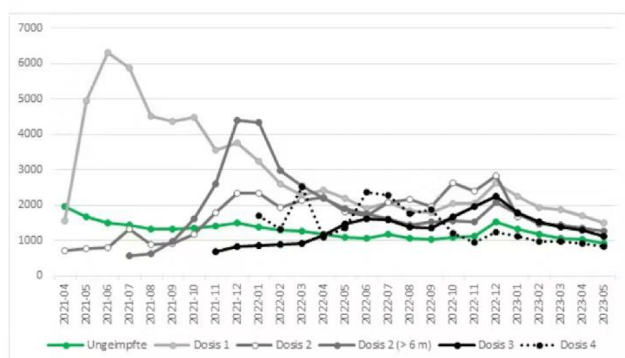


Figure 1: Age-standardized non-Covid-19 mortality rates per 100,000 in England by vaccination status; rates of the unvaccinated are used as a benchmark (green line); cases were included if a vaccine dose was administered at least 21 days previously; «Dose 2»: the second dose was administered no more than six months previously; «Dose 2 (> 6 m)»: the second dose was administered more than six months previously; data from the Office of National Statistics, England.

Subtype 1 (21% of those affected) has a slight impairment of quality of life and everyday functions, with fatigue in the foreground at 66%. Subtype 2 (10% of those affected) has very pronounced symptoms, e.g. 100% chronic cough. Subtype 3 (19%) mainly shows the stressful symptom of brain fog, which is subjectively very stressful and prevents concentration at work. Subtype 4 (30%) is mainly characterized by dizziness, palpitations, gastrointestinal complaints and night sweats. Subtype 5 (20%) is the most severe form with life-threatening symptoms. Antibody determinations are used for objectification [4].

Therapies

Therapeutically discussed are: Nirmatrelvir combined with Ritonavir [5], Hydroxychloroquine, Azithromycin [6], Chlorine dioxide [7], Dandelion leaves, Citrus peels, Licorice roots, Pine needles, Pomegranate peels, Red kitchen onions [8]. Further approaches to classification and treatment are available in the literature [9-15].

Vaccinations

Another open question is whether the mRNA vaccinations against Covid-19 had a positive effect on mortality or not [16]. A mortality graph from England raises the suspicion that the vaccinations had no mortality-reducing or even mortality-preventing effect (Figure 1).

Conclusion

Five years after the outbreak of Covid-19 infections, things are gradually becoming clearer. There are indications regarding prophylaxis (natural diet) and consequences (e.g. use of chlorine in an adequate form) that need to be considered. The mRNA vaccinations probably had no positive effect.

Financial Support and Sponsorship:

No financial support or sponsorship was received.

Conflicts of Interest

No conflict of interest was declared by the authors.

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