

# Post-COVID-19 Syndrome

More than complicated than most think.

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A recent [Wall Street Journal article](#) highlighted what some people (possibly more women than men) are experiencing after they recovered from the acute COVID-19 illness. The symptoms, which may be relapsing and remitting, are similar to dysautonomia, chronic fatigue syndrome—also called myocytic encephalitis [ME], or chronic fatigue immune dysfunction [CFID] (severe fatigue, brain fog, exercise intolerance, rapid heart rate, inflammation) and can also include recurrences of the original illness such as numbness, gastrointestinal illness, headache, breathing issues, and markedly reduced endurance.

While some physicians are attributing these symptoms to [anxiety](#) or [depression](#), we believe that is not likely, except to the degree that one's life is turned upside down by Post-COVID-19 Syndrome. While we are happy to see that [attention](#) is being given to this syndrome by major academic centers, we are concerned that the narrowness of the approach (focusing primarily on immune modulation and treating dysautonomia) is likely to leave many people without relief.

In general, illness is a function of:

- Antecedents (i.e., things that make you vulnerable to illness, such as [genetics](#), [trauma](#), other illnesses, poor [diet](#), relational/financial/employment stresses). These are specific to each individual.
- Triggers: the trigger, in this case, is the [Corona Virus](#) (SARS-CO-V-2)
- Mediators: the factors that maintain illness.

It appears that there are, broadly speaking, two classes of mediating processes involved:

- Reactivation of the virus with recurrence of original symptoms. Many viruses hide in our genome and reassert themselves under certain conditions. In such cases, a period of ongoing anti-viral [therapy](#) may be helpful, in combination with the treatment of the systems listed below.
- Post viral degradation of immune, [hormonal](#), autonomic, gastrointestinal, detoxification, mitochondrial, [epigenetic](#), nutritional, and neurological systems. Evaluation of these systems and correction of identified deficits is required for recovery.

With more than four decades of experience in functional medicine (I have been using functional medicine since 1983, before it was called functional medicine) and more than 25 years of successful experience treating Chronic Fatigue Syndrome, Chronic Immune Response Syndrome (CIRS), chronic and acute Lyme disease, we are ready to apply our FX-HYLANE program to Post Covid-19 Syndrome.

To date, although our numbers are small, we are fortunate that none of the patients we have treated for COVID-19 (including my son) have developed Post COVID-19 Syndrome, including patients who are in high-risk categories (e.g., diabetes, [obesity](#), hypertension, chronic lymphocytic leukemia).