



:iMedX

12 March 2024

Dr Robert Clancy
Centre for Digestive Diseases
Level 1, 229 Great North Road
FIVE DOCK NSW 2046

Dear Dr Clancy,

RE: Orida Armour Lushmoor **DOB:** 27/9/1973 **MRN:** 6308221 **Gender:** F

DIAGNOSES

1. Pfizer vaccine reaction October 2021.
2. Long COVID, stemming from acute COVID infection in October 2022.
3. Postviral myalgic encephalomyelitis due to 1 and 2 above.

MEDICAL BACKGROUND

1. Abnormal liver function - likely hepatic steatosis.
2. Right mesial temporal lobe abnormality on MRI brain, ?developmental - for further MRI with contrast and EEG.
3. EBV infection.
4. CMV infection.

MEDICATIONS

Ivermectin cream 10%, McCulloch protocol - nattokinase, vitamin C, NAC, serropeptides, curcumin, quercetin daily.

It was kind of you to ask me to see Orida (50). She was accompanied by her husband today. She is a right-hand dominant woman who is currently on JobSeeker with a sickness certificate, having had various occupations from a gardening service, travelling shoe salesman, running shoe stores and a dairy farm. She lives with her husband and their dogs. She has no children. Orida was very healthy until she received a second Pfizer vaccine in October 2021. She had a significant reaction on the day, characterised by blurred vision, somnolence and fatigue. She never returned to her baseline level of function and had significant pain and heat intolerance.

In October 2022, she had a febrile illness which was diagnosed as COVID and was managed in isolation in the hospital. During her isolation, she had an episode that may have represented a seizure. She recalls involuntary movements of her right upper limb after taking medications for COVID, one of which was dexamethasone, and may have

had a brief loss of awareness. It was not witnessed by medical staff.

She describes that since October 2021, her health has been significantly affected. She has significant fatigue, reduction in cardiovascular endurance, and escalation in weight of 15 to 20 kg. She describes some spinal mechanical instability with what she refers to as "clanking of the spine" with routine movements. She describes instability of the hips and a pain across the sacrum between the sacroiliac joints. She has migratory cramps in her legs, feet and posterior thorax, and fluctuation in her eyesight with bilateral ocular pain. There has been a degree of urinary incontinence and sexual dysfunction. She has pain induced by normal intercourse. She has been unsteady on her feet, with a degree of ataxia. She has to wear incontinence pads.

To her credit, she has sought comprehensive medical assessment. Her CMV and EBV serology were positive also at the same time as the COVID reaction but I am not sure viral loads were undertaken to confirm acute viraemia. Since that time, her liver function tests have been mildly elevated and she was seen by the Liver Clinic this morning. Hepatitis A, B and C have been negative. She has seen an optometrist, which has not identified any significant ophthalmic pathology. She has had a band of fullness in her pelvis, although CT of the abdomen and pelvis in October 2022 was unremarkable.

Orida has seen my colleague, Professor Robert Clancy, in April last year. She has been given a trial of oral ivermectin and is currently using the lotion. In addition, she is following the McCulloch protocol, apart from the bromelain. She described that for three days after starting the oral ivermectin, she was completely back to normal (pre-vaccine level). This degree of improvement was not sustained and the cost of the ivermectin is untenable. There is some improvement with the cream, however. She also finds that the McCulloch protocol has also given her benefit and there has been a reduction in her pain and improvement in her disability, although she is nowhere near baseline. Her symptoms fluctuate from day to day.

Orida underwent an MRI of the brain and spine at Goulburn, which has identified this right mesial temporal cystic change, the aetiology of which is unclear but could represent a DNET, MVNT or a neuroglial process.

On examination, funduscopy was normal. The cranial nerves were intact. Tone and power are normal throughout with symmetric reflexes and flexor Babinski responses. There were no cerebellar signs. Her gait appeared stiff and was slightly unsteady, although she was able to tandem gait and Romberg's sign was negative.

ASSESSMENT AND RECOMMENDATIONS

Orida has combined features of COVID vaccine injury and long COVID, which are in keeping with a post-viral chronic fatigue type syndrome, in keeping with "myalgic encephalomyelitis".

In regard to her possible seizure in the hospital and the right mesial temporal change, I have asked her to have an EEG along with an MRI with contrast. Interestingly, she describes episodes of what she feels like an unusual sensation in her thorax where she "shuts down and everything becomes quiet and slow". There is no altered awareness but she feels a sensation of doom. This has significantly lessened since she started her medications prescribed by Professor Clancy.

I will generate referral for her to the Long COVID Clinic and I have encouraged her to persevere with her level of activity. I would be pleased to support her disability pension on the diagnoses above.

Yours sincerely,

Electronically Approved by:

Dr Susan Tomlinson
Adjunct Clinical Associate Professor

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