Introduction to Dr. Paul Anderson

Welcome to this episode of the Mycotoxins and Chronic Illness Summit. It is such an honor to introduce to you today Doctor Paul Anderson. He has taught and mentored me, greatly influenced the way that I think about and practice medicine.

He's had a huge influence on me, and he's given massive contributions to medicine in research, education and patient care. We're just so lucky to have him with us on the summit today.

Doctor Anderson is a recognized educator and clinician in integrative and naturopathic medicine, with a focus on complex, infectious, chronic, and uncle logic illness.

In addition to three decades clinical experience, he also was head of the interventional arm of a U. S., NIH funded human research trial using IV and integrative therapies in cancer patients.

He founded Advanced Medical Therapies in Seattle, Washington, a clinic focusing on cancer and chronic diseases, and now focuses his time in collaboration with clinics and hospitals in the U. S.

and other countries. Former positions include multiple medical school posts, professor of Pharmacology and clinical medicine at Bester University and chief of IV services for Bastia Oncology Research Center.

He is coauthor of the hay House book Outside the Box Cancer Therapies with doctor Mark Spangler, as well as coauthor with Jack Canfield in the anthology Success, breakthroughs and the Lion Crest publishing book Cancer The Journey from Diagnosis to Empowerment.

He is a frequent CME speaker and writer and has extended his educational outreach, creating an online website, consult Doctor A.com and advanced applications in medical practice AMP conferences.

AMP is dedicated to bringing next level learning to healthcare professionals to enhance their knowledge and clinical skills in a CME approved format. Today, we're going to discuss complex chronic illness and Covid long haul syndrome.

He knows more about the subject than anybody. I would consider Doctor Anderson the expert on the subject. What an honor it is to have you here with us today, Doctor Anderson, thank you for joining.

So let's go right into it. All right. Have you seen a relationship between mycotoxins, illness, complex chronic illness and Covid long haulers? Yeah, I think, it might as well just jump right in the deep end.

Yeah. Yes, yes, yes to everything. But, maybe to put a little bit more flesh on that. One of the things I would say, you know, and you mentioned in the intro, I've been doing this a long time.

One of the changes over, you know, 20 or 30 years, if you look backwards is mycotoxins, illness, mold effect and all of that. The well, the testing and assessment and used to really exist very well, very hard to figure out whether a person, you know had that going on for sure or not.

And we used to come at it more from, maybe an allergy immunology point of view, because that's just the state of the art. So in, in those days, we actually were treating a lot of mycotoxins and mold illness sort of empirically, just from signs and symptoms.

I happened to practice in the northwest of the United States, where everything is mold. So we always assume there was some of that. But we didn't have a lot of the things we have nowadays to sort of, you know, bracket where the

problem is.

What I saw as time went forward and I looked at cases. So we'll we'll get to Covid second, I guess. But cases where people were getting sicker with treatment instead of better and not necessarily the treatment was bad for them.

Mycotoxins, Mold, and Complex Chronic Illness

But, you know, the one doctor would find a couple of infections that were chronic and treat those and the patient gets better and then they crash, and then someone else would find some, hormonal issues and treat those and they get a little better and then kind of level out one of the many things that when you look at those cases and say, well, it's just, you know, it's not that those were bad treatments, but there may be other things wrong.

Mycotoxins, are behind, I would say the majority of cases that, that I joke. Now, that's not to say that not a lot of other things, but mycotoxins have, as people probably already heard, so many ways that they, derail the immune system or confuse the immune system.

And if you combine a confused immune system with, microbes that are opportunistic, it's a real bad combination. So you can, you know, kill some microbes.

And if the mycotoxins are still there, other ones will find their way in, for example. So mycotoxins mold, complex illness. And I really look at mold illness as all of the different ways into the person's, you know, immunology it has, which are many and they include the toxic part.

But they also include a lot of, immunologic problems that are created by that. So once you start to deal with that, and once we can actually start testing people for mycotoxins and things that nature, it was it was very, mind blowing to see. Yes.

These cases where we've been sort of getting better, but not a lot of times the micro toxins were in the back, as well as other toxic things too. I think, in the case of, Covid, one of the things that you see with Covid patients, because this is I mean, we've been at this now for a year, I mean, really longer.

But in the public mind, we've been at Covid for a year. And one of the biggest questions, which is very logical, is how come, you know, ten people can get it and they're sick for one, two, three weeks.

They get better. A few of them have post Covid milestone and then another five people over here, and some of them are in the hospital on ventilators and some are very sick for months and some have post Covid for a year.

You know, how can one disease do that? Well, one of the explanations, and having walked through this with people for a little over a year now, it makes a lot of sense is it's probably not the Covid part of their illness.

It's what was underneath that maybe you didn't know you had. So in, but I did a real in training for doctors about post-Covid illness. And one of the things that I tried to unpack in that is, you can have an asymptomatic person with, say, micro toxin illness, or chemical toxins or chronic infections or all of the above.

Their their body has tolerated it. They don't have symptoms. You get one good triggering event. Covid is a wonderful triggering event in that respect.

And it sort of takes the lid off of all of those things. So one of the things that I usually recommend is, you know, if somebody processes through Covid and gets better and has no post-Covid syndrome, you do supportive things and they get back online.

But people who are either really hit hard and or not getting better, whether it's just elongated Covid or post-Covid, you really need to step back. You need to check for those things that you weren't thinking of before.

And Michael Toxins is one of the very common ones that I've seen come up with that. Right. Thank you. I've also seen a lot of tick borne illness come up.

For instance, I've had patients who are new to me. They didn't have a tick borne illness. They didn't need to be my patient until they've got post-Covid lung that pops up.

Yeah. Not along with the mycotoxins. Yeah. And so it really does make you have to step back and treat them as a blank slate because, it just just like micro toxins can suddenly be a problem.

They really weren't. So, the immune system gets so confused that, late in infections, you never have symptoms of or just a new exposure just suddenly become a big deal.

Yeah. So you really have to think of all of the possibilities that make people out sick and look for it. Yeah, yeah. Dutch Anderson, what do you think of the different infections interacting with one another in the system?

So for instance, if someone does catch Covid and they had mold, mycotoxins and or tick borne illness and other viruses underneath, do you think that those other, those other infectious agents will come roaring to the top along with the Covid at the same time?

Have you seen them? Definitely. Yeah. And there's actually, no one pays much attention to it in North America, but there's actually research from North America and all over the world that shows the amount of co-infections people have who have the worst Covid, and it is you could pick any bad chronic infectious agent you've ever heard of and some acute ones, and they're on the list.

And there's some that people have never heard of that are on the list, too. You know, some really weird fungal and parasitic forms and things of that nature.

So, the frustrating thing, at least in the, in North America, is a limit to there because other countries are looking at co-infections a little more is if you don't look for them, you will not find them.

Right? You know, there there isn't a lot of yes, especially in the early days, you know, they would check for a couple of bacterial pneumonia organisms and influenza.

And that's about it. Right. And that's great, you know, but but there's a lot more than that. Yeah. We see a lot of the chronic, bad acting infections.

And you really do need to look like when someone has Covid. And again, the way I sort of look at it is if they're getting better quickly, it's probably less of an issue.

And one of the things that I think is important, that, again, hasn't been publicized a lot, but there's, a very linear grading scale, you know, like we do for other problems in medicine.

So one through four scale. And the worse you are on that scale, the more you are supposed to be, you know, digging for other problems and infections are a huge one.

But just just in the research I did for, you know, the physician training, there are many, many, many. It's not just like one paper or many, many, many peer reviewed papers where they just check people for a lot of infections.

When they got Covid, turned out they had very common infection. So if you imagine, you know, you're being supportively treated for a bad virus and maybe one other infection will if you're not treating these other things because you don't know whether their person will get better.

Right. So do you think that ivermectin could treat a broad, a broad aspect of these infections that we might not know it is treating? Yeah. There's so just just to put context around it, we've used ivermectin in well obviously infectious disease, but in, cancer work, oncology for a long, long time.

And so between infectious disease and, and I'm colleghi I just about 20 years of, background is the guy for making the people. So it wasn't surprising to me when ivermectin came up as a possible help.

Now, if you look at ivermectin, I think the reason that it's so useful is certainly it kills certain types of infectious agents. We already know that also.

COVID Long Haul and Hidden Co-Infections

Now what we didn't know before is with, virus like, Covid, it helps as an anti-viral in a couple of different ways. So we think of it as maybe an anti parasite or an eye worm drug.

It also helps as an antiviral drug. It kills a bunch of other bugs too. But there's a third part, that we only really think about in the cancer world.

But the reason it works with cancer is because it, it helps bring the immune system sort of back to neutral so that the immune system can respond appropriately to cancer or whatever else going on.

So I think the other benefit with ivermectin is your immune system gets scrambled basically when when you have something like Covid and who knows what else going on, things like ivermectin.

And there's other things that do this to help kind of bring you back to, able to respond again. So it's probably, because it works so well on so many levels, you know, and Covid is a problem on many levels.

That's probably why it's so helpful. And, you know, I'll just say I've had, family members get Covid who, who were very, very ill and, that was one of the first things to that we made sure that we got.

But among other things, so, yes, I and I think, you know, I think for especially North American doctors, the idea of using ivermectin is just so weird because they think of it as something that treats folks that we don't get in the US.

You know, that whole old story that, hey, you do get those bugs. So it's like that makes no, you know, I mean, veterinarians use it all the time, right? It's so, you know. Yes.

You don't want to be out just sort of willy nilly taking ivermectin. You have to monitor people and things. But but I think of, of the drugs that have been proposed is probably the one that has the most potential, targets that it hits all the same time.

Right. That's great. Thank you. So along the lines of treatment, would you say that treatment for Michael Jackson, illness and chronic illness help Covid 19 long haulers in their recovery?

We talked a little bit. I think we talked we we we approached the subject from the side. But I'd love to hear you talk more about that. Yeah, it it really, it's interesting.

I had a, now we we don't talk to people anymore. We type messages to people. That's how we talk to people. Yeah. Doctor, last night, and they were, you know, they're in an area that had a lot of Covid.

And so now, of course, what they're getting is a lot of post-Covid. And, they, you know, they said, well, they kind of made it through half of the physician training I did in, in, which is about normal for people.

And, and I said, well, I said, you know, while you're waiting to go back and go through rest and think of it like this post-Covid, that's bad. Okay. So there's post Covid.

That kind of goes away with little supportive treatments, and that's great. But there's a lot of people that are right, you know, grade two or 3 or 4 where it's bad, bad.

And I said, you have to treat those people like this sickest, chronically ill person you've ever seen in your practice.

And you have to regard and this is what blows people's minds medically.

They could have been super healthy before. And so you look at their history and you think, well, there's no reason I would think of mycotoxins. There's no reason to think of, tick borne illness or chronic virus or chemical toxins or whatever.

Now, you don't have to think about that. Even though they were super healthy before, I actually have friends, who were probably some of the healthiest people I know who had post Covid linger for nine, ten months.

And it's because it just up stuff that they didn't realize they were dealing with. So I think if you want to make it as simple as possible, if you go back to step back from the induction based on how healthy they were about Covid, that how they are now, it's exactly the same thought process of someone coming in who have two other or mitogen related illness or one of them.

It's it's exactly what it is with the sicker folks, not the not the healthier ones that get over it, but the sicker folks who don't get over it. Yeah.

Can you tell us a bit about the mechanism of action of how that happens? So so Covid comes in, it reshuffles the immune system or it reignites it so that these other things, these other insults to the system are now exposed.

How does that happen, doctor Anderson? Yeah, it's and and I really have to, normally the, normally the system, as it were, in medicine is not something that I would applaud, but, with, with Covid, one thing that's happened is a lot of really good research was able to be fast tracked through so that everyone could see it and, and still go through peer review and all that stuff.

But but what might have taken five years before turn 5 or 6 months and people or, you know, researchers were incentivized to do it because all the doctors were like, I have no idea why this virus in one person makes brain problems.

And the other one, it's their heart or their lungs or, you know, whatever the reason I bring that up is not the other. These researchers were looking at this question you and I are talking about, but they came upon, very novel ways in different organ systems where the presence of the Covid infection actually turns on, immunologic signaling.

That is not normal for other infectious processes, and especially with that specificity. So, for example, when they were trying to study and figure out where, where does the brain fog and the chronic headaches and the brain stuff come from?

They found out that there are particular, cytokine and chemical messengers systems that get upregulated pretty much just in neurological tissue. And then that confuses the immune system, you know, that protects the central nervous system.

And then you get these symptoms downstream. And then you go to the lungs and it's a bunch of different pathways they get turned on that never are normally turned on in that way.

And then you get clotting or inflammation or, or whatever. And then globally this stuff happens too. So the way I, try to explain it to doctors is you have a very novel, immune affecting viral illness, and it literally can go and just I it's it either opens a door for infection or other things to walk through that you didn't have before.

Or as we know, many people have low level, mycotoxins, exposure or other toxins or even infections. But our body has kind of kept a lid on it. Right? And it opens those doors to.

So suddenly I have no resistance to that. You know, and, and it's very, it sounds mysterious, you know, that the one infectious process could do all this, but it's actually quite well mapped out insofar as how these doors get open, whether from something I never had or something I was holding, I didn't know I had.

Ivermectin, LDN, and Immune Modulation

So it literally is a, is a, a signaling process that the immune system shouldn't be doing. Thank you for that. I think that's such an important piece.

Not too many people look at it or ask about it even, or they ask the question stops and they just keep going, you know? So thank you for that. It's a really important piece.

Can I make one real quick? Yeah. Just it's not about ivermectin, but ivermectin. The question made me think about it. Yeah. And, because I was thinking about it just this last week, and a friend a paper in the time of Covid.

So the last year, came out to support this. A lot of us use, a drug called low dose naltrexone in treating chronic illness, because at low doses, it has this sort of immunomodulatory effect.

Well, it turns out if you look at a lot of these signaling things that we talked about being turned on, and you're trying to push them back to, you know, being level ivermectin helps with that from one point of view, even in, some peer reviewed research, low dose naltrexone was shown to also help to sort of put the genie back in the bottle, too.

Now, incidentally, a lot of chronically ill people are already on it. So it's already, you know, part of what they're doing. But it's so impressive when you look at the more things you can do that just it's not here.

It's not like giving someone a lot of steroid to just suppress their symptoms. This is actually just trying to get their body to do the right thing. Again. It's forgot it's lost its way.

So I just wanted to mention because so many people already use that as part of, you know, treating chronic illness, low dose naltrexone. There's one paper and there's probably going to be others now specifically for Covid, where at the end, of course, you know, at the end of papers, the authors always say, well, we need more research and whatever.

But they said, you know, while we're waiting for other good ideas for Covid, it wouldn't be bad to give, one of these multimodal and AI infectious agents and LDN.

And so, you know, what I've been doing is ivermectin and all the other than all the other stuff. But I just wanted to point that out because I don't know that I've heard of anybody bring up that research.

It's it's like nobody it's just like ivermectin in North America if you say low dose not charge. So to most doctors in North America, they're like, what are you talking about?

Well, what do we you know, let's say. Yeah. So anyway, I thought we might as well throw that out there too, because it's, it's it's a legitimate. Yeah.

Well, that note then I'd love to hear what you think about the, the use of peptide therapies for that. For example, maybe time is in beta for people for frag or kp v for immune modulation at this point.

I think, you know, just I think probably for the folks listening, peptide therapies have become much more common and in use with chronic illness in many of the same ways that we believe that they help with micro toxin injured people and try to help, you know, kind of get the system back online and moving forward or tick borne illness, etc..

They work equally well along, you know, along with post Covid. I think the, and you mentioned a whole bunch of the different types of peptides. It's it's not is this sort of like the same with ivermectin and a little style track.

So in if you're used to using them it's not a different use really. It's just you're using for different problem. Kind of the same with peptides. If the person is ready or needs, you know, say more thymic support than the the thymic stimulating ones or the thymic modulating ones, you know, probably the ones to start with.

If they're a little too fragile for that, then you might want to work, you know, from the outside in with some different ones. But yeah, I think, kind of like a lot of this stuff we've talked about the the advent of having peptide therapy is available there.

I mean, we've had them for a long time, but they didn't used to, they were, they were a little less, specific in high tech and all that stuff. And I think that we have now, we can focus them a lot better than what we used to have.

But just for a historical note, like we used to do stuff that I'm sure is illegal now, but, in the olden days, that we would get. And then, and it was basically peptide therapies, they were just a lot different and they would have miraculous effects with people.

It was just it was very hard to get, you know, and, and they were always being, shut down and things of that nature. So that's really an old story too.

I, I'm not doing that right now. But right now it's sort of like we figured out why that old stuff work, and now it's a lot safer and easier to use and all.

So it's what do you think of, biological allograft, for example, exosomes or stem cells maybe. Yeah. I think, you know, I, I think in the setting of either chronic, chronic complex illnesses, which includes one of, you know, everything or post Covid, etc., and with the caution that, of course, everything is individual and some people maybe it's too early in their case or something, but generally speaking, the idea of exosomes is, I think, a useful idea in these sorts of illnesses because, again, it's a very top down sort of let's tell the system to operate the way it was meant to operate.

Because what you have, if you look bottom up is you have either infections, mycotoxins, chemical toxins, other bad things. They're telling the system not to operate just to preserve them.

Right. They're telling you to operate out normally. Right. This is all mole therapies. Other stuff kind of come down from the top and say, no, this is what you were supposed to do.

And then, you know, the system can go back to being, protecting you instead of, you know, the outside, problems.

Peptides, Exosomes, and Stem Cell Support

So I think that, those sort of therapies are very useful, you know, I've seen again, that some it's about timing that I think a lot also, practitioner how adept a practitioner is with it, but with certain allograft stem cells type therapies, if it's the right time and it's the right sort of therapy match for that patient, I've seen it be, very helpful to kind of move them forward.

You know, one of the things with either access or anything we've talked about sometimes all that is, is, human nature, especially if you're sick and you're a patient is you really would like one thing to do everything for you and and the concern, you know, always in trying to relate to patients is this, this is maybe a very potent therapy, but it does what it does.

And, you know, we still have to take care of these other things going on. Exactly. So you can do some really cool peptide or exosome therapies or stem cell.

And it can get you to the next step. But there's still work to do with other stuff. So but yeah, sometimes those things are at the right time. They can push somebody forward in a good way.

Right. And then I've had patients come to me. They've had those therapies previously at the wrong time. It's backfired or done nothing. So I think I think what you're saying is so important, that little bit time is critical in addressing the whole system.

What else is, is, getting their whole system out of balance and stuck in a loop of repeat? Yeah. Yeah, yeah, I think

it's any any treatment can be that way.

The more the more broadly affecting of the person, I think the more they notice it. So exosomes, stem cell peptides, naltrexone is that way, etc. if the body doesn't have some preparation for whatever the therapy is going to do, the person can actually feel worse.

And it's not because the therapy made it worse. It just it went into a system that had no support. So, you know, a lot of times that's a conversation with patients as we, we, we really need to kind of, you know, sweep the dust up a little bit and get you a little stronger.

And then let's do some of these. He, he found that, you have done so much research around high dose vitamin C and treatment, and I love to hear, hear you tell us more about I. V..

I meant to say IV vitamin C. I said hi to us by about IV vitamin C and and, and Covid in general. How can help with acute Covid, how it can help with long haul.

How how can help with mycotoxins and mold illness? I'd love to hear you talk about that. All right, well, that's the there's a lot in there. So a couple of things.

One is with regard to I think those were backwards in time, with regard to Covid, most people, even in the popular media, you know, in the beginning with Covid, there was some talk that, well, in China, they were doing it vitamin C, it was helping with people in the hospital with Covid.

And there was some talk about that in other countries. There was some talk about oral vitamin C. And so at the really early in Covid, I think it was a year ago, or maybe 13 months ago, the, ortho molecular medicine, group, I did, vitamin C training about Covid in vitamin C, that was international.

And, it was, you know, donated that to the, because it was an acute problem that was going on. And doctors, you know, kind of wanted some guidance. Well, it turned out that around the world there was like 9000 health care providers that listened to it.

Just the first week it came out. I've never done anything that was that popular. And, and, and part of it was, if you go back to the early time of Covid, it's here.

It's not going anywhere. There were no answers, you know. So people were looking for some advice. So in preparation for that, what, what I did at that time is, the only research that we have a lot of vitamin C research.

Okay. And that's why they asked me to do it, because they know I was familiar with vitamin C. But the only research that was going on or anything that was covered in vitamin C together was, was in China, because no one had done it anywhere else.

Right? So what I did is I went to, there's a, a group of hospitals that were treating most of the, Covid patients at Wuhan and they in Mandarin had got very, very good records of lots of things.

But one was I'll be writing and saying another one just to circle back to something. Before that, they started check right away were co-infections. And they had started they started to co-infections on hospitalized people immediately.

And it that's where I started to think of this as a paper deal. And elsewhere, so what I did to help out and just given what's going on clinically is, I got all that translated because I don't read Mandarin, looked at, you know, what was the protocols?

What were they doing? Well, in a hospitalized patient, it turns out. And this has been borne out by other research, now that if you're in the hospital, you're better off getting a reasonable dose of vitamin C, but just continuously all day long.

Well, if you're in a hospital with Covid, you're not going anywhere. So you can be right. So when we do that, with patients and I have been able to talk to a few hospitals in the US into it, and some did it on their own without my help.

It's less vitamin C than you. Or I might give a sick person in an outpatient setting, but it's persistent. It never stops. It's every day they're getting by.

And why would that be important? If you're in a hospital, if you're in a hospital, you got big problems with Covid. The reason it's better that way where they're getting, you know, around a gram, an hour or 24/7 or 24 or 25g a day, is there vitamin C rising sea levels drop with illness.

We don't make vitamin C adherence to bad things. If you get an inflammatory illness like Covid, the D ranges your immune system. You burn up your body. It's even when you really need it.

So this way it's going in all the time and the illness never has a chance to take that. One very important thing away. That's one use in patients. In the first serious case series that they did in China, they actually didn't have any ICU patients die that got the vitamin C, and they had a lot did it did. Well.

Then of course, everybody says, well, I report on that in the write it up.

IV Vitamin C for COVID and Recovery

And a couple of states in the US, the Department of Health got a hold of me and said we would like to have this as a protocol. So I wrote up as a protocol for hospitals.

And then of course, nobody got blocked because other people sign that. Like that. So what happened though is there's been a number of studies started to replicate those first case series two have been published.

And so 11 months after this all started, I wrote a follow up to the original research, and just summarize those to, you know, peer reviewed control trials in humans.

And it was the same outcome. You're way better off giving the hospitalized person. But see, it doesn't hurt any of the drugs they're getting. So go ahead and do it.

Well, it's a it's a little limited because not many of us have control over what's going on. Once a patient to the hospital, I can say I've had a few where the families pressed hard enough and I was able to provide the info.

Magically, the person got off the ventilator and got out of the hospital. But it's tough. But what I have seen, with my own is when there is control over it is if you get the person when they're first ill and they're starting cough and fever or whatever their initial, that usually is cough and fever.

And of course everyone's got a lot of PPE precautions going on. But if you can safely and there's reasons where it's safe and not safe, but if you know their labs, if you can give them a reasonable dose of vitamin C for a few days in a row, say 50g or 75g more than what we're doing in the hospital, but you're doing it at once over a few hours each day.

I've seen with my own eyes those patients be very sick for those initial days, but then get over, you know, their their illness more quickly. To date, none that I know of and have developed to a lot of post Covid now, I think the reason for that is not, you know, just that the vitamin C is magical or something.

But I think it gets the immune system everything it needs. It creates more of a, oxidative stimulation of the immune system to, to really have a good fight with the virus as opposed to this weird, you know, confusing fight that happens.

And then if they can be supported with other nutrients state, they heal up faster. And I think that that's why that

works the way it does. And what they were doing in China, just because most people don't know this, because, well, that's a whole it just comes with a lot of good suppression of information. But, what they did in China and this is literally in there, once you get this stuff translated, they realized, and I don't know if you remember, but, you know, the Chinese government basically bulldozed all of the roads going in and out of that whole area.

So no one's going anywhere. They realize we only have so much room in all of our hospitals. Cost. So what they did with people who were not, sick yet, but Covid was endemic was they put people on bowel problems, oral vitamin C, and they they brought in train loads of just ascorbic acid powder.

And their theory was anything we can do to keep them out of the hospital. We, we would like to do. And the two things that they did were, traditional Chinese medicine and vitamin C.

And so what I had back even then, just over a year ago, what I was trying to counsel people to do was, it is not just traditional Chinese medicine, but whatever your endemic medicine in your area is, get someone who knows how to do that, get vitamin C, do the best you can.

Now we know a lot more stuff about vitamin D and zinc and all the other goodies that we give people. Well, it turned out even in their early research in cases that in post Covid, that also helped.

So when they got people out of the ICU, if they lived, they would get them to do TCM, and, and vitamin C orally. And there their reports where that was helping and we've kind of seen that since then.

You see the same for our Vedic approaches. What I like to say in North America, as you know, naturopathic medical approaches are sort of a good way to look at our endemic medicine in North America, North American herbal medicine, all that very, very useful.

And the idea is it doesn't make you not have the disease, but it helps your body weathered the disease better. You know, a lot of the said, like the person doctors told me last night, it it's just it's it's going to happen.

That's just the way the world works. But it's kind of sad to see people who live through Covid and they really into a whole lot of stuff for it, because like, if you're in the hospital with Covid, they do the least amount of treatment because you're not sure, you know, you you only get what you need because you don't want to be over treated.

The hospital well, you live through the Covid and then you've got this really bad post-Covid. Part of it is because your body just is drained of everything you need.

You know, you need all this stuff to be helpful. So, and I think that's the phase we're at now with people here a year plus into it. It's amazing to me that the Chinese government, it was government driven, right? Could see.

Well, I think it was two things. And this was actually early on when, you know, before there were like the second paper that I published about vitamin C and stuff had, actual controlled trials and all the data and all this business.

And so that, people were a little less mean about it, you know, but early on when I would try and share this, even though some American like the the society for Emergency Medicine came out and said, give people vitamin C in the ER, it's not going to hurt anything that they were like, fine, just do it.

You know, even though there was some support for that early on, what a lot of the feedback you know, that I would get that was not so friendly was, well, hey, we don't trust the Chinese and B, the Chinese government lies about everything and all of this.

So how do you know you're getting the truth? What really was happening was the Chinese government created an environment where, nobody could leave those cities.

The doctors were under a lot of pressure to not only not have everyone die from this, but also figure something out. So if you look at the reporting that I believe is trustworthy, that comes from the doctors in their case reports on what

the hospital systems did, it wasn't the government dictating it, because I do every government colors information the way they want it to be colored.

I think because this was this was very raw reporting, like from, you know, early 2019 or 2019 or, you know, when Wuhan blew up, they just started keeping track of everything.

And so it was literally like almost like a scientific log off. This is everything we've done with patients, everything we found. And then they started collating information.

So it wasn't, it wasn't pretty up and it wasn't sort of filtered through the government. So I do think it's a distinction to make that they, they allow the doctors to do their work, but they weren't there a lot of pressure to find things that didn't work so well.

This is, like secret gem information. I don't think that, much of the population knows about this, so. No, it's not, and I'll tell you do publicizing as much as I did when it first came out, when I got stuff translated.

Yeah, it doesn't go very far, you know, because people no, no regular news outlet is going to pick something up and say, hey, what are they doing in China?

You know, it's right, but your efforts are so important. I mean, you did that. That's amazing that you went that you translating that stuff and gathered.

I had professional help for I don't translate Mandarin, but I mean, yeah, this huge. Yeah. Yeah. It was you know, so, so the reason I started with Covid, I sort of, you know, work your way back was that's what, you know, everybody is sort of interested in and all that.

But then if you look and you kind of take a step back, exactly the same as our discussion about, say, peptides or stem cells or whatever. I v right. And see, is this really unique thing in medicine where across its those spectrum but like not track that actually it does different stuff across the spectrum.

We're learning more and more about that all the time. So sometimes lower doses that are more persistent actually have a better effect if you're real sick than a big high dose.

Sometimes a big high dose over a short period of time every day can be really helpful if you're just getting sick. What you're saying, and then, you know, in cancer we sort of use it a different way.

But vitamin C is a big tool, and it's like the others where if you then have the supporting cast helping, if you have, micro toxin as a component of a chronic illness and maybe as an infectious day with other stuff, vitamin C helps the immune system do its job, but it also supports a lot of detoxification, pathways.

And so one of the reasons we believe it works in these complex chronic illness cases is that it's able to kind of go in and find where the, you know, where the, where the deep spots are and fill them up, you know, kind of support.

And because it's part of our system and it's part of the way our system operates normally, our systems are very comfortable with it. You take something, as good as, say, ivermectin is.

And, you know, there's some people where their system doesn't jive with ivermectin because it's not part of humans. But vitamin C is something we all use every day, whether we know it or not.

Our body kind of understands what to do when the molecule goes there. That makes a lot of sense. And that's such a very good answer for patients when they they ask that question a lot actually.

Yeah. Yeah, yeah, yeah. It's you know, there's a lot of things in that in that realm where, vitamin C has a supportive aspect that different doses as oxidative aspect.

And then you might move to other oxidative things, you know, like ozone or other other things of that nature. A lot of times with patients where you're not sure how strong they are, how safe they are, etc., I'll just say, let's start with the thing.

Your body already kind of has, you know, purposes for if you tolerate that really well and we want to go in a big oxidative direction, we might rotate in some other oxidative things.

If that's too much for you, we can dial it back and, you know, do it a different way until you're, stronger. And so vitamin C being part of us, it's a really great place to start with.

A lot of folks. I love interviewing and hearing you say this, and it's exactly what I do every day with my patients, because I learned it from you. It's good to talk to somebody something that's good.

But you tell me this is my last amounts of information. So it's so awesome. Yeah. I'm glad. Yeah. So tell me about, other I. V. therapies that you've had success with in treating mycotoxins, chronic illness and Covid? None. Long haul.

I'd love to. You talk about, the lipids. Fossil title. Choline. Glutathione. Yeah. So, yes. So certainly, there's many other IB things in the world. I think if you kind of start in, in the center, it's sort of analogous to vitamin C already in us.

So we can kind of use that with our biology work or out. I look at the other. I've used the same way. I usually if I look at a patient and they seem very fragile, unstable, etc..

You always want to start easier because you can always make things more intense if you become too intense too quickly and the person just has, you know, all these symptoms because your body's suddenly got a lot of help.

It can be very uncomfortable. Right? So just like vitamin C is part of us, vitamins, minerals and amino acids are a really safe place to start because our body has a place for all of them to go.

So oftentimes in folks, let's say we're not really sure how weak or strong they are. We know they've got a lot of problems, and we're we're just at the tip of the iceberg.

I may start with something where there's a smaller dose of vitamin C, most of the water soluble vitamins and minerals and some amino acids, and just see how they do with that.

And what I will say is, you know, this is, your your illness has burned up a lot of resources. We don't know exactly how many where, but probably all of them.

So what we're going to do here is fill the tank and kind of see how your body does with that and then add to it. What we found is if we do that, then that, prime detox pathways that can be supportive to, elimination, it can be supportive to your nervous system, which gets very, you know, depleted with these problems and all of that.

And then you can add these other things. So for example, real fragile patient, you're not sure how they're going to react. You may do these, you know, what I call sort of the endemic nutrient IVs, a series of those kind of get the person built up and then maybe try and oxidative therapy and see how they do with it.

More likely to that goes well.

IV Nutrients, Glutathione, and Phospholipids

The other thing is you had mentioned, glutathione, sometimes, and it's, it's the same with say stem cell or peptide or whatever. Some people like a lot of one thing, it's really works great.

They feel better and all that stuff. Glutathione is sort of thought of that way. Like, well, we, you know, it's water

soluble. We burn it up every day. We must need it. Right.

And and housekeeper well, probably could have found is it's a little more aggressive than vitamin C goes. And even though they work together. And so if you're a real, toxic person, you get a lot of good.

It's iron. You might do great the first time, and then the next time you might move even more and you don't have enough support to detox. So what what I often do with people is this vitamin mineral you know, approach with a little bit.

So, just let's see how that goes because everybody needs a little closer heart. Right. And they can they can ramp that up if that truly is part of, you know, helps phase two detox.

It does all this good stuff as opposed to, what I saw, you know, you go back to I actually remember, I should be, like, in a rocking chair was grandpa's.

And my grandpa before we had. I've at a time most people freak out. So there was a day when we had no idea, and we we would do other stuff to try and help with growth.

But there was a time then we got to go to town where it was like, well, let's just do a lot of IVF, right? Oh, the occurred was good. If I owned, you know, vitamin C does a lot all on its own, and it uses other stuff, but it's it's simple.

It's good if I own brings with it a whole entourage of, of nutrient cofactors that it has to have when you take someone's been sick for a long time. Yeah. No nutrient cofactors.

Good as iron. Will that feel good to them? Because they can't they can't use it. It gets, you know, it gets used up and it doesn't cycle back through its useful form.

And then you're just sort of a little toxic. No, it's not going to harm you forever, but it's not going to feel great. Right. And we noticed this. Even you had mentioned, you know, cancer research, unfortunately, in cancer treatment, you know, we sometimes have to use radiation therapy, which is unfortunate.

It can be good for a person, but it's unfortunate because at least for a side effects, what is nerve damage? But for research purposes, we would study the sounds effect on regenerating nerves after radiation burns.

And one of the things that we made sure we did, we set up the protocol was the person would get an IV with all of the cofactors first, and then a pretty big dose of could of time, and that worked way better than just, say, pushing would have found it in nothing else.

You push clothes out on super healthy people, so you got lots of cofactors. But if you've had, you know, especially you didn't know you had mycotoxins and maybe some infections and some chemical insults, which we all do, and whatever other problem you got, you're probably more depleted than your faith.

So kind of building from the the stuff that's already in your body and a little bit of found and build your way out. You mentioned lipids to us mostly for lipids.

We'll do phosphate I will choline. There's a lot of that's a family of lipids. But I'll call this mostly used because it's the easiest. It's not that easy, but it's easiest to get in an IV form that is safe to put in people.

It's also the one of the most numerous phospholipids in your cell membranes. So this was the title clean as related to the, it's in the family of things.

People have heard of culture, of glossaries. If people think, well, that's part of my cholesterol panel or something. Well, triglycerides are this process the body does to make, transport molecule for fats.

But then the cousins of the triglycerides are phosphate titles. Okay. And they go to your cell membrane and keep it healthy. So one of the things as you get sicker over time that becomes pacified is your cell membranes.

And so instead of having nice happy fast fertile coli the phosphate title inositol and series of other stuff, you get these sort of damaged lipids and then the cell doesn't work as well.

You also build up a lot of toxic junk, heavy metals. So they're chemicals, a lot of stuff. So when you give somebody phospholipid, they call it a exchange.

What happens is it goes in the cell, says, oh, finally some good lipids come in. We're going to let go of the bad ones. And, you know, we'll fix the cell up.

That's a really good thing. But again, in Fragile People, unless you're doing a lot of the other support things, you have to remember that you when you launch off the bad lipids, you have to go somewhere.

If your detox doesn't work really well, you'll feel really sick from that. And we've had this with people who are troubleshooting, you know, cases with doctors and they'll say, well, you know, they started with phospholipids because they're they're good reasons to do that.

But it turned out the person was really toxic and it was just too much toxin. And they just felt really bad because we know if we do that to a patient, they don't think the treatment was a good idea, right?

Right. You know, it's just a timing thing. It's like what you do with the time you have to have the support doesn't work very well. No shame that I've had people where they had neurological, very bad neurological inflammation.

Second to, you know, let's say molar, you know, other insults. And they had psychiatric, you know, effect from it, which we see all the time, you know, especially real bad mold.

And we didn't have time to just do a lot of gentle build up their system and all that. So you explain it to the person. But essentially what we do with those folks is, the vitamin mineral aminos and then licorice iron and then the phospholipids all at the same time.

So, you know, people, you know a lot of these at once, but that keeps them from having the phospholipids that are going to help their brain settle down from, you know, aggravating them.

So a lot of it is just, what what can you tolerate? How much is your previous illness you didn't know you had burned out in you? And then what can we do to, you know, fill the tank?

Can I get you up there? Thank you so much, Doctor Anderson. It's been such a great interview, such an honor to interview you. And just, when I hear you speak and I see what I practice in medicine, just how much I've learned from you, how much my practice is a reflection of what I've learned from you.

It's it's just I'm honored. And humbled at the same time. It's just amazing. So thank you. I am also humbled. It's it's it's beautiful to see people I've taught, you know, be helping people, you know, because, at this point in my career, that's the way I want to help people is, is making all you guys help as many people as possible.

So thank you. Thank you. You've contributed so much to medicine. So thank you for that. I mean, really thank you, thank you, thank you. Talk to you very soon. All right.

Goodbye. No.