Obstacles to Cure in COVID Long Haul Transcript

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Introduction and Paul Andersonu2019s Background

Welcome to this episode of the Mycotoxins and Chronic Illness Summit. I am so pleased to have with me today Doctor Paul Anderson. He is a pioneer in functional medicine and modern naturopathic medicine.

And literally, he changes the way that many doctors, including myself, have begun to practice naturopathic medicine. So thank you, Doctor Paul Anderson.

Thank you for being here. Let's start by having you introduce yourself and, and tell everybody what you're doing these days. Well, thank you, and thanks for having me.

So I'm Doctor Paul Anderson and naturopathic physician from Seattle, Washington. And that's where I am right now in my office. What I do currently, I've been practicing for a long, long time.

And, what I do currently is teach other doctors, all in the integrative and naturopathic space, advanced, processes and just dealing with our modern, chronically ill society, basically.

My two big focuses are are the chronically ill and then patients with cancer. So, the it keeps me very busy. I also write, I write a lot for professionals, but I also write some, books for patients.

Have the few that we, use to help cancer patients. And I'm working on some new ones, so, so that all keeps me pretty busy. And then, a it's something I never thought.

Because I'm not that clairvoyant would ever happen.

Chronic Infections and Acute COVID Treatment

When Covid, started, because of my involvement in research for intravenous vitamin C and some other things that turned out to be being used in other countries for Covid, I started getting interviewed a lot around Covid, and then that led to a lot of people contacting me and consulting for, patients or family with Covid, and so on in my spare time.

What I do now is I have two sort of practice groups. One is literally consulting with people who might have a family member in a hospital. And, they want information about other things that can be done, which is a very tough thing to do.

And in the North American hospital system anyway. And then the other is, a smaller group because I, I have a very limited time for, for personal practice, but a small group of, people with active Covid that I work with.

So that that's, I, I was supposed to be less busy by this age, but I'm just more busy. Thank you for all you're always doing. Absolutely cutting edge.

Amazing things for medicine for patients. So thank you for doing what you're doing now with people who have Covid. So it's acute and long Covid as well right.

Yes. Yeah. Yeah. Well today we're going to talk about about long Covid. I'm going to ask you all kinds of questions. And I know that our audience is is going to be really excited to hear from you.

I know I am, that's for sure. So so tell us about how you see Covid cases complicated by chronic infections, long Covid cases. That is often, you know, and I think one, you know, just at the for everything we're going to talk about, Covid is almost unique, not really, but almost unique in that it has so many outliers on both sides of the fence.

So for example, everything about, say, about, you know, chronic infection patients and Covid. There's also exceptions where you might have a patient that has a lot of other infectious problems and they really don't, you know, they get Covid and they have no long Covid problems, you know, and and vice versa, people who have nothing going on seemingly, and then they get all this trouble afterwards.

So what I was like to just, you know, set, as a tone is that everybody's experience with Covid is very individual, which is kind of a common theme as far as what you do to treat it to.

And so it's a lot of stuff that I'm going to talk about is what I see sort of in the middle of the bell curve, the majority of people. And then there's always people who have it, maybe worse or better.

So I think with chronic infections, the way I describe it to, you know, say I have a current, patient who's dealing with acute Covid and, I also know that they have a history of, you know, a lot of other infections that they've been dealing with.

Say, you know, maybe Lyme or chronic Epstein-Barr or CMD or some complex of a whole bunch of infections, which is not uncommon in our world. See, those patients?

What I usually caution them around is, that that history and their immune system already being so active and maybe beat up by those chronic infections can have, one of two, experiences during Covid.

One is they get sicker, acutely. And we may need to be, you know, really aggressive with the acute phase, but the other can be, you know, just having this conversation with a patient this morning, that their body is so worn down and weakened and suppressed by fighting all these other things, it doesn't have the energy to make them feel any sicker than they already are.

And it's easier to to put across the idea that, if you get really a lot sicker and you feel horrible, well, we should be pretty aggressive, you know, here with this acute Covid thing, if the person's already run down and suppressed and they really don't feel any worse than they did five days ago, it's harder to get in their mind that it's actually we need to be very aggressive for a few weeks so that Covid doesn't add to your burden.

You know what you already got going on even though you don't feel worse. Specifically. So I think that it's, and I guess I started with that because that's a conversation we having a lot right now, I think especially with, with Omicron spreading faster and, you know, I've got people who've now had two bouts with Covid or, you know, other things going on.

I'm having that conversation a lot in my, what my practice with people who showed me over the last couple of years is, with respect to Covid, if there's any history of anything chronic, we just want to we want to appear to almost over treat you during the acute phase.

One of the things that that does and by contrast, if we don't acutely treat you with kind of a lot of force, if we don't do that, it doesn't turn out this way.

If we do, usually the amount of post Covid a person experiences either. None or very minimal and very, you know, treatable. Okay. If we slow pitch because you don't feel that bad or whatever.

And you have a history of a lot of other infections. What we're seeing with people is a lot of things that we'd already treated and were quiet in their system, whether it's they're Lyme or Epstein-Barr, you could name another hundred.

One, two, three, 4 or 5 weeks after they've recovered from Covid. They've got a bunch of those active again. And so one experience of post-Covid is whatever you had before that was quiet is not quiet anymore.

Right. So I think, you know, and one of the things that I, try and get across and, you know, training for doctors is the first thing is history with a Covid patient.

And if they had anything in the past, even if they thought it was gone. You know, you'd want to know that that's on the table for the future. If you don't keep their immune system, you know, working through the Covid really well because it's Covid is sort of the great unmask or it kind of, you know, it pulls up rocks all over the place and whoever it is and rocks, you know, it's just like stirs it all up.

So I think that's the biggest concept, really, is if you have a history and it doesn't mean that you're going to have a bad experience, it just means maybe you should be, a little, a little more assertive with your treatment of not just Covid, but maybe do some preventive things for your past problems.

And I don't know, time wise, what works, but I just finished, well, I don't know, finish the person life. I just have a case. That we did of a person like that who had completely silent, you know, past chronic infectious stuff because we worked on it for years, and then they got Covid, got really sick.

And what turned out was they had activated a whole bunch of their old infections. We treated them in a way that seemed hyper aggressive to everybody involved, including the patient.

But when they recovered from Covid, we treated them for a few more weeks to make sure the old infections were all quiet and our immune system was happy.

And since they've had they had zero post-Covid problems. So it's sort of like a little more effort on the front end pays dividends later. Right? So then when you're treating these patients, they have acute they have acute Covid, but they've also have underlying infections that they know of. Right.

And so are you treating them for acute Covid and the underlying infections at the same time. Or are you treating for acute Covid first and and balancing their system maybe so they can handle their their underlying infections?

Why Co-Infections Are Overlooked

Yeah. So I would say what I learned the hard way over these last two years is, you know, in early 2020, I probably would have done a lot of Covid focused treatment, which does have a lot of crossover to other treatments that we do.

Certainly. Right. But I might have kind of said, well, let's see if anything develops with your old chronic infections. But what I learned was they're going to develop.

Now, you don't always know, you know, if the person had five before that, all five will get active. But what I tend to do is one of two things. If a person.

So for example, this particular person, the most recent one had a lot of, trouble with, chronic lung bacteria like micro plasma pneumonia and things. They collected a lot of the heavy viruses like CMV and Epstein-Barr in that family.

Right. And they had even had some, you know, chronic fungal problems in the past. Well, all of those are very clearly, you know, helped out by Covid just because of the way Covid works. Yes.

So in their case, we talked about it. But what I did was concurrently, treated them, with ivermectin and hydroxychloroquine and, and a bunch of the natural things that we do for maybe covet, quote unquote.

But I also gave them, doses cycling for the atypical bacteria, because Doxy not only covers atypical bacteria, but it's also antiviral, and it actually has direct anti-Covid effects.

So it's sort of like three for one. I gave them an antifungal at the same time, because one of the more common, co-infections that they don't test for a lot in North America is Aspergillus.

And I've, I've seen people, I, I've seen people with the other SARS. A lot of them would get Aspergillus and the

Aspergillus would kill them. So I prefer not to have that happen.

I just had I fumbles early and then, you know, it's it's about really by pill count. It's about 35% drugs and 65% natural stuff. But we just kind of start from day one and I.

Yeah, you know, a year ago I might have waited, but I've seen these are outliers, but I've certainly seen where you get the person who, you know, we still don't know what the genetics are of those people that just get Covid really bad and they go downhill really quick.

Right? We know they're out there. I've seen those people kind of slow pitch your treatment on the front and then wind up in the hospital or worse. So I just tell people I'd rather overdo it.

Have you not have problems later? And we can fix anything that we mess up with our treatment, you know? So I do prefer that now, I have had people wear a it's usually 4 or 5 days in, to an acute bout with Covid where they get a little break.

It's like the fog is lifting and they think they're getting better, and then they get hit with the second wave. That's yeah, I've seen that too. And that's somewhere between four days and a week in.

And I've seen people these were not my patients personally. Sadly, there were friends who thought they were getting better and the second wave actually killed them and they weren't really doing very much treatment.

Yeah. So I know the second wave is dangerous, but what I see coinciding with the second wave when I test people is a lot of infections turn up positive.

A lot of the same things you and I would find in our chronically ill people. Right. And kind of testing the same stuff we would with a new chronic illness patient.

But, you know, a lot of times we don't get the patient today. They get sick. Right? So they come in and it's anywhere in that window. And then they're starting to say, whoa, it's coming back.

I test them for that stuff. And just, you know, specifically treat who we find. But I usually try and cover atypical bacteria. Just so common, the common opportunistic fungi are very common.

And then the, you know, the common viruses that we you know, I'm so happy to bring this up because when people not only come to us and they have acute or chronic Covid, but also ones being discussed in the news everywhere, you keep only talking about Covid on its own.

Nobody else is really thinking about what other underlying infections that are that are at play here. So it's not just Covid on its own, but it's what else?

What else is going on with the patient? Why is this so overlooked, do you think? Well, I, you know, it. I think it's, It's the way that medicine is thought of and and done and, you know, certainly in North America, you know, one of the things just just to give context, some more global context, a lot of other countries, for whatever reason, are very sensitive to and actually look at co-infections in, at least not if not immediately.

If you're not getting better, you know, they will do that. And there's research. There's research from the US on co-infections and Covid, but nobody apparently cares about it.

But you know, in China from the very beginning, at the the three big Wuhan hospitals, when I got all of their data, they were collecting and then I had to have it translated.

But when I got all of it, I was happy to see from the get go, they started checking people for other infections because they knew that it maybe it's not just this virus, but the virus opens the door that when China, you know, they had their own group of infections that they got.

Some are similar to elsewhere. In India. It's different ones here. It's probably a little bit different.

Silent Infections, Immune Reserve, and Toxic Burden

But I think North America, we're very in medicine, you know, we're trained that we really want to focus on the thing that we found the right test for, you know, so one of the frustrating things and I've literally seen, you know, I sort of I've got this other, practice that's just consulting with doctors who are in hospitals.

So they're not really my patients. Because I can't, you know, that's up to them to treat the patient. The hospital. Right. One of the problems where I've seen patients die is when they found out they had co-infections, but they don't test them until they're almost dead.

And it's, you know, it's like, well, of course they have those infections. And what usually happens with the patients who die is they have all the infections I just told you about, but they have some other very hard to treat, you know, either bacterial or fungal infections that they probably got in the hospital.

And so then finally an infectious disease comes in and adds in treatment. But it's it's too late. If they would have done it even five days before, the person probably would live.

So and certainly, you know, not everyone's dying. We know that it's a small number of people, but that illustrates how, how dangerous it is, you know, because we don't know what our immune reserve in this we might feel.

Okay. But we might be kind of close to the line or Covid may really knock us down, you know? Right. Or, you know, for example, when when I got Covid, because I have grandchildren who have all these other kid viruses and things, I had Covid and I had RSV, which is a respiratory virus.

And I had influenza all at same time. So I had three viruses that, you know, just ran over me. And then, of course, all the old stuff I used to have woke up to.

So, it's it's not an uncommon thing. So I do think certainly it's, it's more common in people with histories of, you know, chronic illness. And that could be somebody who maybe is, chronic or autoimmune patient, somebody certainly with a history of chronic infections, but also people who've, who are in recovery from cancer because, you know, cancer treatment is hard on the immune system, too.

So, yeah, I think it's just it's a frustrating thing in North American medicine where it's not like they don't know there's co-infections. It's they just don't think it's that common or it's going to be that big of a deal.

And it is. It certainly is. I'm so happy we're having this discussion because it's shedding light on on an area that's really not not discussed. Maybe it's thought about a little bit.

Right. But it's not it's not discussed at all. So thank you for bringing that to the table. So I'm thinking about the people who who come in and they have long Covid all of a sudden.

But they were never sick before. So I say I use the words all of a sudden because they didn't have anything else. It's there's suddenly sick as opposed to the people who have this history of being sick.

Can you tell us about the silent infections that that will be causing this and anything else, Doctor Anderson, that you think will be causing this? Well, and there's certainly, there's certainly things beyond infections, but since that's where we're starting, I'll stick with that for the beginning of the discussion.

There's a number of reasons why a previously quote unquote healthy person would, not, you know, and these a lot of the people that I've seen didn't have a bad time with or acute Covid.

That was not the problem. And they probably, you know, were okay, relatively healthy. And they didn't it wasn't like me where I got three viruses. They just got the one.

And, you know, they put it through. Right? Right. Maybe minimal or no treatment. Right. You see, lots of those people and then, you know, four weeks, six weeks later, maybe sooner or maybe later, they start to feel more fatigued, maybe more specific pain, like joint pain, maybe more kind of global.

Just I don't feel good, you know, kind of pain. Maybe they develop some, specific symptoms, you know, like new headaches or dizziness or, you know, smell and taste changes that are very.

We all know about those, or maybe they go in and they're, you know, their doctor does some labs. They sort of. Well, it looks like you might be, having some clotting problem, you know, or one of those problems.

So it's, all sorts of manifestations of, of long Covid. And, those people, of course, are always more surprised, like if you were already chronically ill, you would say, well, all right, that kind of makes sense, you know?

Right. Exactly. Virus took me down. But what, another concept that we're not great with in Western medicine, although we, we acknowledge it. We just don't think it's that important, I guess, because no one, no one likes to talk about it is, you get you have to think of your reserve and your vitality and your immunity and all the things that make you feel healthy.

Okay? This person felt healthy. They sailed through Covid. They're better now, and then they get these symptoms. Well, what makes you feel healthy is a whole bunch of things on the inside.

We never see and we really don't feel. And all of that. And so it's, there are many analogies, but it's sort of like the bucket analogy. And you can have either a lot of reserve and that bucket is full, or you can, be fighting off things and kind of taking out of your reserve, and that bucket's getting empty.

Okay. And what happens is, is that we can feel really good and the reserve bucket of goodness and good stuff that keeps us, you know, healthy can be really low.

It's not empty. Well, what if then suddenly you get a virus your body has never had? Probably. And it hits you really hard. And you again, you you sail through it, you get better.

You had like a bad cold or flu, but then you're better. Well, what you did is you scraped out all the the last of the reserve of your bucket. Yeah. Just a quick question for you to for audience, for our audience, what would you tell them?

Those reserves are so, it's of course, it's many things. One is, one is your immune system balance. And so your immune system, you know, has this sort of ebb and flow it does to keep you from getting sick.

And one of the things I always tell people, like during the cold and flu season, is that, you know, you might be the person in your office or wherever where you, you, you're the last person to get sick.

You know, some people are the first person to get it right. And that's a different problem. But people are the last person to get sick. Normally what happens is their immune balance.

That book is pretty full, and they get exposed to person A, you know, on day one, and they, the immune system responds and fights it off and exposed to person B and C the next week, immune system fights it off and then eventually they just don't realize, well, they've been using up all their reserves, you know, and and they finally get it.

So immune balance is a big thing. And and immunity comes from, you know, 10,000 little things that occur in our body. But you can use it up, you know, you can burn it out.

Another one, though, that's very common is what are things that, would lower my resistance. So you can think of that, like poking holes in the bucket.

Things you might be exposed to before you got sick that you weren't feeling right now. Low level, mold mycotoxins

in in your work or your home? Well, they're immune suppressive, but maybe you don't have a big problem with it until you get sick. Right?

And then you're rebound. Like filling the immune bucket up. It's harder because you got these immune suppressive things. There are, resistance factors that chronic infectious things build up.

And they may not be bugging you before, but then again, you, you know, you get sick with something, it it wears you down. And then those chronic things use their resistance factors to take over some territory.

So that's another, you know, you can either be on the positive or negative side of that. Our hormone system is one of the things that makes us feel the way we do every day and what often we don't think about, we think of hormones for, you know, reproductive purposes.

Or we might think of it around like our adrenals and energy or, you know, other stuff. But one of the huge purposes of all that interaction with your hormones and the balance they normally have is, if the immune system needs to up or down regulate, that's largely your, your hormonal system that helps orchestrate that.

And what we often see in the post Covid patients, you know, especially those ones where they didn't see it coming is, again, the Covid experience didn't feel that bad to them.

But the bucket for the hormonal control and where that interacts with the immune stuff, it just got overtaxed. Right. And being that hormones are, you know, all out of balance and and that's part of feeling you don't feel yourself but also your immune system can't, can't correct anymore.

The other one that's sneaky. And again, people like you and me think about this one all the time, but it still sneaks up on us is, our digestive system has so many components that, again, we don't think about unless there's something wrong.

Right? Right. When we're ill. Not only maybe we're taking things, you know, to help us through the illness or whatever. That's to go through our gut. But your digestive system, obviously, it breaks your food down, gets nutrients, and which is a critical thing to keep your cells working, but it also has, your digestive immune system, which is as important as the rest of your body's immune system for keeping balance.

Well, I get speed up, and then you also have this whole enteric or digestive nervous system.

Mold, Toxins, and Biofilms in Long COVID

You know, it's trying to help auto correct. So if you imagine you, you know, you you get everything run down and your digestive system gets beat up, you're not really going to, be able to respond appropriately.

And so usually the, you know, like we talked about, the people who were previously ill probably weren't doing great. And a lot of these areas, and so they know they got, you know, kind of knocked down and maybe we got to reset all this stuff, people who felt okay, but maybe they were the bucket wasn't as full as they thought.

The virus and or your immune response to the virus and just being run down, will then leave you in the post Covid phase. There's a little bit of a honeymoon period where your body's trying to auto correct, but it goes from, you know, you were working at 75% max.

You know, your bucket's pretty full. You come out the other end at 15%, and now things start to take advantage of you, you know? So stuff that you would have been resistant to before.

Now your, you know, your hormones aren't quite right and, your digestive system isn't helping you like it used to. And, you know, all those things we talked about.

So I really think the, the, the surprise post-Covid comes from that. And it it's sneaky. Right. So, so it's basically what

the patient was already dealing with in their system, but they may not have known about it because they were able to just ride through it.

Just just through sheer strain through or just they just didn't know yet because it was so minimal. But suddenly Covid comes and it it can start to tank all of those systems and, and then it becomes noticeable.

Yeah. Yeah. And really, you know, the, whether the person was worse were normal or thought they were normal before, when you get on the other side over to, someone with post-Covid problems, you kind of have to you consider the history certainly for obvious things.

But even if they didn't have a big florid history of any chronic issues, you you have to say, well, where are you now? You know, and there are ways to, you know, there's grading scales of how bad is the post Covid and all that and what I normally do and what I teach doctors to do is just meet them where they're at there and say, you know, is it a essentially a small, medium or large problem that we're dealing with and then match your investigations to how, you know, how disrupted you think those things are?

But certainly looking at the their hormonal landscape, at least historically, looking at their digestive system function, maybe with testing, certainly looking at chronic infections that like to just hang out and irritate you but not give you specific symptoms, you know, things of that nature and then and in, in really low grade post-Covid it's, clinical decision.

But anything at the medium or high level, I strongly recommend that people do a new screening for, mycotoxins, chemical toxins, metal toxins, because, there's actually research that shows if you get sick enough with a infectious illness, not only there's direct research, it shows it messes your hormones up, but there's also, research that shows that it can, make you much more sensitive to, say, a low, low level mold exposure or chemicals that you maybe were always exposed to.

But now they're a big deal, you know, or just the immune suppressive nature. So I think the toxicity side gets overlooked a lot. But because it's immune suppressive, it's a big part of post Covid.

Tell us about how does more about how toxins come up to the surface. So there's toxins they're already there. Let's talk about maybe an old exposure. So there's there's acute exposures.

There's chronic exposures low level. And then there could be somebody who's had exposures. In the past. And there's still there's still a body burden.

They might not have acute or or chronic low level stay there of the exposure. And, and their body has been dealing with that and been okay. They didn't even know.

Then they come into our office and and I test them for all these toxins. And inevitably I'm seeing that they're high. Tell the page, tell that patient why it is that these toxins are are affecting them now.

Yeah, but not before. Yeah. So there's, there's two there's two major source issues. That people I mean it's we if you're healthy, you don't like, think about sickness.

And while you might be sick. Unless you're right. Right. So people naturally aren't sitting around thinking about this all the time, but but just to make it, as, I guess, crystallize as possible.

One possibility is, which I see a lot, that your threshold when you're healthy for the normal amount of toxic junk in our world that we live in now, you're you're kind of tolerant to it.

Okay, so they think these things may not be good for you, but your body, between your, you know, sweat glands and your liver and your kidneys and everybody else, you know, kind of what goes in, goes out and you don't keep a whole bunch behind.

And that process works for you. And you just you're not getting chronic headaches or you're not having immune suppression or you're not whatever. Right.

So so there's that sort of tolerance we develop in modern society, an acute illness. We'll just basically take that tolerance away. So the margin between in and out and that little bit you keep not a big deal.

You get acutely ill and you lose your margin, you know. So even though you weren't feeling it before it was there. So that's one thing. But the other thing is, is that our bodies, you know, same story.

You know, we all we live in a world that's got way more toxins. And 50 or 100 years ago, our bodies, our, our bodies evolved and developed to get rid of toxins.

As we had maybe 2 or 300 years ago, we were still doing pretty good. But we're not evolving that fast. We're not growing new types of liver tissue or everything.

Right? So now, you know, our our chemical evolution is way exceeded. Our human evolution. Yeah. So what happens is that. Yeah, we're dealing with it. We're going along, but the body can only get rid of so much stuff.

And this is one of those misnomers. I hear a lot that doctors are taught this, but it's actually not true anymore. And that is that. Well, the body has natural detoxification system, which is true.

It's just they forget the part about the the load that comes in is not nearly what the natural detox systems are set up for. So, yeah, we get rid of a lot of stuff, but the load is way bigger.

So our body than knows these chemicals, our metals aren't good for us. And so for instance with metals which are, you know, in the mineral kingdom, it will take those.

And first it puts them like, you know, in solid organs, like your liver and your brain and unfortunate places like that. And then eventually it moves it over and your bones, which are sent to, you know, pick up minerals, don't want the metals, but they'll take them.

So a lot of the metals in our bodies and everyone's got metal in their bone, a lot of the metal in our body is is old stuff, you know? Yeah. One of the things that happens is hormonally, when you get sick, a lot of the chemistry, the hormonal chemistry that's trying to help your immune system can go to your bones and release stuff.

Now it's thinking it's going to maybe release low calcium or phosphorus or something, and it may release bad guys same time. Okay. All metals. So it's a little bit like when women go into menopause.

That's pain. Natural, bone release. But all the bad things that are in your bone go to. Yeah. Right. And the same thing with, you know, Michael, some mycotoxins and chemical toxins.

Certainly your body's trying to storm in the fat cells in your liver and other places, and you get a fever or you're ill. And the chemistry of dealing with the fever and the illness will start to break down those storage sites.

And so it's like suddenly, you know, I got this injection of toxin from myself, you know, really, really comment. So, you know, so you've got both, you know, low level exposure that you may not notice, not good for you, but you don't notice it.

And then you've got your own body burden that if you go into a, you know, a catabolic breakdown state when you're sick, what you do, part of what gets broken down is all the stored junk, you know, so it's really common then that you get this sort of, you know, post infectious tide of all this junk, and then that goes and it, you know, it'll disrupt hormone receptors.

And as we said, a lot of immune function, but also just your body getting back on track. So the toxic part is, you know, I'll think of it as it supports what the infectious things are doing and vice versa, you know, so it's sort of like

they get their own, positive feedback that they can.

I think that's why we see so much of that with post Covid, because it just the infection opens the door and then, you know, all those bad things come out.

Right. Can you tell us about mold and Covid? What have you seen? Sure. Well, one thing I think maybe the most straightforward thing is if you have a person who's just been diagnosed with, like a large, mold micro toxin, exposure, they didn't know their house was moldy or maybe work or whatever.

And so they have these really high micro toxin levels at their bodies dumping out most of those toxins that mold put off. One of the biggest reasons they heard us is that they literally suppress our immune system.

Now, to the degree that they're, there is a famous immune suppressive drug that's used in cancer and organ transplants and stuff. When we don't want you to reject a new liver or something.

That is made from a mycotoxins that it's a common mycotoxins that we get exposed to. So they're that good at, you know, at suppressing your immune system.

So of course, the worst situation would be if you do or don't know that you're you're exposed to a whole lot of that in your home or work environment.

You get a new infection and your immune system's going to be really disorganized in the way that it goes about it. If you maybe don't have these big exposures, but like we were talking about, your your body's kind of stuffed away some mycotoxins to try and get rid of later, and then you're sick and run down and you're literally burning up your liver stores.

You know, that can make you sick longer. Or, like you said, it can have that rebound effect. So there are many bad health things that might go the mold toxins do.

But I think in, in our situation, we're talking about post-Covid, the immune dysregulation and derailing your immune system obviously is not. That's like the top of the heap as far as what people want.

Right? What do you think's going on with respect to biofilm and Covid? Acute and chronically. Yeah. Just stop and tell them what biofilm is first. Right. Yeah.

They might not even. Yeah. So biofilms are all over the world. And they, they're in wet places. Okay. So the first places they were discovered, were in the oceans.

If you're in, if you're an oceanographer, your, you know all about biofilms. They make the ocean work and all that. First place that we discovered them in humans was in our teeth.

So dentists, actually, a lot of what they're doing to try and keep your teeth healthy is disrupting biofilms, because biofilms hold that. You can think of it like a hive of multiple infectious things that live together.

So it's not just now. This is where people get confused. There are particular usually bacteria. There are particular, species of bacteria that are biofilm formers.

So they're like the builders, but they let everybody else in once they build this. And why do they build it? They build it to protect themselves. So, for example, there's some, very bad infections that are hard to treat, like, Pseudomonas.

You get pseudomonas in your lungs, you can die from it. Well, the reason it's hard to treat is the bug is tough, but the bug is a biofilm builder, so it builds like armor.

Well, what'll happen? We have these. The biggest area in humans. Start with the mouth. But it's your digestive

tract. More. More so than anywhere else in the body.

So the biofilm is natural to us. It's part of our ecology. But if you get some bad actors who can make more biofilm, then you can literally get parasites in there and viruses and fungi and, you know, the whole kingdom and what will happen is they'll operate now as a as a community, not as individual bugs.

And so that's that's its own set of troubles. So before you go on, tell them why they create biofilm. Yeah. So the biofilm is literally formed whether it's in the ocean or in you or, you know, anywhere else where there's biofilms to protect the original organism that forms it.

And, so it's it's literally one of their mechanisms for symbiosis with where they live. So if you have a little organism and let's say it lives in a coral reef or something like that, and it, it can't really survive as its tiny self, it will form a biofilm to attach to something stronger than it, and then it will live there happily.

Okay, well, think of that in your teeth or in your digestive tract or whatever. We have a lot of what I call normal biofilms are just part of our normal biome that's happy during illness.

The chemistry of illness tends to stimulate biofilm growth and, care and feeding, because it takes advantage of the illness, the bugs that make them. And then what you get, though, is a lot of, bugs you don't want staying, joining in and getting in the biofilm.

And then what happens is if you send, say, make it simple, let's say there's a bacteria that there's an antibiotic that will kill. Okay, not always that easy, but let's say that if you have a naked bacteria and it encounters the the antibiotic, the bacteria will die.

The the bacteria is in the biofilm, it will just laugh at the antibiotic because it can't. Okay. So and this again is one of those things where people cannot have a problem with it because it's at a low, maybe normal level, but then they're sick for a while and they get a big, huge, you know, maybe, Covid response, or any other infection in their body will take that opportunity for some of the less friendly bugs to build bigger biofilm structures, etc.

Neurological Long COVID and Treatment Approaches

and then more, more pathogens get in there. So you literally can have people where you'll test for these things. And the bugs are there on the test and the treatments that should kill those bugs don't do anything.

And it's because most of them are hiding out in the biofilm right. So what are your thoughts on Covid itself and biofilm? Do you need to pass the biofilm first at times?

Well, I think, I'm I'm only pausing because it's a multiple choice answer. But the way that biofilms affect people to create chronic illness, it is very dependent on, how rundown their body got during during their earlier illness time because biofilms are, you know, they're natural, but they're not always good for you.

Okay. So they if they build to a certain point, they become on the opposition side. So what we normally see is, if someone's in the post Covid phase and, and we definitely, as I've said, you know, you're looking at their hormones and toxins and infections.

So let's say you've looked in oh gee. You know the these infections flared up during you know during Covid. We didn't treat them back then. Let's treat them now because they're making you fatigued and have pain and all this what I usually say is, clinically speaking, if you're working on those infections through in the way we do, it usually is both, you know, natural things and maybe some drug things in a mixture.

If you're working on those and you're not seeing that person turn the corner in a normal amount of time. You should you should assume that the biofilms are protecting the majority of the bad actors.

What we normally see is, if that's the case, and you add biofilm therapies to help open the biofilm up, suddenly the

person will have these big responses, you know, to the anti-infective treatment, which is both good and disturbing at the same time because they're like, oh, I wasn't sick.

And oh, no, no, I am. Yeah. You open the door to something. You know, so we do warn them about that. But basically, you know, if I truly believe that someone was actually pretty healthy pre-COVID, you know, and, and I've had those people where they really like, they've never had any sign of chronic illness in their life.

Covid wasn't so bad. But now they've got, you name it. Right? Right. I usually will, you know, look at the big areas, get the hormones back on track. Get their gut being kind of cleaned up and read, you know, refurbished.

Look at what? You know, what infections they picked up. Just try and kill them. And usually in, you know, weeks to a couple of months, they're really turning the corner now.

They might need specific treatments, for example, if they lost their taste and smell, you know, you might be doing some specific neurological things or if they've got like chronic headaches or sleep disturbance or something, you know, you may be adding things on top of that.

But by the same token, in what we try and warn people is, is, you know, if we're getting 3 or 4 weeks into aggressively working on all these factors and you have no change at all, something's being missed, you know?

And so there, you know, think things like bio biofilms are a in a bigger category of resistance factors, meaning the bad guys can resist you and your treatment.

And so resistance factors include, you know, like those toxic things and biofilms and, and, bad gut function and just, just stuff that takes away our natural ability to heal.

So then you have to back up and do that. And then the other, the other area I see, in in the post Covid and I, I know it's been going on the entire time we've had Covid and post Covid, but it's getting there.

It's getting more common now because I think we had so many people have Covid, we're noticing it more. Yeah. And that's the other, neuro inflammatory part, of Covid because all the same things that mess up your digestive function or make your liver release toxins or all these chemistry we have also makes your brain, homeostasis, your brain ecology less stable.

Yeah. So you see people, you know, because you hear, let's pick an easy one that's super common. Taste changes or loss of taste. Yeah, people. Two, three, four weeks and they get their taste back.

Some people a year later, they still can't taste okay. People developed headaches. Some people, they went away. Some people still have the right people develop, you know, anxiety or sleep problems or whatever.

Covid, we know now, can cause the same disease as a traumatic brain injury. So you could be in a bad car accident and hit your head super hard, lose consciousness, have a concussion or you could have Covid and you could have the exact same problems afterwards.

So, so the, the long term neurological problems are also ones that are sneaky. And there's a lot of underlying things. You know, a lot of these things we've talked about that it until they're addressed, you can give the person all the, you know, curcumin and Boswell, you want, you want and all these other things and it'll help them, but they don't heal.

Right. There's a lot of trauma to lots of systems that, you know, we really have to think of these core this core things we're talking about. What kind of treatments do you like to give to people who are having the neurological issues?

More than anything else? You know, so I just did a, a physician training for this, and, wound up being three hours long, which nobody liked. But it was good stuff.

And I, I reviewed, there's probably a thousand papers, but I reviewed 50 of the most, useful ones that have been published in the last year or so all about Covid.

Okay, 99% about Covid. So there's a lot that's known about Covid and the nervous system. The communities that treat these problems, whether it's neurology, psychiatry, ear, nose and throat are even, acknowledging that the standard treatments they would use, aren't working that great.

Right. And they're actually publishing that things that we might do, like, platelet rich plasma or stem cells or, or nutrients or other stuff like they're, they're actually putting in papers.

Look, we we've never used these before, but, these appear to maybe be helpful. I love it. None of the other treatments we have do. So I say that to say that, number one, they have to be very desperate.

If they put that in like dietary journal or EMT journal. Right. But also it goes back to the fact if you look at the science, the hard core science for any neurological problem, it starts with what, what we knew very early in Covid, but now we know more mechanism that you hear about on the news.

Cytokines and cytokine storms and all all kinds are just little chemicals that tell your immune system where to go, what to do. And they all do different things at different times.

So they're very they're very fun to try and track well, most of them that come along when you're dealing with Covid, that might affect your brain. You don't notice right away because you can you hurt or they're making, you know, whatever.

Well, what happens with the nervous system is the first insult is A12 punch where the fluid that protects and feeds your brain becomes more inflammatory with these little cytokines.

And then the membranes, that keep the fluid in your brain and safe and keep the blood out of your, out of your brain, for the most part. And in the rest of your body basically get, holes in them so they become like Swiss cheese.

And those would be that way. So the number one protective mechanism family in your brain gets less protective. And that allows more inflammation to go in and your brain, then, you know, I would always tell patients, you know, what they say, why could one person get a headache and the other one gets anxiety, and the other one maybe has nerve pain or something.

It's because your brain does everything. And if one area of your brain gets more injured than the other, that area is going to give you symptoms that are wildly different than your neighbor got.

So it's all the same problem. But your, you know, if tends to be, for example, if you started out with a little anxiety, you might have a lot of anxiety.

Or if you start out a little pain, you have a lot of pain, or maybe you get a new thing that you never had before. So in treatment, there again, there's two levels.

It's sort of like, if you get a post-Covid patient and there's those people where you, you know, you get them, get their diet dialed in and they're on the nutrients that we talked about, and they start to, you know, exercise, get their muscles moving 3 or 4 weeks, they're all better.

That's not the patient we're talking about here, right. People who do all that and nothing happens. That person, then you have to step back and say, we have to fix the original insult.

And even the neurology and psychiatry literature, they say we have this blood brain barrier problem, which is oxygen. We don't have drugs that fix it, which you don't.

And so you have to start there and get your brain and your nervous system protected, and then you can fix the

other problems. So the, the, this whole initial insult with inflammation in your blood brain barrier, interestingly, although it shouldn't be because everything affects everything else, the hormone balance we were talking about is a huge part of getting that back online.

What your, what your body does, usually under inflammation and acute infection and stuff. This kind of shifts hormones towards, maintenance during an infection.

Okay. So you're if you're healthy, your cortisol will go up and estrogen will actually go up, and you'll kind of burn up your testosterone. Men or women, it goes down and your progesterone and some of the other higher order hormones kind of drop or drop a lot.

Well, it turns out your blood brain barrier is very sensitive to, progesterone dropping and, testosterone and DHEA dropping as they do and all that. And so one of the core things is, you know, that hormone rebalancing, kind of help stabilize.

Then there's, you know, other things that, and again, in the standard research, the, the number one thing people are trying because most people know about is curcumin.

So in the few research papers where they've tried cricket and of course it works and it helps so that, you know, there's a lot of other plant medicines that we know that help that way.

So there are things like that. But then there's also things that we think of often, not till we have like a chronic neurological disease or something to, to use, like, and this again is in the standard literature now, acetyl carnitine, you know, which we use a lot with neuro stuff, but it turns out that acutely in these post-Covid patients, that's very helpful.

And then all the, the other thing which which is at this core, very core level is the mitochondrial damage that Covid causes. Okay. And now there's papers that show that the brain is the brain.

Mitochondria hit very hard. So, as with all of our chronically ill people, you know, your mitochondria go down with you, you know, all the typical mitochondrial supports, you know, you have to bring in.

So it's really building from the very base up. And that's probably why Covid is so, able to, you know, dysregulated everything. Is it really a tax base processes?

You know, your blood brain barrier is a pretty base process. You know, your kidney, nephrons or base process. Your the lining of your arteries is it's pretty important, you know, so it goes to these places, your mitochondria.

So I really think that, you know, we tend to sometimes come in swinging a little higher, and, and, you know, treating something obvious and missing the factors.

Nothing's working anymore. Right? Right. Well, thank you, Paul. This has been great. I really enjoyed myself. I know our audience has as well. You know, I love how you how you how you're exposing what is underneath long term Covid very few people are talking about.

And now our, our, our audience listening. It can have a sense of why they're sick from this. Yeah. So yeah. And why it takes more than a week or two sometimes to make you better technically.

Exactly. I mean, is it is a lot like chronic tickborne disease. Do you think that for sure, similar mechanisms. Yeah. Very much, very much. Yeah, yeah. Thank you, thank you.

Is there anything else that you want to share? I think we did all of the current topics I've been working on, so I that's probably enough, right?

Books, Cancer Care, and Closing Remarks

Yeah. Well done. But your books, I see your books behind you. Oh, yeah. So those those two there. I know you probably can't read them, but, the two white books back there.

One is called Outside the Box Cancer Therapies, and it's pretty much just what it says. Doctor Mark Spangler and myself wrote it together, and, it's, it is for anybody, the layperson made to be read by anybody.

But we reference it like a textbook so that cancer patients, when they go to see, say, their oncologist, etc., could have references and resources to show that it's not just crazy ideas and all of that.

Great. The other thing we did is used our, combined, 50 or 60 years now of experience, to prioritize treatments because once someone's diagnosed with cancer, the internet can give you a million good ideas.

Right. And what we try to do is what's, you know, what's in the research, but also just what have we seen, you know, if we wanted to allocate your time and resources in somewhere where we start, you know, and so things about that there's a lot of things about, the cancer research I was involved in and what we learned and things people can apply with their doctor.

And then the other one is, also a cancer oriented book, for, either loved ones or the cancer patient. And it's called, cancer. The journey from diagnosis to empowerment.

And whether you have cancer or anything else in life, the more empowered you are, the better. Cancer is a disempowering diagnosis. And the reason I wrote it was, you know, the other books about what to do for your cells.

And, and, one of the biggest problems in cancer, regardless of how you're treating it, is it's like getting run over by a truck when you hear you have cancer and that's not a position your mind and your body need to be in to maximally heal and do well and have good quality of life and actually, the research is very clear that the more empowered you are, the better you do with drug treatments and quality of life and energy and everything else.

So so it's literally a, it's my experience over three decades of doing that every day with people and what the process is to go from, oh, no, I don't want to die, I have cancer.

But what do I do? To actually moving towards being an empowered and emboldened patient. So, to easy, quick read. The outside the box has got lots of stuff in it.

The journey from diagnosis to empowerment is made to be read quickly. It's got tips and takes you right through and, and stories to help you understand.

So yeah. Great. Thank you. Paul. Thank you for everything you do for medicine to change the face of medicine. I mean, you do it. I want to publicly thank you for that.

Some big, big deal. Yeah. So I work hard at it. I know, I know, I'm grateful I appreciate that. Yeah. Thank you again for coming on here with me today.

Thank you. It's been fun. Has been.