Intersection of Mycotoxin Illness and Covid Long Haul Syndrome

Dr. Nafysa Parpia, N.D. interviewing Paul Anderson, NMD.

Dr. Nafysa Parpia:
Welcome to this episode of the "Mycotoxin and Chronic Illness" summit. It is such an honor to introduce to you today, Dr. 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, in patient care. We're just so lucky to have him with us on the summit today. Dr. Anderson is a recognized educator and clinician in integrative and naturopathic medicine with a focus on complex infectious, chronic, and oncologic 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 Bastyr University and Chief of IV Services for Bastyr Oncology Research Center. He is co-author of the Hay House book "Outside the Box Cancer Therapies" with Dr. Mark Stengler as well as a co-author with Jack Canfield in the anthology "Success Breakthroughs," and the Lioncrest Publishing book "Cancer: The Journey from Diagnosis to Empowerment." He's a frequent CME speaker and writer, and has extended his educational outreach, creating an online CE website, consultdra.com and Advanced Applications in Medical Practice, AAMP conferences. AAMP 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 gonna discuss complex chronic illness and COVID long-haul syndrome. He knows more about the subject than anybody. I would consider Dr. Anderson the expert on the subject. What an honor it is to have you here with us today, Dr. Anderson. Thank you for joining. So we'll go right into it.

Dr. Paul Anderson:
All right.

Dr. Nafysa Parpia:
Have you seen a relationship between mycotoxin illness, complex chronic illness, and COVID long-haulers?

Dr. Paul Anderson:
Yeah, I think it might as well just jump right in the deep end. Yeah, yes to everything, but maybe to put a little bit more flesh on that, one of the things I would say, you know, you mentioned in the intro, I've been this a long time. One of the changes over, you know, 20 or 30 years, if you look backwards is mycotoxin illness, mold effect and all of that. Well, the testing and assessment used to really exist very well. It's very hard to figure out whether a person, you know, have that going on for sure or not. And we used to come at it more from maybe an allergy, immunology point of view. That's just the state of the art. So 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 assumed 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 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, 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'd 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 I chose. Now, that's not to say there's 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 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 can include a lot of immunologic problems that are created by that.

So once you start to deal with that, and once we could actually start testing people for mycotoxins and things of that nature, it was very mindblowing to see, yes, these cases where we've been sort of getting better, but not, a lot of times the microtoxins 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, 10 people can get it and they're sick for one, two, three weeks, they get better. A few of them have post-COVID, most don't.

And then he had 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 the 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. And so I did a really in-depth 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 mycotoxin illness, or chemical toxins, or chronic infections, or all of the above, 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 if you know, 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 mycotoxins is one of the very common ones that I've seen come up in that.

Dr. Nafysa Parpia:
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 tick-borne illness. They didn't need to be my patient until they've got post-COVID long-haul. That pops up, I see that along with the mycotoxins.

Dr. Paul Anderson:
Yeah, it really does make you have to step back and treat them as a blank slate because just like mycotoxins can suddenly be a problem, they really weren't saddened, the immune system gets so confused that latent infections you never had 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 go out sick and look for them.

Dr. Nafysa Parpia:
Yeah. Dr. 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 mycotoxin and/or tick-borne illness and other viruses underneath, do you think that those other infectious agents will come roaring to the top along with the COVID at the same time?

Dr. Paul Anderson:
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 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

are 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 North America, I'll 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. And you know, 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 there's a lot more than that.

Dr. Nafysa Parpia:
Yeah.

Dr. Paul Anderson:
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, that'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, you know, it's a 1-4 scale, and the worse you are on that scale, the more you are supposed to be on, you know, digging for other problems, and infections are a huge one.

But just in the research I did for, you know, the physician training, there are many, many, many, it's not just like one paper. There are many, many, many peer-reviewed papers where they just check people for a lot of infections when they got COVID and turned out, they had very common co-infections. So if you imagine, you know, you're being supportively treated for a bad virus and maybe one other infection, well, if you're not treating these other things, 'cause you don't know whether there, the person won't get better.

Dr. Nafysa Parpia:
Right. So do you think that ivermectin could treat a broad aspect of these infections that we might not know it is treating?

Dr. Paul Anderson:
Yeah. So just to put context around, it we've used ivermectin in well, I was in infectious disease, but in cancer work, oncology for a long, long time. And so between infectious disease and oncology, I have just about 20 years of background in using ivermectin with 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, it kills certain types of infectious agents. We already know that. Also now what we didn't know before is with a virus like COVID, it helps as an antiviral in a couple of different ways. So we think of it as maybe an anti-parasite or, anti-worm drug. It also helps is an anti-viral 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 helps bring the immune system sort of back to neutral so that the immune system can respond appropriately to cancer or whatever else is going on. So I think the other benefit with ivermectin is your immune system gets scrambled basically when you have something like COVID, and who knows what else going on. Things like ivermectin, and there's other things that do this too, 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 were very, very ill. And that was one of the first things that we made sure that they got among other things. So yes, and, 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 bugs that we don't get in the U.S, you know, that whole old story that we don't get those bugs. So it's, you know, I mean, veterinarians use it all the time, right? So, you know, yes, you don't wanna be out just sort of Willy nilly taking ivermectin. You have to monitor people and things. But I think of the drugs that have been proposed is probably the one that has the most potential targets that it hits all the same time.

Dr. Nafysa Parpia:
Right, that's great, thank you. So, along the lines of treatment, would you say that treatment for mycotoxin illness and chronic illness helped COVID-19 long-haulers in their recovery? I'd say we approached the subject from the side, but I'd love to hear you talk more about that.

Dr. Paul Anderson:
Yeah, it's interesting. Now we don't talk to people anymore. We type messages to people. That's how we talk to people.

Dr. Nafysa Parpia:
Yeah.

Dr. Paul Anderson:
I had 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, you know, they had said, well, they kind of made it through half of the physician training I did, and which is about normal for people. And, I said, "You know, while you're waiting to go back and go through estimate, think of it like this post-COVID that's bad." Okay, so there's post-COVID that kinda goes away with little supportive treatments. And that's great, but there's a lot of people that are, you know, grade two, three or four, where it's bad, bad. And I said, "You have to treat those people like the 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 mycotoxin. There's no reason I would think of a tick-borne illness, or chronic virus, or chemical toxins, or whatever. Now, you do 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, 10 months. And it's because it just open stuff that they didn't realize they were dealing with. So I think if you wanna make it as simple as possible, if you step back from the, and judge some based on how healthy they were about COVID, but how sick they are now, it's exactly the

same thought process as someone coming in who have tick-borne or mycotoxin-related, or one of the thing. It's exactly what it is with the sicker folks, not the healthier ones that get over it, but the sicker folks, you don't get over it, yeah.

Dr. Nafysa Parpia:
Can you tell us a little about the mechanism of action of how that happens? 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, Dr. Anderson?

Dr. Paul Anderson:
Yeah. Normally the system, as it were in medicine is not something that I would applaud, but 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 it still goes through peer review and all that stuff, but what might have taken five years before took five or six months, and people were, you know, researchers were incentivized just 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'm bringing that up is not that these researchers were looking at this question you and I are talking about, but inadvertently, 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 does the brain fog and the chronic headaches, and the brain stuff come from, they found out that there are particular, the cytokine chemical messenger 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 that get turned on that never are normally turned on in that way, and then you get clotting or inflammation, 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, it either opens the door for infection or other things to walk through that you didn't have before, or as we know, many people have low level mycotoxin exposure, other toxins, or even infections, but our body has kind of kept the lid on them.

Dr. Nafysa Parpia:
Right.

Dr. Paul Anderson:
It opens those doors too. So suddenly I have no resistance to that, you know. And it sounds mysterious, you know, that one infectious process to do all this, but it's actually quite well mapped out insofar as how these doors get opened, whether from something I never had or something I was holding I didn't know I had. So it literally is a signaling process that the immune system shouldn't be doing.

Dr. Nafysa Parpia:
Okay, 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 that the question stops and they just keep going, you know, so thank you for that. It's a really important piece.

Dr. Paul Anderson:
Can I make one real quick?

Dr. Nafysa Parpia:
Yes.

Dr. Paul Anderson:
It's not about ivermectin, but ivermectin question it made me think about it. And because I was teaching about it just this last week. and 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 that 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 like say giving someone a lot of steroids to just suppress their symptoms.

This is actually just trying to get their body to do the right thing again and 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 a 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 others 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 anti-infectious agents and LDN" And so, you know, what I've been doing is ivermectin and LDN and then all the other stuff. But I just want to point that out 'cause I don't know that I've heard of anybody bring up that research. It's just like ivermectin in North America. If you say low-dose naltrexone to most doctors in North America, they're like,

Dr. Nafysa Parpia:
what are you talking about?

Dr. Paul Anderson:
Yeah. So anyway, I thought we might as well throw that out there too. 'cause it's a legitimate point.

Dr. Nafysa Parpia:
Yeah. On that note then I love to hear what you think about the use of peptide therapies for that, for example, maybe thymosin beta 4, TB4-FRAG, or a KPV for immune modulation at this point.

Dr. Paul Anderson:
Yeah, 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 mycotoxin-injured people and try to help, you know, kind of get the system back online and moving forward, or to coordinate illness, et cetera, they work equally well along, you know, along with post-COVID. I think, and you mentioned a whole bunch of the different types of peptides. It's sort of like the same with ivermectin, a low-dose naltrexone, if you're used to using them. It's not a different use really. It's just you're using for different problems, kind of the same with peptides. If the person is ready or needs, you know, say more thymic support, then the thymic-stimulating ones or the thymic-modulating are the, you know, probably the ones to start with.

If they're a little too fragile for that, then you might wanna 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 advent of having peptide therapies available, we've had them for a long time, but they were a little less specific and 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 historical note, like we used to do stuff that I'm sure is illegal now, but in the olden days that we would inject, and man, and it was basically peptide therapies, they were just a lot different and they would have miraculous effects with people. It was very hard to get, you know, and they were always being shut down and things of that nature. So that's really an old story too, I'm not doing that right now.

Dr. Nafysa Parpia:
Right.

Dr. Paul Anderson:
But at least now it's sorta like, we figured out why that old stuff work and now it's a lot safer and easier to use and also.

Dr. Nafysa Parpia:
Right. And so what do you think of biological allografts? For example, exosomes or stem cells maybe?

Dr. Paul Anderson:
Yeah, I think in the setting of either chronic complex illnesses, which includes one of, you know, everything or post-COVID, et cetera, with the caution that, of course everything is individual, and some people may be 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 it to operate abnormally,

Dr. Nafysa Parpia:
Right.

Dr. Paul Anderson:
Exosomal therapies, other stuff kinda 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. So I think that those sorts of therapies are very useful. I've seen again that, so it's about timing, that I think a lot also practitioner, how adaptive practitioner is with it, but with certain allografts, 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 exosome or anything he talked about, exosome, all of that stuff, 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 the concern, you know, always in trying to relate to patients is 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.

Dr. Nafysa Parpia:
Exactly.

Dr. Paul Anderson:
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.

Dr. Nafysa Parpia:
Right. And then I've had patients come to me, they've had those therapies previously at the wrong time, has backfired or done nothing. So I think what you're saying is so important that timing is critical and addressing the whole system. What else is getting their whole system out of balance and stuck in a loop of repeat?

Dr. Paul Anderson:
Yeah.

Dr. Nafysa Parpia:
Yeah.

Dr. Paul Anderson:
Yeah, I think any treatment can be that way. The more broadly affecting of the person I think the more they notice it. So exosome, stem cell, peptides, naltrexone is that way, et cetera. If the body doesn't have some preparation for whatever the therapy is gonna do, the person can actually feel worse and it's not 'cause the therapy made them 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 is 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 things.

Dr. Nafysa Parpia:
Yeah, exactly. You have done so much research around high-dose vitamin C and treatment,

and I love to hear you tell us more about, I meant to say IV vitamin C, I said high-dose, but about IV vitamin C and COVID in general, how it can help with acute COVID, how it could help with long-haul, how it could help with mycotoxin and mold illness. I'd love to hear you talk about that.

Dr. Paul Anderson:
All right. Well, there's a lot in there. So a couple of things, one is with regard to us, we're 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 IV vitamin C, it was helping with people in the hospital with COVID and there was some talk about, you know, 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 Orthomolecular Medicine group did a vitamin C training about COVID and vitamins C that was international.

And it was, you know, I donated that to them 'cause it was an acute problem that was going on and doctors, you know, kinda wanted some guidance. Well, it turned out that around the world, there was like 9,000 healthcare providers that listened to it just the first week it came out. I've never done anything that was that popular before and part of it was, if you go back to the early time of COVID 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 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 'cause they knew I was familiar with vitamin C.

But the only research that was going on or anything that was COVID and vitamin C together was in China because no one had done it anywhere, right? So what I did is I went to there's a group of hospitals that were treating most of the COVID patients at Wuhan, and they, in Mandarin, had gotten very, very good records of lots of things, but one was IV vitamin C. Another one, just to circle back to something before that they started check right away were co-infections. And they started to check on infections on hospitalized people immediately. And that's where I started to think of this as a bigger deal than elsewhere. So what I did to

help out and just given what's going on clinically, is I got all that translating 'cause I don't read Mandarin. And I looked at, you know, what was the protocols? What are they doing? Well, in a hospitalized patient, it turns out, and this has been born 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 the hospital with COVID, you're not going anywhere. So you can pick up, right?

Dr. Nafysa Parpia:
Yeah.

Dr. Paul Anderson:
So when we do that with patients, and I have been able to talk to a few hospitals, you know, in the U.S 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 vitamin C. Why would that be important if you're in a hospital? If you're in a hospital, you've got big problems with COVID. The reason it's better that way where they're getting, you know, around a gram an hour 24/7, so 24, 25 grams a day, is your vitamin C levels drop with illness. We don't make vitamin C as humans, two bad things. If you get an inflammatory illness like COVID that deranges your immune system, you burn up your vitamin C and 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 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 of die that didn't. Well, then of course, everybody says, "Well, you know, I saw a report on that," and they write it up. And a couple of states in the U.S the Departments 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 had got blocked because other people saw it and didn't 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 two, you know, peer-reviewed controlled

trials in humans. And it was the same outcome. You're way better off giving the hospitalized person vitamin C. It doesn't hurt any of the drugs they're getting. So go ahead and do it. Well, it's a little limited because not many of us have control over what's going on once the patient's in a hospital. Like I said, I've had a few you where the family is pressed hard enough and I was able to provide the info and magically the person got off the ventilator and got out of the hospital, but it's tough. But what I haven't seen with my own eyes 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, but usually it's 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 50 grams or 75 grams, 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 illness more quickly. And to date, none that I know of have developed 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 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, they heal a lot faster. And I think that that's why that works the way it does.

And what they were doing in China, 'cause most people don't know this because, that's a whole discussion, 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, it meant big cost. So what they did with people who were not sick yet, but COVID was endemic was they put people on bowel-tolerance oral vitamin C, and 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 would like to do. And the two

things that they did were a traditional Chinese medicine and vitamin C. And so what I had back, even then, since over a year ago, what I was trying to counsel people to do was, it's 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, you know, 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 vitamin C orally and their reports were that was helping. And we've kinda seen that since then. You see the same for our innovative approaches. What I like to say in North America is, 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 weather the disease better. You know, a lot of us had, like the person Dr. SRV last night, it's gonna 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 didn't do a whole lot of stuff for it 'cause like, if you're in the hospital with COVID, they do the least amount of treatment 'cause you're not sure, you know, that you only get what you need because you don't wanna be over-treated at a 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, like, you know, you need all this stuff to be helpful. And I think that's the phase we're at now with people here a year plus.

Dr. Nafysa Parpia:
It's amazing to me that the Chinese government, it was government-driven, right? Could see.

Dr. Paul Anderson:
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 control trials and build 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 Society for Emergency Medicine came out and said, "Give people vitamin C IV in the ER, it's not gonna hurt anything." 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, A, 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 and their case reports and what the hospital systems did. It wasn't the government dictating it because every government color's information the way they want it to be colored. I think because this was very raw reporting, like from, you know, early 2019, when Wuhan blew up, they just started keeping track of everything. And so it was literally like, almost like a scientific blog of this is everything we've done with patients, everything we've found. And then they started collating the information. So it wasn't prettied up and it wasn't sort of filtered through the government. So I do think it's a distinction to make that they allow the doctors to do their work, but they were under a lot of pressure to find things that didn't work.

Dr. Nafysa Parpia:
Well, this is like secret gem information. I don't think that much of the population knows about this,

Dr. Paul Anderson:
No, it's not. And I'll tell you a gem, publicizing as much as I did when it first came out, when I got stuff translated, it doesn't go very far, you know, because people know regular news outlet is going to pick something up and say, you know, "Hey, what are they doing in China?" You know.

Dr. Nafysa Parpia:
I know. But your efforts are so important. I mean, you did that, that's amazing, that you translated that stuff and gathered information.

Dr. Paul Anderson:
I had profession help for the, I don't translate Mandarin.

Dr. Nafysa Parpia:
But I mean.

Dr. Paul Anderson:
Yeah

Dr. Nafysa Parpia:
This is huge.

Dr. Paul Anderson:
Yeah, it was, you know. So the reason I started with COVID, I said, 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, IV vitamin C is this really unique thing in medicine where across it's dose spectrum, well like naltrexone actually, it does different stuff across those 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, like they're saying. And then, you know, in cancer, we sort of use it in a different way. But vitamin C is a big tool and it's likely others where if you then have the supporting cast helping, if you have mycotoxin as a component of a chronic illness, and maybe out of some infectious thing and 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, you know, 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 uncomfortable with it and he takes something as good as say, ivermectin is. You know, there's some people where their system doesn't jive with ivermectin 'cause 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 in.

Dr. Nafysa Parpia:
That makes a lot of sense. That's such a very good answer for patients. They ask that question a lot, actually.

Dr. Paul Anderson:
Yeah, yeah.

Dr. Nafysa Parpia:
Yeah.

Dr. Paul Anderson:
- You know, there's a lot of things in that realm where vitamin C has this supportive aspect at different doses, it has the oxidative aspect and then you might move to other oxidative things, you know, like goes on or other, other things of that nature. A lot of times with patients where we're not sure how strong they are, how safe they are, et cetera, 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 wanna go in a big oxidant 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.

Dr. Nafysa Parpia:
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.

Dr. Paul Anderson:
I'm glad I taught somebody something, that's good.

Dr. Nafysa Parpia:
You taught me massive amounts of information.

Dr. Paul Anderson:
This is my goal.

Dr. Nafysa Parpia:
So it's so awesome.

Dr. Paul Anderson:
Yeah, I'm glad.

Dr. Nafysa Parpia:
Yeah. So tell me about other IV therapies that you've had success with in treating mycotoxin, chronic illness, and COVID long-haul. I'd love to have you talk about the lithos, phosphatidylcholine, glutathione.

Dr. Paul Anderson:
Yeah. So yes. So certainly there's many other IV things in the world. I think if you kind of start in the center, sort of analogous to our vitamin C already in us so we can kind of use that with our biology and work our way up, I look at the other IVs the same way. If I look at a patient and they seem very fragile, unstable, et cetera, you always wanna start easier 'cause lithos make things more intense. If you become too intense too quickly and the person just has

them, you know, all these symptoms because their body suddenly got a lot of help, it can be very uncomfortable. So just like vitamin C is part of us, vitamins, minerals, and amino acids are really safe place to start 'cause 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 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, 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 gonna 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 can prime detox pathways, it 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 gonna react. You may do these, you know, what I'd call sort of the endemic nutrient IV's, the series of those kind of get the person built up and then maybe try an oxidative therapy and see how they do with it. More likely to that goes well.

The other thing is you had mentioned glutathione. Sometimes, and it's the same with say, a stem cell or a peptide or whatever. Some people like a lot of one thing that's really worked great and 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? It helps detox. Well, the problem with glutathione is it's a little more aggressive than when vitamin C goes in even though they work together. And so if you're a real toxic person and you get a lot of glutathione, 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 I often do with people is this vitamin-mineral-amino approach with a little glutathione, just let's see how that goes 'cause everybody needs a little glutathione.

Dr. Nafysa Parpia:
You're right.

Dr. Paul Anderson:
Then they can ramp that up if that truly part of, you know, it 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 with grandpa, before we had IV glutathione, most people are freaked out. There was a day when we had no IV glutathione. And we would do other stuff to try and help with glutathione. But there was a time when we got IV glutathione where it was like, "Well, let's just do a lot of IV."

Dr. Nafysa Parpia:
Right.

Dr. Paul Anderson:
But all that occurred was glutathione, you know, vitamin C does a lot all on its own, and it uses other stuff, but it's simple-ish. Glutathione brings with it a whole entourage of nutrient co-factors that it has to have. Well, if you take someone who's been sick a long time, they had no nutrient co-factors, glutathione will not feel good to them because they can't use it, you know, it gets used up and it doesn't cycle back to its useful form. And then you're just sort of a little toxic. Now, it's not gonna harm you forever, but it's not gonna 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 'cause it leaves a lot of side effects, one is nerve damage. But for research purposes, we would study glutathione's 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 co-factors first and then a pretty big dose of glutathione, and that worked way better than just say, pushing glutathione and nothing else. You can push glutathione in super healthy people, 'cause

they've got lots of co-factors. 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 you think. So it kind of building from the stuff that's already in your body and a little glutathione and build your way out. And you mentioned lipids too, mostly for lipids we'll do phosphatidylcholine. That's a family of lipids. Phosphatidylcholine is mostly used 'cause it's the easiest, not that easy, but it's easiest to get in an IV form that is safe to put in the people. It's also one of the most numerous phospholipids in your cell membranes.

So these phosphatidylcholine, it's in the family of things people have heard of called triglycerides. If people think, "Well, that's part of my cholesterol family or something," well, triglycerides are this process the body does to make a transport molecule for fats, but then the cousins of the triglycerides are phosphatidyl, 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 toxified is your cell membranes. And so instead of having nice, happy phosphatidylcholine and phosphatidylinositol, and serine and other stuff, you get these sort of damaged liquids and then the cell doesn't work as well. You also build up a lot of toxic junk and heavy metals go there, and chemicals, and a lot of stuff.

So when you give somebody phospholipid and they call it an exchange, what happens is it goes in the cell says, "oh, finally, some good lipids come in. We're gonna 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 when you launch off the bad lipids, they 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 we're troubleshooting, you know, cases with doctors and they'll say, "Well, you know, they started with phospholipids cause there are 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. But as we know, if you do that to a patient, they don't think the treatment was a good idea, right?

Dr. Nafysa Parpia:
Right.

Dr. Paul Anderson:
You know, it's just the timing thing. It's like what you do with glutathione. You have to have the support, it doesn't work very well. Now, saying that I've had people where they had very bad neurological inflammation second to, you know, let's say, mold or, you know, other insults. And they had psychiatric, you know, effect from it, which we see all the time, 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 that person, but essentially what we do with those folks is the vitamin, mineral, aminos, and then the glutathione, and then the phospholipids all at the same time. So, you know, people getting a lot of IV's at once, but that keeps them from having the phospholipids that are gonna help their brain settle down from, you know, aggravating them. So a lot of it is just 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, try and get you up there.

Dr. Nafysa Parpia:
Thank you so much, Dr. Anderson. It's been such a great interview, such an honor to interview you. And 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 just honored and humbled at the same time. This is amazing. So thank you.

Dr. Paul Anderson:
I am also humbled. It's beautiful to see people I've taught, you know, helping people, you know, 'cause at this point in my career that's the way I wanna help people is making all you guys help as many people as possible. So thank you.

Dr. Nafysa Parpia:
Thank you, you've contributed so much to medicine. So thank you for that. I mean really, thank you.

Dr. Paul Anderson:
Thank you.

Dr. Nafysa Parpia:
Thank you, talk to you very soon.

Dr. Paul Anderson:
All right, good bye.

Dr. Nafysa Parpia:
Bye for now.