



**Dr Ron Ehrlich** [00:00:00] Hello and welcome to Unstress. My name is Doctor Ron Ehrlich. Before I start, I would like to acknowledge the traditional custodians of the land on which I am recording this podcast. The Gadigal People of the Eora nation and pay my respects to their elders, past, present and emerging with a connection with our land for over 60,000 years. I believe we have a great deal to learn from our indigenous forefathers, about particularly connection and respect for each other and for the land on which we live.

**Dr Ron Ehrlich** [00:00:39] It's a great pleasure for me to welcome back to the podcast. [Doctor Thomas Levy](#). Thomas is a board-certified cardiologist and a bar certified attorney. Uniquely for a health practitioner, let alone a cardiologist. He has focussed on the impact of oral infections on common diseases like cardiovascular disease and cancer. Still the two biggest killers in the world now. Interestingly, the W.H.O. did a global report on oral diseases and found that while, yes, cardiovascular disease and cancer are big problems affecting in cancers case, about 100 malignant cancers, about 100 million people globally and cardiovascular disease, about 500 million people globally. And they also include mental disorders. In their report, where there are a billion people globally that suffer from mental health issues, well, interestingly, oral diseases affect 3.5 billion people in the world. And that is I believe, an underestimation. So to have a cardiologist, let alone a health practitioner, focus on oral diseases and their impact is really quite unique. And he has been doing that for over 20 years or 25 years. He's [written many books](#), with several addressing the wide ranging properties of vitamin C and neutralising all toxins and resolving most infections, as well as its role in the effective treatment of heart disease and cancers. Others address the important role of dental toxicity and nutrition in disease and health. Now, Thomas was recently inducted into the Ortho Molecular Medicine Hall of Fame and continues to research the impact of ortho molecular application of vitamin C and antioxidants in general on chronic degenerative diseases. Also, molecular uses of antioxidants like vitamin C, D, zinc, magnesium to restore balance and improve mitochondrial and cell

function and deal with disease rather than just manage it. What are unique idea that is!! He regularly gives lectures on this information at medical conferences around the world. He's written now, 13 books, including [The Hidden Epidemic](#), which is about oral diseases, and we'll cover that in part two of this podcast. But in this episode, we deal with, many issues around health care, but specifically rapid virus recovery. I hope you enjoy this conversation I had with Doctor Thomas Levy. Welcome back. Thomas.

**Dr Thomas Levy** [00:03:25] Glad to be here, sir.

**Dr Ron Ehrlich** [00:03:26] Thomas, we spoke during the pandemic about, [Rapid virus recovery](#), a book that you've written. And, I would highly recommend to our listener. And, and we're going to dive into some of that. But, now, as we are post-pandemic and we're in the middle of, an epidemic of chronic diseases been going on for a lot longer than that. How do you think, we're doing?

**Dr Thomas Levy** [00:03:51] The acute pandemic, now we're into our chronic pandemic?

**Dr Ron Ehrlich** [00:03:54] Yes, yes, that's right. We're back into our chronic pandemic. How do you see the, health generally globally as we as we're speaking now.

**Dr Thomas Levy** [00:04:03] Globally, it's really it's really suffering. It's really bad because there are untold numbers of people. Now, my personal opinion, it is probably in the hundreds of millions of people that have, at the very least, what's called persistent spike protein inside their body. Now, for a long time we talked about, well, that could occur with long haul Covid without getting a vaccine, or it can occur after a vaccine. But the truth be known is let's not be gentle about it anymore, just the vaccine is a major mega dose directly and indirectly, of spike protein. And I believe the evidence is very clear for people that what a review of the literature that it's causing a majority of these cases. So getting a booster is the last thing you want to do, because all it's doing is assuring a continued major presence of the spike protein, in your body. And, you know, we can go in a little later if you want to, on what these ramifications actually mean. But the bottom line is this is what's troubled to for the conscientious clinical practitioner. And I don't know that there's a whole abundance of them, but there are some. The conscientious clinical practitioner now has to realise that because the spike protein contamination is so widespread, and the fact that the spike protein has been clearly shown to affect every organ, every tissue in the body, some more than others and more than others, that. If a doc really wants to get their patient well, they need to put when somebody comes into their office. I don't care if they've got a headache, high blood pressure, cancer, heart disease, fatigue, bowel problems. They need to do testing right away to make sure part or all of that isn't the chronic persistent spike protein syndrome. And right now we don't have a test available commercially for spike protein. But we do have something called the D-dimer test. And the D-dimer test is a reflection of how much in excess you're making new blood clots inside your body. And as the blood clots break down, they increase the

D-dimer. But bottom line is the D-dimer should never be abnormal. You should never be making too many blood clots. And there are very few situations under which somebody previously well should suddenly develop a live, elevated D-dimer test. So it's a very powerful way to, practically speaking, conclude you have chronic spike protein in your blood and in your extracellular fluid. Now, unfortunately, and this is the bad part, the really bad part about this whole scenario is we clearly have evidence now that the spike protein gets embedded deeper, that it has an ability to replicate itself. I mean, what could be worse than a potent toxin that can replicate itself, like take a dose of mercury and have that mercury just continue to regenerate. But that's essentially what we have with the spike protein meaning. And we have ways to deal with these people and they work very well. They resolve them clinically. D-dimer comes down, they feel normal, but they should always be aware that they can. It could spontaneously either come back or they can have casual shedding exposures, even if they managed to avoid future vaccines and future episodes of Covid. Very many people have reported to me and others that, they're doing in perfect health until they get to the big family gathering for several hours and they start hugging people, and then they come out of it with whatever the symptom is, headache or fatigue. They need to be treated just as Gregory says. The whole point is we gotta knock it down. Maybe at some point in time we'll knock it out completely. But right now our goal has to be to push it down, keep those blood tests normal, but be ready to come back with all our bio oxidative therapies to re knock it down if it if it recurs.

**Dr Ron Ehrlich** [00:08:07] Hmhm. Now you've mentioned D-dimer test, and I must admit that's not something I'm familiar with at all. Just give us a little bit more background about what the D-dimer test is and how it's conducted. I mean, it's a blood test, I'm assuming.

**Dr Thomas Levy** [00:08:20] And sure, sure, it's a blood test and it measures the products of blood clots dissolving. Okay. So not conforming but dissolving. But obviously if you're not making blood clots in excess, you're not going to have an excess amount of D-dimer from the breakdown. So it's very effectively a test of increased blood clotting, although that's not exactly what it's measuring. And the thing about this is. Probably the one thing that the spike protein attacks in everybody, even if it likes the heart or likes the brain or likes the gut to give you some sort of syndrome there. What it virtually always does is increase blood clotting or increase the, the setting in which your blood clots. Now, I'm not saying 100% of people with spike protein in their blood have elevated damage, but I think an extremely large majority. And that's our best way right now to know that the spike protein is ongoing and continuing to, activate the Ace2 receptors inside the blood vessel walls to make them hyper-collectable. Also, when you have chronic spike protein. Yeah. By exactly what mechanism? I don't know. But you see, on dark field microscopy of the blood of these patients, the right blood red blood cells starts sticking together. It's got a French term called Rouleau formation, but obviously. Or it should be obvious you are. Each one of your red blood cells would be nice and free flowing, and that's stuck to the other like a stack of points. And that's exactly what it looks like. It looks like your red blood cells are stacks of codes. Well, considering the fact that your capillaries in your blood only allow blood flow, that's slightly less than the size of one red blood cell, meaning the red blood cell has to fold a little bit to pass through. You can only imagine and see what this does to your general dialysis toward blood clotting, when your red blood cells start sticking together. And furthermore, to the extent and this is good information, I think for the listeners too, is that we have seen ultraviolet blood

irradiation, for example, bring the D-dimer down right away, restore people to normal, a normal symptom and a loss of symptoms and normal status. And on these patients who have had the Rouleau formation, a quick I.V. of vitamin C, it disappears. A quick, also needed saline solution I.V. it disappears. And even things like EDTA will make it disappear as well. EDTA, of course, binds a lot of heavy metals, and all heavy metals are pro oxidant. So they're just going to be a factor that makes anything worse because all of these syndromes, 100% of them. Are due to the fact that at the molecular level, you have increased oxidation of biomolecules, and when you can stop that and allow the intracellular space to normalise normal vitamin C, normal ATP production. You could bring somebody back to a normal status, but it's the bio oxidative therapies that are the hammer that's vitamin C, hydrogen peroxide, ultraviolet blood irradiation, any of a number of different of ozone applications. Ozone is simply magnificent. And although it's extremely expensive, hard to get Ahold of, not available to that many people if you have any problems and if you have the means getting a good 1.2 to 2 atmosphere hyperbaric oxygen treatment, really goes a long way toward resolving these problems. That didn't completely resolve to the other intervention. So it's a show with the others are a lot more available. Go with those first, and if you're still punked out feeling off with this out of the other, then you can dig down into your pocketbook and maybe have to travel or shop where I would find a doc who could give you a series of hyperbaric oxygen treatments. But the D-Dimmer, the other point I like to make is right now the d Dimmers quote unquote normal level is 500 nanograms per sec, something like that. That's the number 500. And when you have patients elevated 700, 1000, 1500, you want to break that down. However, I would point out that blood test normal ranges are designed to make or to view the majority of the population as normal. But what we're talking about here, the majority of the population is not normal. Okay. So you have a lot of people getting these blood tests and a majority of them have abnormal physiology going on, which means your quote unquote normal test. In my opinion, it's not really 500. It's more like 250, 300 or less. Okay. So I wouldn't back off on a positive therapy until I start getting that blood level down to that. So these are all the things we need to consider. I think it's important because of everything I've just mentioned. And it's there's a tremendous resistance to this with the mainstream doctors. We can speculate about that later. They don't want to get a dimmer test. I've had patients talk to me, said, ask your doc for a D Dimmer. He said, no, I said, what, you want to get a blood test on your body that you're paying for, and your doctor says, no. Well, I'll let people decide for themselves what they think of a doctor like that. But I believe right now everybody on the planet needs a baseline D-dimer. Well, you know, if it's a good, normal level, fine. Then if six months from now, you come up with that headache, sore throat, upset stomach, whatever you new symptom is, whatever you knew disease is, you repeat that D-dimer. And if it's back up again or if it's up again for the first time, you know what most or a large portion of the problems with your patient is? It's coming from new acquired a spike protein, either from an ill advised booster shot or from the shedding phenomenon. So this everybody needs a D-dimer okay. And yeah, that's that's that's my take on it right now. And that's how I'd approach it.

**Dr Ron Ehrlich** [00:14:42] It's so interesting that you say that because anecdotally, I think when I'm out socially talking to my friends, you know, so many people are reporting, unusual health patterns. And, and to your point about, you know, I'm doing fine. And then I go out into a social setting and I come back with all kinds of different symptoms. It's such a common occurrence nowadays, and, and.

**Dr Thomas Levy** [00:15:12] Unfortunately, it's sort of becoming our new normal. And it shouldn't be that.

**Dr Ron Ehrlich** [00:15:16] No, no it's not. That's right, that's exactly right. The boosters are really interesting too, aren't they? Because, I mean, I think people are missing the fact that if they're having vaccines and boosters, they're still part of a phase four clinical trial. Because is that how you see it, Thomas? I mean, I'm like, we don't hear it, but people are part of a phase four clinical trial, are they not?

**Dr Thomas Levy** [00:15:41] Well, I think most people who bother to look for the information pretty much knew from day one that.

**Dr Ron Ehrlich** [00:15:47] Yep.

**Dr Thomas Levy** [00:15:47] Past vaccines, if we're going to call this a vaccine, let's call it a vaccine. Past vaccines took always years of trials before they were released. Yeah. And I understand that, the pandemic is quote unquote an emergency. And that was a good excuse for them to not test it and even perhaps even a worse test for a vaccine that does not appear to really help anybody. I mean, we could swap articles all day long. And, I mean, most of the people that have gotten vaccinated are the ones that have gotten Covid the most times. So, I mean, do the math, as they like to say, because each new dose of spike protein your body is churning, your immune system is churning. 24 seven try to keep your blood clear. Try to keep the red blood cells normal. Try to reverse all the toxic processes that spike protein is doing. And then you hit it with another booster. I mean, it's like Rocky, you know, getting his 55th punch to the face. You know, maybe the first 54 did knock them out. But the 55th will.

**Dr Ron Ehrlich** [00:17:01] Yeah. And I find it, well, intriguing to listen to some friends who will have just contracted Covid after their fourth or fifth booster, and they will then, without any hint of irony, say, oh, you know, but I've got my next booster booked in about 2 or 3 months time. And it's almost like, you know, no connection other than they didn't go to hospital. And that's what the booster was all about, where they wouldn't have gone to hospital, probably. Anyway. It's just it's just extraordinary. Now, you've mentioned vitamin.

**Dr Thomas Levy** [00:17:33] You know let me say this Ron, our good American philosopher Mark Twain put it perfectly. I mean, he obviously didn't know anything about the pandemic at the time he made this statement. But the statement is simple and strong. And the statement is you can fool anybody, but you could never convince anybody they've been fooled. Yeah. I mean, our ego not to show that we've been duped is one of the most powerful, defences against reality that I know of.

**Dr Ron Ehrlich** [00:18:03] Yes. And I think that is true at all levels of, you know, from patient to professor. That is true. You mentioned, vitamin C, I know you've written a lot about vitamin C, and, and I know recently we're on the on jointly on the board. I'm really honoured to be on it of the [Ortho Molecular News service](#) with Andrew Saul and Richard Cheng and 50 other wonderful, amazing people. We just saw recently an article about vitamin D. And to just share with our listener, because this is another pandemic, vitamin D deficiency. How common is that?

**Dr Thomas Levy** [00:18:43] Oh well extremely common. I have a top eight supplement recommendation for anybody, but the top four have been and always will be vitamin C, vitamin D, D3, vitamin K2 and magnesium. And the reason why is all four of those things separately and independently has been shown to decrease all cause mortality. So if you're doing nothing but taking a ton of vitamin C, you live longer than those that don't. Same thing for vitamin D, same thing for magnesium, same thing for potassium K. Excuse me, vitamin K2. Now, why is this? This is because all four of those substances positively regulate calcium metabolism. I wrote a book sometime back called Death by Calcium. And it's not an exaggeration. We need a very limited amount of calcium intake on a daily basis, and the rest is highly toxic. 100% of cells that are involved in a disease process have elevated intracellular oxidative stress to many oxidised biomolecules, and it always 100% of the time, is associated with and caused by. Okay, it's a reflection of and a cause of increased calcium inside those cells. And all of the four of those agents, especially magnesium. Magnesium is the biggie. Magnesium works. You can't have elevated both inside. As you increase the magnesium inside the cell, you push the calcium out. That's probably the singular reason for those who don't know it, why magnesium is so powerful. A supplement for good health is because all diseases feature the increased calcium and magnesium. If it doesn't completely reverse the disease, it will bring it down many notches. Vitamin D, as [Doctor Bill Grant](#) has written about very few.

**Dr Ron Ehrlich** [00:20:48] Yes, we have had him on as a guest comes in.

**Dr Thomas Levy** [00:20:51] He's a tremendous person, a tremendous doctor. It's, you know, we always ask the question, well, why are so many people deficient? Okay. Or is it, is it normal for so many people to deficient? You know, a lot of people are walking out in the sun. They're still deficient. I mean, sun soaked areas, the populations are still deficient. Well, not one thing. We don't spend that much time outside, no matter who the group is. So it can be shady, certainly like crazy if you're inside of the air conditioning. But the other thing is toxins. Okay, we probably have 50 fold or more toxins we're exposed to now air, food and water than we did in 1950. I mean, in 1950 you could go to the supermarket, it just buy regular food. And that was pretty close to organic food right now because it was a good soil, well harvested, all that's gone. And the problem with this is you've got to pay the piper. By that I mean all toxins, oxidise biomolecules. Take the electrons away, good antioxidants come in and restore those oxidised biomolecules. By giving electrons back and taking them from being in a functional, non-functioning state back to functioning. But if you take in, let's pick a, if you take in 10 pounds of toxins. You ultimately need 10 pounds of antioxidants while people aren't coming

close to meeting on a daily basis. The electron depleting oxidising capacity of the new toxins that they face. And because of this, everybody is incalculably behind. Okay. And this ultimately results in the massive I mean, nobody has a normal magnesium level either. It's only a question of how severely depleted your vitamin D. It does appear that judicious supplementation can bring you to what we would consider comfortably to call a legitimate normal range, a normal level vitamin C, also virtually impossible to get enough inside your body. I mean, that's people say, well, that's not natural. I say, well, it's not natural to have the genetic defect where we lost our ability to make vitamin C from our liver and directly secreted in the blood. So. We can't sit here in a stew of toxins and wonder why. Just eating good food is not going to do the trick.

**Dr Ron Ehrlich** [00:23:32] Now, when you also talk about electron depletion and another factor is our light a diet. Our light control. You know, we've demonised the sun. Which I think it's fair to say none of us nothing would be here on earth without it. And yet we're exposed to blue light and technology, which changes that whole electron transport, scenario. I mean, that's another pandemic. We have a pandemic of light exposure that is, causing oxidative, oxidative problems.

**Dr Thomas Levy** [00:24:05] Well, you know, you just set the stage for my other top four supplements. Okay, okay. And let me tell you personal experience now. Family and friends, a few individual patients. The response that people are getting. Taking a properly dosed amount of these eight supplements. For me as a physician has been nothing short of mind numbing. Before I go into detail on the supplements, what what's being done is you're optimising ATP production inside every cell of your body. Now, if you're taking a lot of vitamin C, getting inside the cell and you're optimising ATP production, there's nothing else a cell desires other than an optimal vitamin C level and an optimal production of the energy molecule. For those who don't know it, ATP is your primary energy, a donating molecule to get different enzymes and different metabolic processes rolling. When you have a normal vitamin C level in your blood and inside your cell, and you have normal production of ATP, you've got a normal cell. I don't care what the heck else is going on. And obviously, if you get enough of that and enough areas, the different symptoms start to melt away. Because what did I just say? This affects every cell of the body. So headaches disappear, gut problems disappear, chest pain, all these other things. I'm not talking about them being absolute cures. There are still a lot of reasons we may go into as to why those people got those disease state, so that needs to be addressed too. But as far as getting on top of the ball, getting it, getting on the game and starting to get a clinical improvement like you've never seen before. That's this. So I've set the stage. It comes from what does it take? To hyperstimulate or even at hyper stimulate optimise the production of ATP inside the mitochondria. And this is another big thing they're always talking about is mitochondrial fatigue mitochondrial dysfunction. Well that's fine. The thing is, is you basically have your good diet supplying new electrons. That's where all the new electrons come from, your new diet. You don't generate electrons inside your body used to play them. So you bring in new electrons with a good diet. When it gets into the cell, you process the electrons using loose language. Here you process the electrons through the Krebs cycle, and then the Krebs cycle presents you with the molecules that you need to go through what's called the electron transport chain inside the mitochondria, designed to optimise the donation of electrons to the end molecule ATP synthase to maximise ATP production. So one of the really big and it's very good but it's made to it's very expensive. they talk about NAD infusions in

this that of the other you and then there are supplements which are fine. But the easiest and best way to get nad. And what is nad? NAD is the first step of the electron transport chain. You bring in the electron to nad and then it goes to the next stage. But anybody with any scientific or chemical background or even common sense understands that if you have a chemical reaction, the chemical reaction can only proceed as effectively as you continue to give it new substrate. Okay, if you run out of substrate, if you run out of stuff to work on, it doesn't matter what's there, you can't do it. You. In other words, you have to have wood to make a fire. Okay. And once the wood is burned up, the fire is gone. So we need ways of continuing to supply these substrates. So number one profoundly positive is vitamin B3 niacin I generally, rather than niacin which incidentally the suggested daily requirement of niacin is like 14mg. Absolutely extraordinarily ridiculous as an aside, but some people get the burning sensation with niacin. And I say, well, I don't want people to get discouraged. Start it and then stop it. It's best to go straight to niacinamide. It's an analogue of niacin. And when you start taking multi gram amounts of niacinamide, your NADH level inside your mitochondria skyrockets. So you have as much of that first step as you need. The next step is FAD, flavin adenine dinucleotide. So it goes from NAD to FAD. What does it take to make lots of fad vitamin B two riboflavin okay. Take it a lot of riboflavin. Number three the next stage. And this next stage is super important because this particular supplement also gins up steps one and two in addition to being step three itself. And that is coenzyme Q10. And then finally and we talk about this a little later too if you want. The fourth stage, cytochrome c oxidase, is strongly stimulated by methylene blue. Methylene blue brings down the electron. And what's really good about this step. And this is why methylene blue in so many people has such an extraordinarily positive effect just by itself, is because not only is it readily take it up inside the cell easily gets inside the mitochondria, but when you're shuttling electrons in the first three steps, there's always a physiological degree of oxidative stress that you generate. So how good would it be if you could just come in and generate electron, generate, electron flow, but not make oxidative stress in the process. So methylene blue actually allows you to make more ATP without generating more oxidative stress in the process. So there's your four, dosage wise what's dosage wise. Niacinamide I recommend somewhere between 500 and 3000mg a day. Niacinamide and niacin singlehandedly. And Doctor Abraham Hoffer showed this many years ago will frequently cure and I said that correctly cure schizophrenia. Okay. And, it's all because in the brain you have a severe loss of ATP production and a severe increase in chronic inflammation. And NADH singlehandedly has done that. So that's one reason. So 500 to 3000mg. Number two is riboflavin. Very cheap. Very non-toxic I would say a minimum of 400mg. And that's a very small little capsule. Easy to take, of note, though, so people won't get alarmed, a vitamin B2 will turn your urine bright yellow. Okay, so those are almost, almost iridescent fluorescent. So don't, don't get all upset about that. Number three, coenzyme Q10. Wow. I say wow. Because coenzyme Q10 can singlehandedly often take heart failure patients who are severely depleted of ATP of the functioning heart cells and get them back from terminal depressions of ejection fraction, consider to be end stage cardiomyopathy, and bring them back into a liveable 20-25-30% ejection fraction or more. So coenzyme Q10, I would say a minimum of 400, but preferably 600 to 900mg a day. And then finally our buddy methylene blue and now methylene blue. When you're using it therapeutically if you want to very high doses, but offer a regular supplemental dosage to bolster this fourth step of the electron transport chain, I would say 25 to 30mg a day. And I can't tell you the number of things. And it's just opened my eyes so wide, I mean. I'm not going to go into all the details on myself, but let's just say to my satisfaction. It's brought me back to a level of health that I haven't felt in 20 years. Wow. Okay, so, I. All right. I couldn't be couldn't be more enthusiastic about this. And I think as we've just gone through it, we have absolutely rock hard scientific validation for all of this. Now, I would add, because people are always saying they have



their pet supplements. Okay, but what about this doc? What about this? Can I take this? Should I take this? Why is that better than this? My only point I'm making is if you can afford it. If it's not financially contraindicated whatever your supplementation regimen is should include these eight. There's other things that are good that affect other systems that very well. And I mean, there's probably over a thousand different supplements that are good for you, but nobody's going to take a thousand supplements because you can't afford them. Their stomachs are not big enough, etc. so if you have something else you feel is doing you good. I'm not trying to tell you to stop that, but I would not. If your economics did not allow it. I would not take it. If it's take you away from your ability to take one of these eight.

**Dr Ron Ehrlich** [00:33:38] Now, now for our listener. Many people will have heard, well many people, everybody knows energy is important. We need it to live and it's going on in our mitochondria. So what you've just beautifully described is the electron transport chain, the Krebs cycle, which every doctor and dentist has studied in first or second year, university. And this is basic to our everyday lives. And yet and yet it seems to be I had a guest once Thomas, who who said to me that it's entirely appropriate the doctor should be sceptical and curious. And I thought, yes, that's that's good. I wonder at which point in their education the curiosity kicks in.

**Dr Thomas Levy** [00:34:24] I was going to say, I know a lot of them are sceptical. I don't know many that are curious, and in fact they're just the opposite of curious if they see something that's really amazing, well, I'm not going to even read it or allow it to impinge on my brain.

**Dr Ron Ehrlich** [00:34:39] Well, well, I would argue that many doctors and dentists really felt that, they were really starting to be real practitioners when they studied pathology and dovetail that into pharmacology. That's when we really started to be doctors and dentists because, you know, that's when it really started. I would argue, actually, it started in first and second year when studying anatomy, physiology and biochemistry. And you've just described beautifully those things. While we're on the subject of dosages, what do you think is a reasonable everyday dose for C, d3, K2 and and magnesium?

**Dr Thomas Levy** [00:35:20] For vitamin C as much as you can take. But a practical answer then, other than as much as you could take. It's kind of like if you're sick and you could get, 50 to 100g of vitamin C, IV a day for the next five days. Do it. Okay. But for regular supplementation, probably taking between depending on your bowel tolerance, which I think you're aware is a lot of other people are they have sensitive bowels where if you take because vitamin C and magnesium, when it gets into your colon, they're hyper osmotic and they pull liquid, they pull liquid in the colon and it can cause a loosening of the bowel and a flush. Well, most people don't want to be on the bathroom all day, so that represents their limiting factor there. But those considerations aside at least 2 to 3g, 2 to 3 times a day. So somewhere between, four and 9 to 10g a day. Probably the best regular form of vitamin C is sodium ascorbate. Ascorbic acid is good as well, but for some people the acid part is a little upsetting for their stomach. The sodium ascorbate is very easily tolerated, no problem at all. Now there's a

special form of vitamin C called liposome encapsulated vitamin C that's been brutalised with an enormous amount of fraud. I mean, by that, I mean, I've been a consultant to live on labs for about 18 years now. The first company that came out with liposome encapsulated vitamin C and other supplements, and they caused so many people to feel so much better so quickly. The company just took off like a rocket. While all these other supplement manufacturers just getting by, said, wow, I got to jump on the liposome bandwagon. So literally, Ron, literally, they just come out with products called it liposome encapsulated. And it's not even remotely anything to do with a liposome. However, a lot of people don't get actively harmed by this because if you take any product with vitamin C, you're going to do better. The harm comes when you have somebody severely ill, maybe cancer or other things, and they really need the special unique intracellular delivery that even take it orally. The liposomes cause and I mean, I could go off on that too. Would you take enough vitamin liposomal vitamin C orally? You can approach and surpass, in my opinion, the clinical effectiveness of intravenous vitamin C. Now, I don't take one to the exclusion of the other. When I'm sick, I want both. I'm greedy, I want both. Okay. But anyway. And if you do get the liposome encapsulated from [liveon](#). I don't know about Australia, but they have a good representative in, Auckland, a New Zealand, Mr. John Appleton. This makes it so much easier. It makes it better. It makes it easier. The only thing is it it is more costly. More costly than the other form. But taking, say, two grams of this, of this liposome encapsulated from live on, gets inside the cells and you don't need to take it all day. It's also like because it was delivery, a long acting form of vitamin C. Regular vitamin C is good for you, obviously, but it goes into the blood and goes out, gets into the blood, goes out. When the liposomes finally get into the blood, they go into the cells. So when your liposome level drops in the blood, it's not because it's being excreted in the urine, it's because it's going inside the cells. Okay. So that's vitamin C. Magnesium, again, the more the better. Of course, it has taken too much and has a strong bowel effect. I mean, what do people do to clean out their bowels for a colonoscopy? they take magnesium citrate. Okay. And that's what just has you, going down to pure water coming out your rear. So, you always get that effect if you take enough. So. But do take as much as you can. Again, and it very the amount depends on the absorption you have. In contrast, some of the other ones, you have, oh, 12 to 15 different forms of, of magnesium that you can supplement. It's what people say. Which one should I supplement. Well they'll all do good. But this is where you have magnesium is the cation, the positive part. And then you have the other part the anion which is negative. So you have magnesium chloride. You have magnesium sulphate. You have magnesium threonate. You have magnesium citrate. Magnesium glycinate point being is everybody's got slightly different needs. All right. For example glycine magnesium glycine it's very well absorbed relative to the other forms. And it gives you large amounts of glycine as well which everybody can utilise. That also helps detox you. On the other hand, magnesium threonate well inside the brain. The one I currently recommend, though, because of what's going on with the pandemic, is magnesium chloride. Probably the simplest form? Several grams a day, if you can tolerate it. Okay, again, the bowel effect. The point being is magnesium chloride is especially potent anti pathogen form of magnesium. Very very potent. So potent. They've done studies for example where they showed magnesium sulphate which is the very common form given intravenously. Magnesium chloride can be intravenously as well. But magnesium sulphate to cells to viral cultures increased virus growth. Magnesium chloride knocked it out. So the anion is so important. All right. Everybody needs a magnesium. But but in conjunction with chloride. Well I mean, as a dentist, you probably I've always known or have your own grandmother or mother said, you know, a little sore throat. Gargle with sodium chloride, gargle with table salt. Very powerful. It's the chloride. It's the chloride. So and quick aside. Magnesium chloride is such a potent anti pathogen that just as Frederick Carter showed in the 1940s that large doses of vitamin C completely cured 60 out of

60 cases of polio, a French doctor by the name of Doctor Nouveau at the same time, ironically enough, was treating acute and subacute cases of polio with only oral magnesium chloride, and he got the same powerful result as Doctor Carter. So there's your vitamin C, there's your magnesium. Vitamin D3 is the one that you do. At least you don't have to go crazy. But you do need to get a blood test at some point in time to see what your level is. And when you pick a dose and stay on it long enough, usually several months, you should repeat that test to make sure that you're in the 50 to 100 nanograms per cc range. Okay, that's some people quibble over where the upper limit is and what the lower limit is, but I'm going to tell you that's a good practical point. Get yourself above 50. Don't get yourself beyond 100. And you got it. For most people, everybody seems to have a slightly different I don't know if it's absorption or how they metabolise vitamin D, but most smaller people are still going to need about 5000 units a day. Some larger people are to need about 10,000. That said, some people who do fine on three. Some people will need to take 12, but that's a good starting range between 5 and 10,000 units a day. And let me tell you, for the point of efficiency in economy, nobody that's not supplementing has excess vitamin C, a vitamin D inside their body. So forget about the first test. Just start taking a dose. And then several months later see if you're in the proper range. So you can save the problem of documenting how low it was when you started.

**Dr Ron Ehrlich** [00:43:31] But you would say, Thomas, Thomas, you would say that, a, a blood test showing 130 or 140 is too high.

**Dr Thomas Levy** [00:43:40] Yeah, I'm going to be wishy washy or that I guess there's a lot of people that will there's a lot of people that'll do well on that. Yeah. Our current. And if you asked me to guess, I would say it's fine. But it's not what I would recommend. Okay. Okay. So the gentleman who would like what I think is fine. And when you're starting to get toward too much. Okay. But really too much has not been well defined. We have not define too much very well. But we define two little quite well. Okay. So that's why it's just important to get above that 50. Then vitamin K2 is extremely important in the calcium metabolism. And taking several hundred micrograms a day if you can find a form of K supplement, I think a life extension foundation has one. You can actually take, milligram amounts of vitamin K2, but generally when you see a K2 product, it's going to be in micrograms, but it's not really critical. That particular dose is just, find yourself a there's a matter of fact, they have in, in Japan, a 45 milligram now is talking about micrograms. They have a 45 milligram, vitamin K product. And it shows great effect on stabilising osteoporosis without toxicity. So what I'm saying is there's a wide range in the gate in the K to just get yourself above 4 or 500, get yourself above at least half a milligram a day and you're going to get good shape there.

**Dr Ron Ehrlich** [00:45:15] Now one supplement you mentioned and I've become aware of this recently too, is methylene blue. And a lot of people may not have heard of methylene blue. Talk to us about that just briefly. How one would supplement that. I mean, you said 25 to 30mg methylene blue. I mean, another thing, if you're taking it as a liquid, you're going to look like a blue tongue lizard. Yeah. Which is a mystery.

**Dr Thomas Levy** [00:45:40] You you gotta learn how to use a straw. Yeah, yeah, that's pretty good.

**Dr Ron Ehrlich** [00:45:45] Is it in liquid form?

**Dr Thomas Levy** [00:45:48] Well, that's what it most common is. It's a powder form and then liquid form, most commonly a 1% solution. And the 1% solution is that's ten milligrams per cc. Okay. So 20mg or 25mg would be 2 to 2 and a half CCS of 1%. Solution. Important to note because they make a lot of lower grade methylene blue. So you need to make sure it's called it's USP for pharmaceutical grade okay. And it ends up, you know, being about 50, 50, 60 ccs costing about, 30 or 40 bucks, not cheap. But, if you see a methylene blue that has half that price, it's probably one of the ones that they just actually use to dye clothes with. So which is also very effective.

**Dr Ron Ehrlich** [00:46:41] It and another one I just while we're on this topic and you mentioned one and I know we did a [whole program](#) on this during the pandemic. But just remind us of hydrogen peroxide as well.

**Dr Thomas Levy** [00:46:52] Oh my goodness. Hydrogen Peroxide. So that's God's or nature's depending on your religious bit. That's God or nature's gift to your body. And it's so funny, some of the static that I've received, on my license and other things about poisoning people, harming them, this idea that, well, guess what? In your body you have water, H<sub>2</sub>O, you have oxygen, O<sub>2</sub>, and you have hydrogen peroxide, H<sub>2</sub>O<sub>2</sub>. It's one of the most common molecules in your body. Your body produces it continually, nearly 5% of the oxygen that you inhale with every breath goes into making new hydrogen peroxide in the air spaces in which you breathe. The respiratory cells actively form and secrete peroxide into the air space in order to kill the pathogens to come in with every breath. Make no doubt about it, you've never had a single inhalation in your life in which you've not inhaled pathogens. That's it. But obviously pathogens are a limiting factor when they get too costly. So hydrogen peroxide nebuliser inhaling a 3% or less, concentration of hydrogen peroxide is an incredible way to not only knock out viruses, Covid, any other acute upper respiratory really quick, very quick if you catch it early on. But even if you catch it later on, I've had reported back to me where I am in Columbia. I have a friend, a colleague who, treated 20 patients with 3% peroxide nebuliser and all had advanced Covid. By that I mean, they're all short of breath. Really short of breath. I mean, and being poor, they didn't have vitamin C, they didn't have ozone, they didn't have anything. But she was able to give them a large amount more than I had recommended in the past. Like 30 minutes, three times a day. Of the nebuliser. But in five days, all were cured just with peroxide nebuliser. So that can be done. Something that I haven't done a lot with, but I know is very good with the practitioners that have used it and the reading that I've done is and is very, very, very frowned upon, probably because it's of inconsequential expense is properly dose intravenous hydrogen peroxide. Very tremendous way to knock out any type of pathogen. I mean, you get enough vitamin C in the blood, you get enough hydrogen peroxide in the blood, you get enough ozone in the blood. You irradiate the blood with ultraviolet light. You push oxygen in with hyperbaric oxygen therapy, they

really all do the same thing or very, very close to the same thing. So, I, I think everybody should periodically hydrogen peroxide nebuliser because we all, even when we feel great, have a chronic pathogen, a chronic pathogen colonisation in our ears, nose and throat. And this is what causes, believe it or not, 95% of all gut related disorders. And I mean, when you start nebuliser with peroxide, what do you do? You stop swallowing pathogens 24 seven you stop swallowing their toxic By-Products. You stop swallowing the iron that gets released when those pathogens rupture, because there's a ton of iron and they're all highly pro oxidant. And man does the gut heal quickly. I've had had a sub feedback with May of a young fellow with Crohn's disease for years. Bedridden, just losing weight, completely cured within a couple of months. Okay, many people with irritable bowel complete resolution in a couple weeks. Gluten same thing. Now you got to remember with gluten, gluten is only toxic if you don't digest it. It's just another protein. If you can break it down to its component amino acids before you absorb it, no toxicity. But if it gets into your blood in chunks, great toxicity because it's a very immunogenic and, allergic type of protein configuration, just like peanuts. But let me tell you, when you stop poisoning the gut, which the peroxide immunisation resolves on a daily basis, many people start having bowel movements like they've never had before in their life within a day or two. That's because. Or a week week would be better than a day or two, because in your proximal gut, you have intestinal stem cells, and those stem cells generate new cells inside your gut every 3 to 5 days. So you basically, if you stop poisoning the gut, you've got a new gut in five days. Now, you know, the long term chronic problems takes a while longer to, bring an abnormal microbiome back into balance. But you can get the proximal part of your gut where you have, all the, absorption disorders, all the iliac disease, all these things. You can start strongly normalising that gut, after nebuliser and for 5 to 7 days.

**Dr Ron Ehrlich** [00:52:14] And when you say nebuliser and you're talking about using a 3% or less, because sometimes people might find the 3% a little bit irritating. Right? So just to dilute it a bit, but how off of for what, ten years? I think you said 10 to 15 minutes. Three times a day.

**Dr Thomas Levy** [00:52:30] You know, it all depends on what you're doing it for. Like I tell the dentist that I talk to a lot who, are, as you well know. I mean, you're sitting in front of. No offence involves some of the pathogen wise. Foulest mouth possible for eight, nine, ten hours, and you're, like, two feet away from them. Well, at the end of the day, you may still feel great, but I say no. You go back to your office, start writing your progress notes or whatever, but just nebuliser for 1 or 2 minutes, 1 or 2 minutes before anything gets old. And that's it. Now, if you got a cold's going already, well, you want to do maybe 15 minutes, 2 or 3 times a day if you just were on a plane and now you're sniffing a little bit and you're not sure hit it as though you have it, but it's very there's no fixed way to approach it. You have to be your own monitor as to how am I feeling? What is it doing for me? Do I need to push harder? Am I and then little, like, you go to a big party. A lot of people, you know, adorably, you might get a little headache or something like that from the shedding phenomenon we talked about. Hit it hard. Then when you go home. So it's there as a tool. Okay. Now for people that have clear cut chronic gut disease. Yeah. You know, I don't know multiple times a day, but I'd probably go, you know, five. Minutes a day for a week or two and see what happened with a gut hhm.

**Dr Ron Ehrlich** [00:53:57] Terrific. And the thing I love about all of this is that it's not expensive. It's very accessible. And to our point about taking us on this electron transport chain, a tutorial, these are all things that go on in our body. These are all things that are part of a healthy body. So this is not kind of radical stuff. And yet it's often viewed as really out there and just anyway, let's not.

**Dr Thomas Levy** [00:54:26] I don't know, Ron. I think hydrogen peroxide is getting pretty expensive. Walmart has recently raised its price from like, \$0.66 to a dollar a price. So, you know, you gotta you got to be careful. Don't use it too fast.

**Dr Ron Ehrlich** [00:54:38] Well, I think that is one thing that the pandemic really highlighted, because I remember at the beginning of the pandemic, I was president of the Australasian College of Nutritional Environmental Medicine. And Ian BrightHope, who is Professor Ian BrightHope, who is the founder, of the college he drafted up and we co-signed a letter outlining pretty much those four supplements that you mentioned to our TGA. And they said, I'm sorry, there's just no evidence to show that will have any effect on, on, which were they basically saying, I'm sorry, the immune system has no role to play in, in managing Covid. We were shocked.

**Dr Thomas Levy** [00:55:18] There's no evidence that exists for someone who refuses to read it? And if they do read it, they really don't have the intelligence to wrap their head around it.

**Dr Ron Ehrlich** [00:55:30] Now, here we are. We're almost an hour in. I've got to get you back on again, Thomas. Because we really can talk for another hour at least. But, the thing that I wanted to get you back on because I read that article that you'd written about oral health and coming from a cardiologist to remind our listeners, you are a cardiologist. And now the book that you've written is called [The Hidden Epidemic](#). And interestingly, WHO, the [Global Report on Oral diseases](#). And, to put it into perspective, I think most people acknowledge cancer. Malignant cancer is a problem. Apparently 100 million people globally suffer from malignant cancer and cardiovascular disease. The biggest killer is a problem. Apparently 50 of 500 million globally suffer from cardiovascular disease and mental health. Of course 1 billion people. But oral diseases, 3.5 billion people globally suffer from oral diseases. And before we came on, I think we both agreed that was probably a gross underestimation, a gross underestimation.

**Dr Thomas Levy** [00:56:40] Let me say this quickly. You don't have a large amount of time. So I'll give you the quick nutshell is. Yeah, and I have all the evidence to show it. So I'm not just pulling this out of the air. Yeah. All diseases are too much oxidative stress. Okay. And all toxins, oxidise and nearly all toxins in your body come from pathogens. Okay? You just don't generate toxins without somewhere there being an infection. And in this case, the evidence is solid that because we've identified oral pathogens inside the coronary artery wall, inside the atherosclerotic plaque. And I'm going to tell you, well over 95%, well over 95% are heart attacks due to passage of the toxins from

the mouth, infected gums, root canals, other infected teeth, infected tonsils, ball of wax. Now same token, those teeth have a lymphatic drainage and that lymphatic drainage goes into the breast. And I just finished an article showing that not only is this clear cut, but you can isolate the pathogens from the breast tumours in the breast tumour itself surrounding the breast tumour. You really cannot develop a cancer. They don't. Delvaux can't develop a brand new cancer until the oxidative stress vocalese become astronomical, and that only occurs when there's a chronic pathogen colonisation. And we have the tissue specimens from diseases throughout the body. This is why chronic diseases don't get better is because they actually have low grade pathogen colonisation and growth in the affected tissue itself, generating more toxins or new toxins on a daily basis. Then you can deal with your quality, antioxidant and dietary intake.

**Dr Ron Ehrlich** [00:58:33] Hmhm. Well, you know, I've often thought of the, oral cavity as the black hole of health care, and it is that because most medical practitioners have no knowledge of it? I mean, they will ask their patient, do you have any dental pain? No. Have you been to the dentist lately? Yes. What did you find? I'm fine. So now we can tick the box of oral diseases. It's covered. And for dentists, to be fair, we are so focussed on minutia. Like the way we measure success in microns. And we're dealing with a very stressful situation. It's easy to get lost in the oral cavity and forget there's a whole body attached to it. So really, it really is the black hole of health care. And when I see 3.5 billion people globally and we both agree, that's an underestimation. This is really an area that's so often missed.

**Dr Thomas Levy** [00:59:31] I like to summarise it by saying, and I think you'll see when I'm finished, I'm really not exaggerating. The worst thing anybody can do for their health is have a traditional dentist, but the best thing they can have for their health is a biological dentist. That's how profoundly different those scenarios are, and how the wrong dentistry can put you in the grave. And the right dentistry can give you health like you never felt you could have.

**Dr Ron Ehrlich** [00:59:57] Well, Thomas, I mean, we are definitely going to have to reconvene this, for part two, because that is a great segue into our next episode together. Thomas, thank you so much for joining me again today. I could sit and talk to you for hours, and I have and I will again in the past. Thank you so much.

**Dr Thomas Levy** [01:00:17] Okay. Thank you. Take care. Ron. Thanks for having me on.

**Dr Ron Ehrlich** [01:00:20] Well, a wealth of information. And as I said, we will definitely be getting, part two of this recorded, so we can discuss with, Thomas, the hidden epidemic, oral diseases. And as I said at the beginning of this podcast and through it, at least 3.5 billion people globally are suffering from oral diseases. And all too often, the fact that someone isn't in pain somehow is the ticket to good oral health. Nothing could be further from the truth. In my clinical experience of over 45

years in clinical dental practice, I have observed, as have my partners in my practice, [Sydney Holistic Dental Centre](#), that the vast majority of oral diseases have no pain associated with them. So this is a big issue. But, back to the [rapid virus recovery](#). There will be a link in the show notes for a free download of this PDF. Rapid virus recovery. No need to live in fear. And, this has over 600 citations from peer reviewed journals. It's a really excellent read. And I think Thomas has given us a taste of, of some of the elements of that book. I'd also encourage you to join the unstressed health community. Now, I've done over 600 podcasts now, and they're all terrific, but there is a wealth of information lying within our catalogue of podcasts, and I don't expect you to go back and listen to them more. But what we have done in our subscription model is curate, topics and pick out the best of. So it really is a great resource. We've also got a Coach podcast where we review some clinical hints from many of our guests. There are courses, there are lots of resources. There's going to be regular live Q&A shows and webinars. So join the unstressed health community. It is independent of industry. I hope this finds you well. Until next time.

**Dr Ron Ehrlich** [01:02:21] This is doctor Ron Ehrlich. Hey. Well, this podcast provides general information and discussion about medicine, health, and related subjects. The content is not intended and should not be construed as medical advice, or as a substitute for care by a qualified medical practitioner. If you or any other person has a medical concern, he or she should consult with an appropriately qualified medical practitioner. Guests who speak in this podcast express their own opinions, experiences and conclusions.