



Mind and Body Approaches to Healing Addiction

Guest: Dr Paul Thomas

Niki Gratrix: Hello everybody and welcome to the Trauma and Mind Body Super Conference, and I'm here today with Dr. Paul Thomas. Welcome, Dr. Paul, to the Trauma Summit.

Dr. Paul Thomas: Thank you, Niki.

Niki Gratrix: Just to share a little bit more about you with the audience. So, Dr. Paul, as he's known, is a board certified fellow of the American Academy of Pediatrics and Addiction Medicine, the board of addiction medicine.

He also has a big integrative pediatrics clinic with thousands of patients. He is an advocate for the rights, medical rights and freedoms, which is awesome, so we could touch on that, that's really important. And also, you have an incredible YouTube channel with 1.3 million subscribers, which is insane. And it's great that you're out there getting these important messages out to so many people.

But we're going to be talking about addiction, because you've written the book on addiction and we'll talk about that and it's really such an important topic. You've had personal experience with it and I think you've got some really important messages that a lot of people can be very interested in.

So Dr. Paul, how about we start with some of the prevalence? What are we dealing with here? Like what levels of addiction are there at the moment in terms of the numbers of people addicted to substances and various different things?

Dr. Paul Thomas: So, addiction is just skyrocketing across the world, I live in the United States. It shows up in many different ways, for example, suicide has just also been skyrocketing. So here in the U.S. in 2016, there were 45,000 Americans over the age of 10 who committed suicide. It's a 30 percent increase in the last 15 years, and 28 percent of those were substance abuse related. 45 million Americans are addicted to something, whether it's alcohol or drugs and in the U.S., someone dies every 8 minutes.

So it's like 63,000 drug overdose deaths a year, that was in 2016, it went up to 73,000, I believe the following year 2017, I haven't seen the 2018 numbers, but this is a huge, huge thing. I mean right now the world's all worried about Covid, which is a very real thing as well. But we're forgetting about addiction and we're putting people in social isolation, probably the worst thing we could be doing for people who are struggling with addictions. What we need most is connection and so it is a very, very important topic.

Niki Gratrix: Yes. So I think saying physical distancing, not social distancing, maybe, but it's key, isn't it? So when we talk about addiction, one of the things I heard you talk about, there's a spectrum of addiction. So do you want to talk a little bit more about that?

Dr. Paul Thomas: Absolutely. So addiction is a chronic disease, it's been recognized as a disease now for at least a couple of decades. I think when I was growing up, if you were an alcoholic or an addict, you were almost looked at as an immoral person or someone with poor character. So there was this sort of taboo thing. I grew up in Africa, a missionary kid who went to high school on a mountain in Swaziland. So I had zero exposure to drinking, drugs. I mean, I was just isolated, which probably saved me because we might go into this later, but I'm pretty wired for addiction, both genetics and just for a number of reasons.

But if you are prone to becoming addicted to something and then you get that exposure, you're off and running, you're in trouble. And so in a spectrum, I didn't answer your question. So take someone like myself who had no awareness of being on the spectrum of addiction. So you could be a sitting time bomb, I think as I was, wired genetically, some family risk factors. And there are a number of other things like stresses in my childhood, which I know that's a big area of yours that I wasn't even aware had happened. But all played into the fact that come college in the U.S., now I'm on my own and isolated from all my support systems. I take a drink and, oh, that's better. That was the feeling I had, it was like, this is how I'm supposed to feel and now I start doing that a little more often. I'm starting to slip along what I call a spectrum of severity until I'm drinking daily at one point towards the end, well, for a long point towards the end.

I became a daily drinker and then in the very end, it was massive amounts. So that spectrum of severity of my particular illness, of addiction or alcoholism progressed from nothing, just a time bomb so to speak, to once in the environment where I could participate in some form of addiction, I was off and running. And that's what I mean by spectrum. I think it's true basically for any chronic disease. If you want to look at depression, you want to look at autism, you want to look at A.D.D, ADHD, asthma almost any chronic disease has a spectrum from nonexistent to mild to severe.

Niki Gratrix: And would you also just in terms of the different types of addictions, the obvious one, like drugs and alcohol. But you can be addicted to risky sexual behavior, binge drinking is not the same as alcoholism, gambling. Would you also say that there is food addiction, sugar addictions?

Dr. Paul Thomas: Yes.

Niki Gratrix: You count all that too, screen addictions.

Dr. Paul Thomas: Absolutely. So if we count food addiction and screen addiction and workaholicism, so that's what was in my family history. My parents both were workaholics, my grandparents were all workaholics. I wasn't aware that that was a thing, but it was. Now, what I'm seeing today as a pediatrician is screen addiction and it is happening at younger and younger ages. Folks, this is real.

When I'm in my office, I'll pull out my cell phone and hold it up, I don't have it on me right now to do that. But I'll say this little gizmo here, this is probably the biggest stressor in your life. And people look at me like, what are you talking about? And here's the thing, I explain it this way.

We're animal kingdom creatures wired to scan for danger. So I'm sitting by a window here and if someone goes by that looks threatening, I'm going to get distracted and have a little blip of my neurotransmitters, fight-or-flight chemicals, norepinephrine, epinephrine and it gets me ready to defend myself, so that's just wired within us. Now, on your little screen, when you're doing that, swiping social media or your alert goes off, your brain goes, oh, oh, right and blip, blip, blip, blip. And you can absolutely deplete yourself of dopamine, which is that hormone we need to focus to feel good.

And then, I can explain it easily for people who play video games. I don't, but it drives me nuts because I'm wired to where I'm like, do, do, do. I just get so intense, I get a headache. But kids are on these video games and then they stop and they're just like lethargic, they can't focus.

That crash in dopamine, I mean, it has to be similar to what a meth person experiences when they stop their run with methamphetamine or an opiate addict, a heroin addict stops. The heroin starts coming out of your body and you go into withdrawal and withdrawal is a very uncomfortable feeling. And so you inevitably do whatever you can get that dopamine brought up again and in the case of kids, it's just back to their screen. And so in my pediatric practice, where I have over 15,000 patients, I'm seeing on a daily basis pre-teens and teenagers coming in who have lost their desire to live, they're depressed, they're extremely anxious, they can't focus. Sometimes they can't even leave the house they're so anxious.

I've got a great story to tell you about that, because it puts that whole thing into perspective. So last year or maybe it was a year before I had a 16 year old girl who was a great student. I knew her family. I'd known her since she was a baby. She was a soccer player, an A student type A person like a go-getter but always happy, upbeat. She came in so depressed and sad and just shut down, suicidal, couldn't leave the house, couldn't focus, she was having a rough time. I talked to her about all the things I talk about nutrition and sleep and reducing stress. And she had seen a psychiatrist, was on two different medications and I'm going, well, that's a lot of medication, maybe we adjust a little.

Long story short, she comes back a month later. She's all like, perfect. I'm like, I thought I was in the wrong room. I said, What? What happened? I don't know. No, no, no. Something is drastic, I've never seen such a massive transformation. What happened here? You changed my meds a little bit. No, I've never seen a minor medication change, transform a person. Mom says, well, remember, honey, right after you left Dr. Paul, last time you tried to play soccer and you had a concussion. She had hit her head pretty bad in a soccer game, went to the emergency room, got a CAT scan, all of that and they told her absolute brain rest for a month. No phones, no screens, no friends, no school, no reading. Brain rest completely recovered her brain. It was like this aha moment for me. I said, how much time are you spending on your phone? Oh, quite a lot. Well, how much is quite a lot. Probably too much. Well, how much is probably too much? Seven or eight hours a day on school days and continuous on the weekends.

Niki Gratrix: Wow.

Dr. Paul Thomas: That is the average amount of time teenagers are now spending on their screens. And is it any wonder they're getting a dopamine depleted and then they're just in trouble, it's a real issue. And the food you brought up, I struggle with that myself. I mean we're wired to, I don't know, respond very positively to sweet.

I mean, when we were hunter-gatherers, it was twice a year we'd find some honey and we'd find a sweet root or a fruit from a tree. But not this processed sugar and the processed carbs that just go to sugar so quickly in our bodies. And it just creates that craving and your sugars drop and you're craving more sugar.

Niki Gratrix: Yes. And workaholism, things like perfectionism, workaholism, certain ways of behavior you can get addicted to as well, because of that state mechanism. A dopamine hit, withdrawal when you stop doing it and compulsive.

So you talked about risk factors, go into a bit more about what the underlying propensity is, what increases the risk of someone having that profile of getting addicted to something, whatever it is. It may be psychological history and maybe, you say, wired a lot, maybe genetics?

Dr. Paul Thomas: So, there's always this nurture, nature thing for any medical condition. And the natural thing is how you're wired genetically and we now know that there are certain what we call epigenetic issues that make you more vulnerable to toxins in the environment, make you more vulnerable to changes in your neurotransmitters.

One of those is the MTHFR if you have that glitch, you need methyl folate because you cannot take regular folate and turn it into methyl folate. It's the methyl folate that actually helps you make dopamine that actually helps you make serotonin. And so when you have that glitch, you're really at high risk of not doing well when your dopamine or serotonin is challenged. So, I have that that was one of my sitting time bombs.

The other thing is COMT, so the catechol-O-methyltransferase, which helps you break down, dopamine and norepinephrine and if that's defective, you've also got an issue with keeping that balance right. It's all about balance in nature, in medicine. So those are just a couple examples of little, I call them glitches. We all have hundreds, if not thousands of them. So I always tease I'm a mutant and you probably are, too.

Niki Gratrix: Yep, I've got MTHFR.

Dr. Paul Thomas: Everybody watching, we're mutants. I mean, we have adapted to our world by this mechanism. And some of those adaptations don't serve us well in certain other situations. So that's the underlying biological part. I think the bigger factor with addictions is sort of twofold. One is our adaptive responses to stresses we had and this is your area of expertise from childhood, but right on into adulthood. So the ACEs that you've talked about in your work, whether you were abused or neglected as a kid, whether you had to fend for yourself. As young children, we attached to whatever parent figure is there, even if they're abusive or neglectful, we have to survive. And

so we develop patterns that are survival necessary at that young age, but then they're no longer helpful when we're older.

So a lot of times you have unknown issues in your past, I have funny stories on myself about that. I thought I had the perfect childhood until a counselor who knows my wife really well said, I don't know if you say this on a Summit, but, ah bullshit, right? I was like, nobody has a perfect childhood. I was then, yeah, I did. So I learned that. No, I didn't. Actually, she pointed out I was in a village in Africa from the age of 5 till 8, basically unsupervised. And she said, "now you're a pediatrician, you take care of children that age. Does that sound right to you?" I'm thinking, well no, I was having fun.

So I learned to fend for myself and you don't always adapt properly when a young child, Lord of the Rings sort of stuff. I mean, you just, survival. And then at 13, I was off to boarding school in a mountain in Swaziland all my support system was out of reach. You couldn't call them. You could write a letter and hear back a month later. That was the extent of the parenting I got from age 13. And that's the British way, I remember you went through A-levels O-levels and how stressful all that was.

Niki Gratrix: Yeah.

Dr. Paul Thomas: So I had all that to deal with and then medical school was its own little trauma. So anyway, those are some of the stressors for addiction. But the other really important ones that I know you are really trying to bring to people's awareness because these are things you can do something about. And that's what's so important and that is your nutrition. That's your background, if we're nutritionally deficient in key nutrients, we're not going to do well. I mean, all of those brain connections need nutrients to be working properly. We need rest and restoration, which is sleep for one thing. There are other ways of restoring yourself, but if you're not getting enough sleep and you're always kind of like just hanging on because you're so exhausted. I would be reaching for alcohol, which was my drug of choice. Because I just would feel better, because I felt that angst of just being exhausted and not getting your rest.

So you've got to get your nutrients, you've got to get your rest. Exercise is an amazingly important thing for our overall health. And I would say, I should have started with number one is stress. Whatever it is that's stressing your world it's going to make you more vulnerable to addictions. And so when we talk about self-care, I think I shot you an email right before this. I realized that personally, oh, dear, I have let myself get way too stressed the last couple of years since we saw each other last. You're probably thinking what happened to this guy. I mean, I looked at my own pictures. It was like I look ten years older today. I have allowed myself to get too stressed out, fighting all these good fights that I'm fighting and charging! Well there's a cost. And so I think we all, those of you who are on this Summit, this educational forum, it's all about self-care because that's how you start the healing journey and that's what we want for you.

Niki Gratrix: I couldn't agree more, it's brilliant. The information you're sharing here is so powerful. I know if we took somebody who had an addiction problem and we started to do circadian rhythm management, we may put them on a diet to manage blood sugar control. So they get that anxiety that factor is taken out.

Get them to bed early, start them on an exercise regime, have a look at their nutrients, and start vagus nerve stimulation on a daily basis. I have a device, I keep talking about, there's a device I found that's a vagus nerve stimulator called the Modius Health and it was affordable and it stimulates the vagus nerve. I'm having to do this every day as well, because like here, I'm running this enormous Summit and it's exactly to your point.

Here we are as these health advocates, I understand completely that it's a challenge to keep the balance through life. And it's not just us as health advocates that we're trying to set the standard for everyone else. Everyone else has a job to do and crazy kids, so it is a challenge. It is building this into a lifestyle, way of being, it's not something you can, it has to become a way of life, doesn't it? It has to be built in.

Dr. Paul Thomas: Yes. I think for my own experience, if I'm sliding into anxiety as I'm sliding into feeling stressed, I've let go of something important in my self-care and a lot of times it's my diet that goes first. In times like we're in today with this Covid nonsense. I mean, people are, I've read people are eating more poorly. We're not getting our fresh fruits and vegetables. People are drinking more. The alcohol consumption in this country is shot up like almost one and a half times. Those are not healthy ways of doing self-care.

So what we're eating, are we out exercising when you're being told to stay home, get outside, take the mask off unless you're gonna be indoors with sick people. I mean, get outside and breathe the air. I know you're big on taking deep breaths, you taught me that last time we talked. I mean, it's important I tend to forget about that.

Niki Gratrix: Yes. It stimulates the vagus nerve, which is to say to people that's the rest, digest, detoxify, feed, breed, parasympathetic side, opposite a fight flight response. Just so that people go, what's she talking about.

So let's talk a little bit more about some of your steps. Somebody thinks they might have an addiction, what's the difference between an actual real addiction or something that maybe they might be addicted, but they're not quite sure if they're addicted or not? Do you have any guidance on whether someone might think they're an addict? What are the things they should sort of say, yes, you are an addict or not.

Dr. Paul Thomas: Well, the whole word addiction is sort of a difficult one. So sometimes I know in the whole specialty of addiction medicine, we've gotten away from that word. We now call it substance use disorder. So it's sort of like we want to put a stigma on a person.

So I guess I would have an alcohol use disorder rather than I'm an alcoholic. You've got a meth use disorder or a cell phone use disorder or too much sugar use disorder. You gamble too much or you chase around and have too much sex, what disorder. So terminology aside, the point is how do you know, if perhaps you're having a hard time? I would say, well, the very simplest way is stop doing the thing you're wondering about and see what happens.

So if I'm addicted to alcohol and I stop, how do I feel? If I feel nothing, I feel fine, I might be OK with it at that point in time. Now, I had an aunt who drank just a glass of wine a night, and she would always warn me. She said "if you do nightly anything, you become addicted." I don't know, I'm not going to judge anyone. But all I'm saying is, if you're wondering

completely, stop that behavior and then you'll find out. But another good thing is to think about, when you're not having the thing that you're addicted to or might be addicted to.

Are you thinking about it a lot? So I have a son who struggles with alcohol and every time he's tried to stop, that's all he can think about. So you know there's an issue there. When you don't have this substance or this behavior, do you crave it? So my kids with cell phones, they absolutely go nuts for it. I mean, they have to have parents who are trying to help their children not become addicted to their screens, and they put limits and watch the battle you have over that. It's like a lifeline and they have to have it, then that's a clue.

So if you're having physical symptoms or emotional symptoms, whether they be craving or you just feel like you don't feel right without it, you are probably progressing along that spectrum of addiction.

Niki Gratrix: OK. Very interesting. And I like to point you make about the stigma with the word addiction. I think with the whole AA type meeting saying, "I am an alcoholic." I know that honesty is really important, but when you say that, to me it seems a bit like you also fixing more into yourself. So you are that, and you could never get over that kind of thing.

What's your view about that? Being honest which is important but also not labeling yourself and then getting stuck in something and thinking, well, disempowerment from that.

Dr. Paul Thomas: So, being that I have struggled with alcohol and call myself an alcoholic, I have 17 years of no drinking. So if you think about it, this was a hard topic for me with the whole issue of AA. I'm an alcoholic because I say it when I'm in meetings, "I'm Paul. I'm an alcoholic." And then it went against my spectrum's thinking.

So if addiction is a spectrum and I'm moving along this level of severity, can't I move back down? And that's the big question. And I think with drugs and alcohol the most addictive substances. There's something that happens, at least I feel it's true for me and I've seen it many, that if you take it way too far, there's this point of no return. So every time I would try to quit, let's put it this way, every time I would try to stop drinking, I had such intense cravings and this is certainly true for all my opiate patients. So I've treated over a thousand opiate patients helping them get off of opiates and heroin. And I mean, those patients know when you don't have your opiate, the withdrawal is unbearable. So can you go back to having a little bit of opiates? It's so risky. And so I think the same is true for alcoholics who've taken it as far as I had.

So if you take it to that point where you're daily drinking massive amounts, you've changed something, I think really in your brain. You've hard wired something so that they always talk about it in AA, it's that first drink that gets you and I from experience, I can tell you it's true. I would never, ever risk. I mean, could I have one drink? Could I? If I did, I can almost guarantee you I'm toast because I tried it so many times. I would get some time, I would get three months, I'm probably OK, I could probably just have one. And then I'd be drinking solid for two years. I just couldn't stop.

My problem was I didn't have an off switch. And now with cell phones or screens, we live in a world where it's probably, and food, you cannot not eat. So those are really hard because

you have to eat and to survive in this world, you have to be on a screen at some point. If you're in school, most of your assignments are online.

If you do any kind of work like we do your online doing things, so you just have to. I just came to this aha moment today, actually, as I was preparing for this, like I'm spending way too much time on screens and what I tell my patients not to do. I'm going to have to moderate, my screen addiction is not something I think about all the time. I never think about it, but I still need to moderate.

Niki Gratrix: Very interesting. And that also I wanted to talk about something you mentioned in the pre-interview that we had. And it's a big area that I associate with addiction or cause of addiction.

When we talk about early life stress, we talk about trauma, unresolved trauma, it's the emotional pain body. It's the emotional pain body that we all have to different degrees and I started to understand addiction as we need to be addicted to something, anything to take away feeling the pain that's with us from that unresolved trauma.

So people will hurt themselves like being addicted to self-hurt to not feel the emotional pain or drinking to not feel the emotional pain. And I said in my own talk on this Summit if you've had lots of early life stress, you're eleven times more likely to use injection drugs, seven times as likely to be an alcoholic, more than three times as likely to smoke, be a binge drinker or engage in risky sexual behavior. And that's only four ACEs. So there's a massive connection there, isn't there? I think that to me, I think it's and you talk about facing the pain of being honest and facing the pain.

Dr. Paul Thomas: Yeah. Well, the tricky part also is and this was certainly true for me. I didn't realize that it was there. If you had to ask me how was your childhood? Oh, I had the best childhood in the world, I did have a great childhood. But there were some things that happened that left me vulnerable to needing to. I wasn't comfortable with other people anymore, which I had been as a kid, somehow I lost that.

Medical school might have been part of that, that was very traumatic. I mean, people don't know this, but when you go through medical school, you are grilled and made to feel about yay, big. So you take these smartest of smart people, I mean, I'm no dummy. And you make them feel so big because you don't know, the big doctor, well what's this? In front of your peers, you're reduced and that was very traumatic to me and then in my own case, I can laugh about it now because I'm aware of it.

I get the idea to write a book called *The Vaccine Friendly Plan*, which is my first big book, which in a way challenges the CDC schedule. Well, talk about poking the bear. I get my peers all the time really looking down their nose at me like you dumb shit, who do you think you are? Blah, blah, blah. Despite the fact that I've got incredible results. I mean, my patients are so much healthier than the highly vaccinated patients. The vaccines are, it's another whole miracle of health that you won't believe when I get that data published, it's unbelievable. But that was not popular. So I am constantly now being put in that same position I was in medical school, which was 30 years ago, who do you think you are? And I boom! It triggers me. It triggers me right back into a regressive sort of I don't like how I was made to feel.

So kids who were abused or neglected, they don't like that feeling. And anything that happens to you as an adult that triggers that feeling, you can't deal with it. So you'd cover it up with whatever addictive thing you can find that helps you feel better. And I often say, the addictive thing, well, in my case, alcohol, if you're an opiate addict or if you're a screen addict or a food addict. It's not the food or the screen or the opiates or the alcohol that were the problem.

The underlying problem was that stress that you talk about when we were kids that never got resolved, that's still there, that's making me feel not OK with me. I don't feel adequate, I just don't feel okay in my own skin. If I was to look in the mirror, I wouldn't go, oh, what a wonderful person I'd probably be, ugg. And so you've got to do this work that you're talking about so that you can look at yourself in the mirror and say, I'm OK. I love you. You're doing great.

Niki Gratrix: I love it. Exactly. Just talking about your medical school trauma. That was a type of PTSD and then you had that repeated, the colleagues who were looking down at you and you were getting exact, like a PTSD response. So that event, unresolved PTSD could have triggered you. You could have gone to that just one drink to take that pain away and then you see that's how it all works, isn't it?

So early life stress and PTSD, just to make that point as well, unresolved PTSD is another risk factor for addiction. It was so interesting. I'm just looking, you had so many good things in the pre-interview, I wanted to make sure I don't miss anything. I love that you've mentioned the goal is if you're trying to get over an addiction. The goal is to be free, not perfect.

Dr. Paul Thomas: Yes, this is super important for people who deal with pain. Now, this could be physical pain, but there's also emotional pain. We don't like the pain. Whether it's real physical pain or emotional pain, that feels as real as physical pain. We don't like it. And we want to do whatever we can to get rid of that pain. And so that's where we turn to our addictive substances or behaviors, because we just don't want that feeling.

Well, that's because our goal was to feel better and so it didn't matter what we did, we just needed to feel better. And if we can change the goal to being free, now you may have to add what you want to be free from. I tend to use it in the sense of, let's say you're a pain patient and you're using opiates and you become addicted to them. You're never pain free anyway, you take your opiates and it gets you out of pain for a while, but then it returns.

So your goal at that point is always trying to be pain free, pain free, pain free. How about being free, free? Like you don't need opiates anymore, wouldn't that be miraculous? And the miraculous thing about opiate addiction is, as you take more and more opiates, tolerance gets higher and higher, you need more, you keep needing more, you keep needing more until you're like at such high doses. They do this for methadone patients, they just jack them up to these crazy high amounts of methadone. You could never go without it, I mean, you're so maxed out.

Well, to get free and then when you do that, your brain develops extra receptors for opiates, which are, by the way, pain receptors. So now that kind of person can stub their toe and they

think they're gonna die. Whereas you or I could stub our toe and go ouch. So I tell these patients, as I wean you off of your opiates, you'll be shocked to see that your pain gets better. And there's no way. They always say that's impossible and except for one person who had had so many back surgeries that he was probably just too messed up. Every other pain patient, which is in the hundreds. All of them their pain has gotten better as we got lower and lower and lower and lower on their opiates. The very thing they were taking for pain. When you change your goal from being pain free to being free, and the miracle can start to happen.

Niki Gratrix: Awesome. Love it. Okay. So we could touch on, you've got a thirteen point recovery plan, we already touched on quite a few of those points. Do you remember what your thirteen points are? You don't have to do them all. But nutrition, diet, exercise, sleep.

Dr. Paul Thomas: I usually start off with you wanting to have a really focused reason. So we generally do not undertake something difficult like dealing with an addiction is a difficult thing. I have a brother who still drinks too much and he admits it, and he says, you're trying to take away my best friend. So alcohol is his best friend. It has helped him cope. He was an adopted brother who was orphaned as a young teenager in Africa, and he fended for himself from early teens on, and that was his coping mechanism. He says you're gonna take away my best friend?

Well, you're going to need such a huge why, a reason to want to change things and so that's why I do dangle that freedom. Changing your goal to being free because, oh, my gosh, my life is so much better that I don't have to have a drink. I mean, I can, oh, the freedom is amazing. My life was ending, I mean, I would have been dead years ago, it was that bad. And I've got this whole new life, I can do whatever I want, I'm totally free. And the pain that I was experiencing or the inside angst is just going away the more I work on this.

So identifying a really burning reason why and then starting to work through all these things we've been talking about. I think the natural things are so important. If you have an addiction to something that's really got you, whether it's heavy alcoholism, opioid addiction, meth addiction, there's certain addictions you need help from a professional. I know, Niki, in your world there are certain hidden harms and traumas, those childhood traumas that we don't even recognize, that you're probably going to need professional help to have someone guide you with that. So don't ignore the professional help, but don't forget all the self-care things that Niki's bringing to you in this Summit that are vital. I mean, it's absolutely vital.

You can go see a counselor, you go see an addiction specialist. But if you're not getting sleep, you're not getting your nutrients, you keep pumping your body full of toxins and you're not getting any exercise. It's probably not going to work very well.

Niki Gratrix: Exactly. Addiction to stimulants using all that kind of stuff. And I love that you actually have a full mind and body approach, that's what is needed for addiction. And there just about every other talk on the Summit is expanding on each of those different things we just talked about.

You've got PTSD go and look into EMDR, if you've got a developmental early life trauma, there's loads of experts talking about how to deal with that. We've got loads of people talking about diet, blood sugar management, hormone management, everything. So it's great that you kind of bring it altogether and great to have your personal story, which is very relevant and inspiring to people as well. Anything else that you want to just talk about, perhaps we can touch on Corona if you have anything said that.

I love the work you are doing with vaccines as well, I'm a big supporter of that, but I think it is poking the bear, even more so now it's like, there's a big connection.

Dr. Paul Thomas: So I had a really good friend who's name's Bud, end up in the hospital a couple of months ago with Covid-19 and I didn't know he was sick. So by the time I heard he was in the hospital, he was in quarantine, his wife was quarantined at home and he almost died.

So thankfully, he's home now, he's been home a month and he's doing fine. They tried to intimate him for three days straight and he refused. He said, "I will fight you." This is a guy who had I mean, his oxygen was in the low 80s, dipping into the 70s, which any physician would know that's thought to be incompatible with lasting more than a few minutes. They thought he needed to be intubated now and he fought that. But being aware of that and then watching what's happening with the world and the way they've rolled out this information, I decided I needed to really dig in and give people alternatives to the narrative you're hearing on TV.

So the narrative on TV is stay home, stay indoors, don't go anywhere, wear a mask and wait for a vaccine. And it's like, no! Oh, my God. It's so disturbing to me to watch that and realize that as physicians were being told, if it might be Covid, you list the death as Covid. So now you can fall out of a building or be in a car accident and if you might have had Covid, that becomes one of the causes. So these numbers are becoming massively inflated. I was seeing in our own hospitals, ghost towns.

So I go to the hospital almost every day to see newborns because I'm a very busy pediatrician and I'd walk through the hospital and there was nothing going on, the E.R. was silent. I was walking into major hospitals with tents outside. I never once saw anybody going in and out of those tents during this massive crisis. Now, don't get me wrong, there are people in the world who have lost their loved ones. There are certain cities and countries, New York City is having a really rougher time for sure. Some of the countries in Europe, like Italy, I mean, they've had a terrible time, Spain, no doubt about it, and it's really harsh on the elderly. But our whole approach to this has actually been to induce stress in the population. Stress, remember, is shutting down your immune system.

So you've got to turn the TV off, you've got to do more things than usual to boost your immunity. So I talk about that in my book, Covid-19 Lifesaving Strategies The News Media Won't Tell You is the name of the book.

Right now it's an ebook on *Smashwords*, you can just look at Paul Thomas:, M.D. on Smashwords and find the book, but I give definitive guidelines on what to do.

So we know that if you're vitamin D deficient, which most people are, you're a natural killer cells, that's the first line of defense against a new infection. So a new virus, which this is, you don't have time to make antibodies so that the whole adaptive immune system is not involved, it's your innate first line defense.

Well, if you're vitamin D deficient, your first line defense isn't very robust. So get going taking your vitamin D even now in the midst of it, it's not too late. I take 5,000IU a day and I take D3 with K2 because one of the things D3 does is helps you absorb calcium. And there's some articles suggesting it's probably in your wheelhouse that too much calcium might be causing mischief. But I think if you're taking it with K2 it will help that calcium go to the bones.

Vitamin C really boosts the immune system, it's an antioxidant. And in Covid in particular, if you happen to get infected. So I would take low dose vitamin C ongoing until, if you happen to get infected you got massive doses, I mean, massive. They call it two bowel tolerance, which means you take enough until you start getting the runs and then you back off and you could potentially, if you were seriously Covid infected, be taking 1,000 milligrams every 10 to 15 minutes. I mean, I've I haven't heard anybody that's done that, but that's what's written. Because ideally you do I.V. vitamin C if you're infected with Covid and that's just not available to most people, so you just have to take massive amounts orally.

Melatonin, I write a lot about this in my book, both the vitamin C and the melatonin. It uniquely is helping people moderate, so it's very interesting with Covid infections, initially you have inflammation and initially you want that. But what's happening with Covid infections, you're getting a massive inflammation response to where you can't shut off the inflammation and melatonin both helps prevent Covid from entering the lungs and then it also modulates so you don't have too much inflammation.

It's very interesting, kids have very high melatonin levels, but as soon as the early 20s our melatonin drops off drastically and by the time you're our age, I'm older than you probably. But by the time we're our age, our melatonin levels are horrendous. I mean, they're very low.

So we were talking beforehand about lights at night. I grew up in a village in Africa and there were no lights and our melatonin levels would rise and you'd go to sleep, it was all very natural for sleep. And today people have trouble sleeping because the lights are on until you go, click, turn off the lights, try to go to bed. You haven't built up any melatonin.

Take melatonin, it'll help you fight off Covid and then some form of boosting glutathione, N-acetyl cysteine is ideal. But otherwise you could actually do a liposomal glutathione, you need extra zinc. Those are just a few of the nutrients that I talk about in the book. And then what to do is you actually get it. This is important stuff. I know there's others who've written on this topic, but it's in everybody's minds. So I want you to have that information as well.

Niki Gratrix: Yes, brilliant. And one of things that I've been saying I'm finding troublesome is just through the mainstream media, it's like an information blackout going on. All the things that we're talking about that actually help you not get addiction, that are the long

term things like circadian rhythm management, like daily exercise, like a long term nutrition plan, like having your therapies whatever you, sauna therapy, anything to stimulate the vagus nerve, weather that's meditation, qigong, yoga. All of those daily practices and resolving your childhood traumas, resolving PTSD. All of that stuff, which is the longer term stuff, they build immunity. And I'm with you in the sense that I find it troublesome, that why isn't there a mainstream TV show that should be on every night saying, bringing a doctor like you into somebody's home, get them in the kitchen.

Right, let's clean out everything in the kitchen that is not good for your immune system. What's in your house will help you do exercise? And what are the three things from your local area that's like vagus nerve stimulation, things like that. I find that very troubling, I find that troublesome. What we're talking about that will heal addiction and prevent addiction will also boost your immune system.

Dr. Paul Thomas: Absolutely. So published last year in Vaccine that people who had gotten the flu shot the year before had greater risk of Covid, so greater risk of Coronavirus. That's a factor, vaccines are not helping you with Corona, that's for sure. And then this whole rush to the vaccine. I know, I believe Germany and also Sweden did not close their schools. So what we're going to find is that this coming winter, when this thing comes back and it will, it's a winter virus, Coronavirus is a winter virus. I bet you those two countries in any other country that didn't close their schools are going to be way better off. Because they will develop a natural herd immunity, which is always the best.

Since the beginning of time for mankind's sake we've lived in communion with our viruses and bacteria and parasites and developed a natural immunity. And by isolating us in our homes, putting on masks, cloroxing everywhere, we're no longer developing immunity against this virus. So we're going to have to go through it again and again until they say we get a vaccine. Here's the problem with the vaccine, folks.

They've never been able to make a safe vaccine against an RNA virus like this. Never. And so how are they going to rush one and do safety testing? So they cannot do long term safety testing because they're not going to have long term. So the only thing that makes sense is natural immunity, so boost your natural immunity, everything on this Summit is absolutely what you need to be doing. And then not only will you be helping yourself in the world of addiction, you will also be protecting yourself from things like Covid and the next thing, the next thing that comes along, there will be another. And actually, that same study that showed vaccinated people had greater Covid, they also had a greater unknown infection. So there were three things that went up, human metapneumovirus, Coronavirus and undetermined infections. So the only thing it helped was influenza A, influenza B.

Well, you'd expect that it's a flu shot, but it actually hurts you against all the new stuff because it's not boosting your overall immunity, it's just boosting something against a specific thing.

Niki Gratrix: Yes. So, awesome. Dr. Paul, it was so good, I totally enjoyed this interview. I think it will be great information for people. Where can people find more about you? And also the three books, you've got the three right?

Dr. Paul Thomas: Yeah. So before I tell you that, I just want to tell everybody that's watching, there is nothing wrong or bad about you, you are just fine the way you are, you've got to know this and you are loved. And also be a gentle observer, not at critical or a harsh critic. I was always in that falling into that, being critical of others or even of myself. And if you can just be a gentle observer, it takes a lot of stress out and then just do that self-care work on yourself. There's nothing more important than you.

Where to find me, I think the best website is DrPaulApproved.com and everything I do is somehow linked there. I did write three books, *The Vaccine Friendly Plan*, which if you've got children it's worth a look.

I wrote that book basically to get people to start thinking. I don't think my plan is perfect. I think my plan is still too many vaccines too soon on an immune system that's not ready, it's too much aluminum too soon. But it's way, way safer than the CDC schedule, that's for sure.

So anyway it's a place to start so that you can at least think about that topic. *The Addiction Spectrum* is the book we've been talking about today that tells my story, a couple of stories of other family members of mine, several patients. We talk about opiates, alcohol, marijuana, screens, touch on some of the other addictions and it's got some ideas for you there overall.

And then my last book is *The Covid-19 Life Saving Strategies* and that was just a, threw that together quickly because of the crisis. It's not quite as professionally done, but it's actually quite well done. I'm really proud of how it turned out given how quickly I had to pull that to market.

So thank you, Niki for letting me share with your audience and I wish all of you the very best. Focus on you, your self-care, and actually focus on others a little bit, too. I've found as we give to someone else, as we serve someone else, we feel better and sometimes that's what we need. We just need to feel better.

Niki Gratrix: Love it, love this interview, love you Dr. Paul.

Dr. Paul Thomas: Love you too Niki.

Niki Gratrix: You have a big fan. So thank you. Thank you for taking part and thanks to the audience, I hope you enjoyed it as much as I did, and we'll see you in the next episode of The Trauma and Mind Body Super Conference.

Dr. Paul Thomas: Thanks, everybody.