



QUESTIONS FOR WEBINAR - DR. TOM O'BRYAN

Question: Are you saying that severity of Covid-19 infection is driven by the strength of the immune system?

Dr O'Bryan: The severity of the Covid response is completely due to the inability of the immune system to take care of it. Period. And that's come from Johns Hopkins, it came from Loma Linda medical school, there are a number of papers that say. It's just a failure of your innate immune system.

If you have an adequate functioning innate immune system you don't go from phase one to phase two. Period. No other discussion Excuse me but, show me the science with anything else. It's a failure of our immune system. Remember, the first quote I gave you was Dr Bland. This is a lifestyle disease. It's a classic example of a lifestyle...how you live your life has created the effectiveness, efficiency or inefficiency of your immune system so excuse me for being so blunt, but we don't have time to not be direct about this. It absolutely is only a failure of the innate immune system because hundreds of thousands of people are coming back positive to antibody testing for SARS-CoV-2, and they didn't get sick. So the only ones who get sick, are the ones that couldn't handle it initially...

Romina: ...and had a compromised immune system. And I think it's a great thing to tell our clients.

Dr O'Bryan: And that's why I say, if you got a little fever for a couple of days, got a sore throat, a little cough, and then it went away, that's great. Your immune system called up the reserves. But it shouldn't have to call up the reserves. You shouldn't get sick. Period. If you do, something about lifestyle, something about nutrient levels, something about food selections is weakening your immune system. And Mrs Patient, Mrs Client, let's investigate and see what that is.

Question: Recently practitioners are not so quick to supplement vitamin D. The fact that it is stored as well as it needs to be activated - how do they interact? How they may confuse interpretation of tests as there is no test for stored vitamin D?

Dr O'Bryan: That's why you do the blood spot tests.

Question: What do you think about supplements in general/taking supplements? I am referring here more to A to Z supplements that claim to contain all micro-elements in one pill. Are they effectively absorbed by the body? Are they indicated for long term use? *I am asking these questions because there are some studies out there which would claim that taking long term supplements could bring damage (i.e. kidney*

stones, toxicity especially given by the fat-soluble vitamins - A,D,E,K). I think what she's referring to is the fact that a lot of times we're told that long term supplementation may have some kind of damage, you know, toxicity and we can't really be taking supplements long term. What is your view on that?

Dr O'Bryan: Show me the science. There is no science to that. There's no science. You know, of course, if you take too much water you drown. Of course. But there's no science that I've ever seen that would caution me recommending robust levels, within acceptable ranges, but robust levels of vitamin A and vitamin C, and vitamin D, and vitamin E. You want to be robust and vibrant in your life, or you want to be just not at the stage of disease? Where do you want to be?

Question: Would you supplement vitamin D for seniors who are unable to access a test?

Dr O'Bryan: Before I would do anything else. Absolutely. I think it was Dr Marshall's paper that said: in this time of COVID, take 10,000 units a day for a couple of weeks, and then 5000 units a day after that.

Romina: 10,000 units for a couple of weeks and then bring it down to the 5000 as a maintenance protocol?

Dr O'Bryan: Correct. When I do blood draws on people or finger prick test, and they're low, I give them 50,000 units a day, and I will do that for a week to two weeks, take three days off four days off, then I'll do another blood test to see what their levels are now, and then I'll maintain them at 5000 to 10,000.

Question: I spend a lot of time in the south of Spain with a few hours in the sun per day. This time of the year, would that be sufficient for vitamin D?

Dr O'Bryan: Theoretically, yes, but the rule of thumb here folks is test, don't guess. Test. It's an inexpensive test. I can't afford the test - well, put that on your tombstone! You know, anytime a patient says to me 'I can't afford the test', I take the file, or if I'm doing a consult online I say 'okay, let's pause for a minute. Would you please bring up your email account and type in my email address or to my staff. Good. Now, this is why I want you to type: *I refuse to do the test Dr O'Brian recommends because of finances*, and then send it to me. Why would I do that? Because if something happens to you, I'm going to do everything I can to help you, but if something happens to you, I'm not responsible, because you wouldn't follow my recommendations. I'm not going to have your family coming after me for a lawsuit because I didn't do a simple test. Okay, okay I'll do the test. Good. Do the test!

I'm not there to be their friend. I'm there to help discover why they're not well. So, I don't care. I care. I care if they like me, but I'm not going to not speak my truth because I'm afraid they won't like me. And I make them sign this. I make them send me an email. If they won't do it - okay, we're done for today. When you're ready to do that, either do the test or just acknowledge you refused to do the test for finances, we will continue. There's no charge for today. Bye bye.

Romina: Thank you. I think we just have to be more firm with our clients.

Dr O'Bryan: Yes, and everybody's afraid of losing a client. I'm afraid of losing a life. And I've had people die, you know. For years, the husband of one of my staff, really nice man, a janitor cleaning schools, really nice, kind, kind man. For years, I'd say, Ray, let's do a blood test for you. Okay Doc, I'll get to it. And it was a cardiovascular profile with lipids fractionation. But you know, okay I'll get to it. He never got to it. And you know, he's a nice man - I didn't want to rock his boat. Every time I'd see him come pick his wife up: Hey Ray, let's do a test! Because he had creases in his ears. And then one day he dropped his wife off at work, I saw him and say: hey buddy, how you doing? Good, good, and I think I'll do that test next week. I said okay, good. And then he drove home. He died on the way home. He had a heart attack on the freeway, on the way home. He pulled over to the side of the road, put the car in park, and when they found him he was dead.

Never again am I not going to speak my truth, never again. So you deal with it the way you want to but I propose to everyone - you're not their friend. You want them to like you but I'd rather they respect me, and they tell their family to come see me because this guy doesn't mess around. He'll find out what's wrong. Right. Excuse me, but people are dying out there.

Romina: Right. The science is just there for what vitamin D can do. It has so many multiple benefits. **Question: Speaking of dosages, what is your view on serum vitamin D3, what would be the optimal serum vitamin D3 range?**

Dr O'Bryan: From 50 to 75 nanograms per millilitre. That's where the studies have consistently shown dramatically reduced incidence of autoimmune diseases.

Question: We have a question on sarcoidosis and using vitamin D. It's an autoimmune condition where patches of the body breakdown, but they also produce, 1,25 D3. Someone has a client who had a rubbish diet and very low Vitamin D3 levels. The client's body is growing a new organ to produce vitamin D and it's trying in its own way to regulate itself. **Conventional consultants are saying not to give vitamin D to your patient, as more D3 may make this autoimmune condition worse. What is your view on this - should we supplement or not in these cases?**

Dr O'Bryan: In particular, two things I want to know. Show me the studies that say vitamin D3 is a problem. And second, Doc, what's your track record with people that you don't give vitamin D3 to. What's their lifespan? What's the quality of their life? Show me, show me the science. And as far as I know, they can't do that. As Professor Fasano said, all disease begins in the gut. Is sarcoidosis a disease? And if it's an autoimmune disease, where does it begin?

All disease begins in the gut. And what is the major modulator of the tight junctions in the gut? Vitamin D opens and closes the gates of the Panama Canal. It opens and closes the tight junctions streams. It's vitamin D. Just read the science. If he's got very low vitamin D, he's got pathogenic intestinal permeability and macromolecules are getting through into the bloodstream, the immune system attacks those molecules and because of molecular mimicry, it goes after self tissue and it manifests and sarcoidosis, or it manifests as psoriasis or it manifests as Alzheimer's. Some of you have been in my full day autoimmune course - you know this.

Question: Would intensive intake of multivitamins or vitamin D be a useful treatment for hospitalised COVID-19 patients?

Dr O'Bryan: Oh my goodness, yes! There's a number of papers on vitamin C, that have shown - 25 to 50 grams of vitamin C IV and the COVID-19 people are off their respirators within less than a day. And they're functioning better and they get well. I think it was two papers that came out of China, and there's been a couple of papers now out of New York on the same thing.

Romina: Yes, we had a doctor last week from China who was part of the trials on vitamin C. I think a lot of people on this webinar today were present, but if they wanted we can send them some of these papers. **Next Question: Would you take vitamin K alongside vitamin D?**

Dr O'Bryan: Yes, absolutely. But it's of secondary importance. Vitamin D is critically important. Vitamin K enhances its benefits, especially in the world of cardiovascular health. Absolutely. But if you don't have vitamin K available, take vitamin D.

Romina: Thank you for confirming about levels, 50 to 75. What is your view about levels above a hundred?

Dr O'Bryan: If they're supplementing - stop. Lifeguards - their vitamin D levels are usually about 100 to 125 nanograms per millilitre. Lifeguards are in the sun all day and they may be using lotion or may not. There was a study published a few years ago on that. There's a great website that is a good resource for everyone it's Vitamin D Council. I think it's .org. A number of scientists, publish their papers there and share information and you'll see it's very credible.

Romina: Thank you. Sorry, I just wanted to clear - You said nano-grams per millilitre, and the question was on nano-moles per litre. So 50 to 75 ng/ml is equivalent to 125 to 187.5 nmol/L. Just so that we all are on the same page. *(To convert ng/ml to nmol/L multiply the ng/ml by 2.5 for example 50 ng/ml is equivalent to 125 nmol/L).*

Question: Is a spray form of vitamin D less effective?

Dr O'Bryan: I have no knowledge on that. I'm sorry I can't say either way. I'm cautious about using liposomal products. For a short period of time, they're okay, but I'm cautious about it. Because there's over 800 families of bacteria in the oral cavity and some of them can piggyback. It's called lipid raft transcytosis. We know that fats are absorbed in the gut by transcytosis. LPS piggybacks on the fats in your diet and can be escorted right into the cell without any immune screening whatsoever. And I'm cautious about that same concept, although I don't have any science for you on it but as a clinician I'm cautious about it in the oral cavity. So, if I'm using liposomal, I'll use it for a short period of time, but not for too long.

Romina: I think they were referring to clients that have GI tract issues and might find it difficult to take supplements.

Dr O'Bryan: In that case, I use a liquid, that's micellized, but not liposomal. Fats don't piggyback on micellized vitamin D as far as I know. I've never seen anything on that.

Question: What is the link for the coffee mornings you host?

Dr O'Bryan: <https://thedr.com/coffee/>

Question: Some reasons for low vitamin D could be low magnesium, infection or inflammation?

Dr O'Bryan: Yes, magnesium is a critical factor in converting 25 hydroxy to 1,25. So if you're low in magnesium, you may not be using your vitamin D very well.

Question: Is it possible to rely on food sources, oily fish, mushrooms and eggs to optimise immune health, if vitamin D levels are within range.

Dr O'Bryan: If they're within range, how did they get within range? If they're within range and they're not supplementing, they're getting it from their diet and exposure to the sun. It's excellent that you're testing. Rule is - test don't guess. If they're within an acceptable range, then why supplement? Unless they're at the bottom end of acceptable range. I want vibrant dynamic higher end of acceptable range levels.

Question: Can you explain why people on ventilators have a higher mortality rate? I think you've answered that question before - it's connected to how strong your immune system is and how much your lifestyle impacts the immunity.

Dr O'Bryan: Yes, and I think a critical component of that is, not exclusive but a critical component, is low vitamin D levels.

Question: Is there a recording that you can send us?

Yes, The Nutrition Collective we will be sending you the replay and the presentation slides. We actually emailed all of you just before the webinar, you may not have seen it, do check your emails.

Question: How much time, shall we spend in the sun to get adequate vitamin D?

Dr O'Bryan: From sunshine alone... Most experts recommend 15 minutes at the peak of the day between 12 and 2pm with your arms and your legs exposed.

Question: Can you get hypervitaminosis and what are the symptoms?

Dr O'Bryan: I've never seen it.

Question: I heard that COVID patients experience many thrombosis episodes. Does Dr. O'Brien know anything about this?

Dr O'Bryan: Yes, a little. There is quite a bit of chatter and some papers being written about the emergence of 5G. The people that you're referring to and some of the symptoms that they're getting, it's more like altitude sickness, than pneumonia. There's a link with electromagnetic frequency pulses pollution and oxygenation in the cells. And so it looks more like high altitude sickness. There are a couple of Doc's that talked about that, and videos that were taken down.

The larger internet networks are screening what they're allowing on those networks and what they're not. I saw an interview with the local television station and two doctors in California, who have seven or eight clinics, and they've done over 5000 tests looking for antibodies to SARS-CoV-2. The numbers they're seeing of people with elevated antibodies was jaw dropping. They've had six deaths. But they've had, I think it was something in the

thousands of positives, to the antibodies. Meaning lots of people are being exposed to this. And they said - this is just our raw data, we're not epidemiologists but we think that epidemiologist should be looking at this and reevaluating the original numbers that came out from the WHO. And there was a paper that was published from Stanford Medical School two days before this interview and they reference that paper that said the same thing they did. The number of people that are positive for the antibodies means that the death rate from this is less than 0.03%, it's not that bad. And so the doctor said we just need to reevaluate. 5 million views on YouTube and then it was taken down. And there was no politics to what they were talking about. But it was taken down.

The last time that I know of, that a society was prevented from hearing information that was perhaps challenging the current line of thinking was 1938 Germany. When they burnt books. They burnt books, and we are allowing these internet companies to determine what we can say and what we can't say, so please excuse me for this moment but we need to stand up for ourselves, and not allow this to happen. Different points of view should be welcomed as opposed to being screened if they don't agree with the common consensus.

Romina: Absolutely I agree. It's been very difficult for us in the UK as well, especially in terms of vaccine transparency. I'm not sure if you've heard about that but some of the NGOs have written open letters to the health minister here in the UK...

Question: In terms of vitamin D for children, what dosage would you supplement?

Dr O'Bryan: The doses that we use are based on the theoretical 150 pound person, where we get 10,000 units a day, every day for a couple of weeks and 5000. So if your child is 75 pounds, do half of that. Again, dosage depends on weight so we can just look at it proportionally. The ideal is test, don't guess.

Question: Referring to previous question on K along D, is there another option for patients on anticoagulants for better absorption?

Dr O'Bryan: Magnesium is helpful. And anytime you want to deal with absorption of any nutrients, work the microbiome. Focus on a more diverse, healthy, balanced microbiome. Give root vegetables, alternating root vegetables every day. Inoculate with fermented vegetables, alternating. Don't eat kimchi every day. Have a little sauerkraut, have a little miso, keep alternating because every fermented vegetable is generating different bacteria. So you're inoculating with many, many different families, which is what you want. You want a diverse microbiome.