

Dr. Nehal Parikh - Natural Immunity, Alternatives, and Giving People a Choice

Dr. Will Tuttle:

This is Dr. Will Tuttle, your host for the Worldwide Vegan Summit for Truth and Freedom. We now have the precious opportunity to partake of the deep experience, knowledge, and wisdom of Dr. Nehal Parikh.

Dr. Parikh is a pediatrician and a newborn critical care specialist. He specializes in holistic, family-centered care. He is a professor of pediatrics at the Cincinnati Children's Hospital and has taught evidence-based medicine for the past 15 years at a number of universities, hospitals, and conferences. His research into early diagnosis and prevention of neurodevelopmental disorders is NIH funded, and he has authored about a hundred peer-reviewed articles published in leading scientific journals. He is a vegan, spiritual aspirant, a skeptic at heart, and the views he is expressing today are his personal opinions and do not represent the views of his employer.

We are delighted to have you joining us, Dr. Parikh. Thank you very much.

Dr. Nehal Parikh:

Thank you so much for the invitation. This is an honor.

Dr. Will Tuttle:

I'll go ahead, and just like to begin with hearing a little bit about your fascinating background both as a doctor for very, very young human beings and also your background in vegan living and what you've learned from that. So, if you can maybe fill us in a little bit about your background, that would be great.

Dr. Nehal Parikh:

Absolutely. I've been a physician for over 20 years. Graduated in '96, and I knew that I wanted to take care of children. That was my first passion. And I was fortunate to get into an excellent residency and decided that, oh, I really want to take care of the really little humans, as you put it, the premature babies, the critically ill newborns that are needing extra support in the ICU. I did three additional years of training in Philadelphia. And since that time, it's been about 20 years, and I've been doing NIH-funded research as my primary day job.

I take care of babies as well. Part of my time is taking care of babies. I'm an educator as well, especially teaching evidence-based medicine, teaching neonatology at the bedside. So, these are really my work passions.

And from a non-work standpoint, I'm passionate about ahimsa, and I'm passionate about eating right, living healthy, as much naturally as possible. And I try and transfer some of that personal living into my work as well, try and provide as holistic a care as possible.

I was born vegetarian, into a vegetarian family. Came to this country and partook in meat and did all of that, and then realized that this was antithetical to my religion and went back to vegetarianism. And then discovered that we also cause a lot of suffering to animals, especially cows when we take their milk and the chickens when we take their eggs. So, for about 14 years

now, I've been vegan, and so has my wife and children. They were raised pretty much vegan. So, happy to be on that vegan journey and have learned from people like you along the way, so thanks again for the invitation.

Dr. Will Tuttle:

Great. Yeah. It's wonderful to hear you've been a vegan for 14 years and that you were born vegetarian, although I understand when you come to this country it's hard to stay vegetarian very often. Yeah. Can you just tell us a little bit more about your experience in the hospital setting and in medicine? You've been really on the inside, and even though you've been able to move to a plant-based way of eating yourself, have you noticed, first of all, just from the point of view of vegetarianism and veganism especially, any benefits to people or in general when you share these ideas? Are you able to share these ideas in your practice at all with your clients? It'd be, I think, interesting to know about that as a doctor.

Dr. Nehal Parikh:

Yeah, absolutely. Absolutely. I don't have as much of an opportunity, as you can imagine, being a neonatologist. I take care of babies in the ICU, so primarily their diet is human milk or formula. In that sense, absolutely, I'm a huge proponent of breastfeeding and breast milk, and I always support moms to promote that practice as much as possible.

That's something that fortunately in the population that I study, we basically say that your milk is like medicine for the baby. And it's so true. It can cure a lot of ails, and it is better than formula in many regards in reducing type 1 and type 2 diabetes and reducing allergy, improving IQ, and improving all sorts of infections.

The benefits are multifold, and of course it's free and so much more of a cost savings as compared to formula. I usually advocate for at least a year, if not two years, of breastfeeding, which is what the World Health Organization recommends. The AAP also says one to two years, the American Academy of Pediatrics. I'm a big proponent of that for the population that I also take care of through my research, who are the brain-injured babies that are at high risk for neurodevelopmental disorders.

I also introduce them to the concept of a plant-based, whole-foods diet because we know processed foods are so dangerous for chronic illnesses. And if these children who are already at risk for neurodevelopmental disorders develop any chronic diseases, such as heart disease, obesity, diabetes, over time it adversely impacts their neurodevelopment and overall quality of life as well.

So many of these parents have never heard that from a pediatrician before, that, oh, a plant-based diet is good for you, or can I even do this? I mean, they're surprised to even learn this. And of course, the American Dietetic Association has even made a statement on this and said that absolutely, vegan diets or fully plant-based diets are healthy and a good way to raise children. So that's a nice thing that I can do in my practice, and that I do do, whenever the opportunity arises.

Oftentimes, because these babies are sick, this is the last thing on their mind. So typically, it's more in the research setting that I promote this diet. But at least in the critical care setting, breastfeeding is huge. And fortunately, where I practice a good number of moms initiate breastfeeding at least. Whether or not they can keep it going is not always possible with all the

stress that they're experiencing, but even there, I'm able to talk to them about holistic approaches to reducing stress, such as mindfulness and meditation.

So, like I said, I like to practice in a holistic way. And rather than just saying, "Oh, yeah, take this drug or take that drug," I think there's so many natural ways that we can approach health both for the baby and for the family.

Dr. Will Tuttle:

Right. And I'm so glad to hear that you're an advocate of breastfeeding so strongly because that's really been, I think, a huge problem in our society. Do you ever, just out of curiosity, mention the importance to the mother whose breast milk the child will be drinking of her diet also? I mean, there's the baby, but also the mother.

Dr. Nehal Parikh:

Yes, yes. Oh, yes, yes. It doesn't always come up because, oftentimes for some families, it's a little bit too much information when they're already having a tough time processing some of the illness. But especially when babies experience gastroesophageal reflux or have milk protein allergy, those are perfect opportunities for me to talk to them about eliminating dairy from their diet at a minimum. And just talking about how what they eat absolutely can end up in their breast milk.

Surprisingly, not every breastfeeding advocate preaches that. If anything, they say the opposite. That, oh, it doesn't matter, you can eat whatever and your baby will still get the optimal nutrition. And that's just so not true. And it doesn't make any sense that your body would be so amazing at filtering everything that you eat or take in through drugs and pass it on to your baby.

We know that moms that have used drugs, for example, the drugs do get into the breast milk, even if in small quantities. So, the same thing holds with processed foods, for example, or red meat, which we know increases the risk of cancer, especially gastrointestinal cancer.

So those, whenever there are opportunities, I absolutely do talk about it. And I can't remember a single parent that said, "Oh, no, I don't want to hear that information." They're more than happy, especially when their babies are sick. They want to know everything possible. They want to be empowered to help their babies. And some of this information, whenever I'm able to share it with them, is usually well received.

Dr. Will Tuttle:

That's really fantastic. It's so interesting that, I think a lot of research has shown that, in all mammals, toxins tend to accumulate in the mammary secretions of those animals. So if we're eating dairy products, for example, we're getting all the toxins, herbicide, pesticide, fungicide residues that the cows were eating. It ends up in the breast milk of the cows-

Dr. Nehal Parikh:

Absolutely.

Dr. Will Tuttle:

... and if we eat that, so I would think the same thing would be true of us humans as well.

Dr. Nehal Parikh:

Absolutely.

Dr. Will Tuttle:

It's so great to know that you're out there sharing these ideas with people that are so much needed.

Dr. Will Tuttle:

You mentioned earlier that most people go with taking some drugs, so do you feel any obligation to try to help steer people away from an overreliance on pharmaceutical drugs? And if you could talk a little bit about that and maybe about the training you had to become a doctor and learning about all these things, too, I think it would be very interesting.

Dr. Nehal Parikh:

Yeah. Yeah, that's a great question. My training was as an osteopath, a medicine doctor, so I'm a doctor of osteopathic medicine. There's a general feeling that that approach to medicine, as opposed to allopathic or MD doctors, is a bit more holistic. And overall, I think that is true. And that, I think, started my path towards a more holistic approach to patient care.

However, even in osteopathic school, the answer to a lot of chronic illness or overall illnesses was first, okay, what drugs can we apply to help these patients? Certainly, with osteopathic medicine, osteopathic manipulative medicine was one of the things that was offered for a lot of diseases as well. So that again, offered a non-pharmaceutical approach to ailments that I think was and is much needed, but pharmaceuticals were still front and center just like they are in allopathic medicine, especially in allopathic medicine.

And while drugs are important for many things, especially if you're acutely ill, it's a wonderful thing because they can be lifesaving. For example, epinephrine in a newborn that is having difficulty breathing, has a low heart rate, it can resuscitate the heart and absolutely save a baby's life. And there are a few other examples where acutely, medicines can be very effective.

But we've gone to a point, in my opinion, in medicine and healthcare where we've gone overboard with medications, and we see them as a panacea for everything. Meanwhile, the truth is that the majority of medicines primarily help only symptoms, they don't cure disease. And moreover, the longer you take them, the more tolerant you become to them. So in order for them to be effective, either you take more or they're ineffective. And if you take more, you experience more of the side effects.

And we know that currently, based on studies, healthcare in America and especially drugs, pharmaceutical drugs are the third leading cause of death, not to mention all sorts of morbidities. So I'm cognizant of that, and not everyone that practices medicine is cognizant of that. And oftentimes, the answer to side effects from medicines is more medicine to address those side effects, and that is absolutely something that can happen very easily in the intensive care unit, such as with the neonatal ICU that I work in ... not just the ICU that I work in, but any neonatal ICU.

We could easily add drugs on top of drugs, and sometimes we're on several medications for these babies. And that is when a holistic approach to medicine and healthcare, I think, really helps. Because oftentimes, by just asking the question, "Well, is this medicine that's causing toxicity in

this patient really benefiting this patient?" And if not, then oftentimes we're able to take it away, and we see the symptoms resolve and the patient improve. And with the same perspective, basically, for moms and parents as well, if they're experiencing problems due to medications, I at least kind of mention it as, "I talked to your obstetrician or your internist about what you might be experiencing here."

But definitely with the babies, it is something that I practice, and it's something that I teach my residents and fellows and medical students. It's a great opportunity to set their course correctly, in my opinion, because again, there's such an unfortunate, close-working relationship between the pharmaceutical industry and the medical industry that we've kind of been blinded by this one approach, which again, I'm not at all detracting from areas where it does help, but we've gotten to an overreliance on pharmaceutical medicines or drugs. And that has, I think, resulted in more harm than what drugs can offer.

The benefits at this point are dwarfed by the harms that medicines can offer, unless one practices with an open understanding of the true benefits of each drug and the clear risk, which everything that we do in medicine, whether it's a drug or an intervention, has side effects. And really recognizing those side effects and especially those side effects when you do polypharmacy, when you give multiple drugs at the same time, which oftentimes we have no idea what some of these drugs do when they work in concert. Oftentimes, they heighten their risk profile.

Dr. Will Tuttle:

I really appreciate that. And I think it's really important what you're saying, for people to be aware that, as you said, the third leading cause of death in the United States, right after heart disease and cancer, is iatrogenic causes. Basically, mostly from drugs that even very often are properly prescribed, so-called.

Dr. Nehal Parikh:

That's right.

Dr. Will Tuttle:

They have devastating effects on people's health so that ... I think what you were pointing to also, I think, as someone who works especially with very young people, it seems like lately there's been quite a strong push to have children be experiencing these interventions. And I know it's a controversial subject, but to me, from my perspective, it seems that if you put, for example, a mask on a child who is at very low risk of getting sick from the present pandemic, and again, of course, to use vaccinations on them ... What are your thoughts on these things? Do you think that we should be more careful in doing these kinds of things and try to help people to strengthen their natural immunity in other ways? What do you think about that?

Dr. Nehal Parikh:

Yeah, yeah. That's a great question. I would say that we should always be thoughtful anytime we're talking about any kind of medical intervention. Part of evidence-based medicine is to understand risk as well as benefits properly and knowing that the benefits always outweigh the risks. And that's something that needs to be done through a thorough, systematic literature search of every available piece of evidence on a topic.

And oftentimes in today's science, when somebody says, "That is the science," they're oftentimes quoting a narrow sliver of the available literature on a particular topic, and they believe that that's evidence-based medicine. But most of these people have not practiced evidence-based medicine or even learned what the principles are. And unfortunately, it's been around for 30 years, but increasingly I'm seeing that it's being practiced less and less.

And then this is the exact time when we need more of evidence-based medicines. I'm giving you a long-winded answer because I think that that principle is important not only for the risk benefits and knowing all the available evidence, but also personalizing it for a given patient, or in this case in public health, for medical freedom or health freedom because people should be allowed to make that choice when it comes to their health. And that kind of individualization where you've taken the value of the patient, or if it's a young, minor child, or the family, is critical to making any decision.

More often than not in medicine, the evidence isn't always clear. Especially if there's a gray zone, then that's where the patient or the family's values come in. And those should be the foremost things that determine whether or not an intervention should be offered to that young child. And I would say that the evidence is far from clear. There's absolutely evidence to support masks. There's also evidence that goes against masks. And especially since there's contrary evidence there, I believe that there's a gray zone there. So that's one thing, and therefore, there should be parent choice.

And two, from a risk/benefit standpoint, the risk, I think it's been well established that it's quite low. Lower than the flu when it comes to COVID-19. This is for some reason controversial, but it shouldn't be. When you look at mortality for all humans, then yes, COVID-19 infection fatality rate is higher than the flu. But when you look at children, it's actually ... just the segment of children less than 18, and especially those less than two that I take care of, it is extremely low.

Carbon dioxide levels go up very quickly when children wear a mask. And to me, I don't think you even need a study to create such a finding. We breathe out carbon dioxide, and if there's not a proper outlet because the child has a tightly-worn mask, you can see how that could easily cause the child to have an elevation of carbon dioxide in their blood. So that is one theoretical risk that children face when they wear a mask all day.

And there are multitude of other risks as well. Especially somebody that's interested in promoting proper neurodevelopment, I'm worried that these kids may be suffering from high carbon dioxide levels and also the lack of social interactions that they have because of mask wearing. Children especially need to be able to understand social cues and be able to connect with their peers and their teachers and their parents. And when they don't, I think it has a psychological effect. And some of the high rates of depression and suicide that we're seeing may very well be related to that and/or the lockdowns. So that's when it comes to the masks.

And same thing with the vaccines. I do believe that the risks again are quite low. So you would need to basically demonstrate that the vaccine is very effective and that the side effects are so low that they don't overwhelm the risks of getting COVID, which again are quite low. So, because there is a wide spectrum of opinion here, especially amongst parents about their child's perceived risk of COVID, I think it should be a choice. I don't think it should be mandated. I also don't want to go and say that it should be completely prohibited, although I would say that we need more data before it is widely rolled out. Even in the 12 to 15- to 17-year-old population, we didn't have sufficient data to roll it out. We need longer-term data to say that this absolutely, the benefits outweigh the risks clearly.

And oftentimes, the consent that goes in with the administration of these vaccines is minimal to none. And proper informed consent is critical anytime you do an intervention or drug, but especially when it's an emergency use authorization, unknown drug that we don't know what the long-term side effects are. Even in the short to subacute short term, we're seeing things such as myocarditis popping up, Guillain-Barré syndrome popping up. And these are things that are very real that even the FDA has said that young children and young adults experience. I think my position has always been the same, even before the pandemic started, and it's remained the same, that we need to give people a choice.

Dr. Will Tuttle:

Thank you. That's really very well-articulated. Do you feel the same way then for adults as well, I imagine, as far as the choice, right? I mean, it's [crosstalk 00:24:03]-

Dr. Nehal Parikh:

Oh, absolutely. Yeah. Yes. Even in adults, even if your risk is 5% mortality, if you perceive that your risk with the vaccine may be high and especially with natural immunity ... Sorry, I missed that point that you asked about, but absolutely there's so many things, especially that we can do as a preventative other than vaccines to boost up our immunity. Especially a whole food, plant-based diet is so much healthier from an immune standpoint, especially if people either already are eating that way or choosing to switch to that type of diet in order to avoid putting in drugs and chemicals into their bodies, by all means we should be promoting that.

But of course, there's no profit incentive in that. And so, there's few people promoting that other than people like you and people like me that have, unfortunately, a smaller audience. We don't have the bullhorn that the media does or the NIH does. And it's unfortunate that they're not seeing this side of the equation where proper diet, proper sun and vitamin D. Obviously, there are preventative drugs as well for early illness with COVID, which have been completely censored by the media and, at a minimum, people should be allowed to debate it. And I think there's sufficient evidence to at least allow people to try it as a potential therapeutic because the side effect profile is quite low.

The NIH trial that was done used a much higher dose of hydroxychloroquine, which nobody would use clinically, so that's why we saw some side effects with that. But other than that, it's a drug that's been around for a long, long time, and it's extremely safe. Same with ivermectin. And I think that we should be, again, giving people a choice. And educating them. Especially the media has a great opportunity to educate people to say, "Hey, you can switch your diet." There's so many things. You can exercise. You can lose weight if you're overweight because that is a major risk factor for being sick with COVID.

So there's so many other things that we could be doing, and the only real push has been to get vaccinated because with the vaccine, we will end the pandemic. And we're seeing now that it's not a panacea, of course. It's a leaky vaccine. You're still going to get infected. If anything, you carry higher viral titers after vaccination. And that means that we're still going to need the therapeutics. We're still going to need the holistic approach to this with the right diet, the right exercise, stress management, proper vitamins, and so forth.

So I think there are lots of options that people have that, unfortunately, because they haven't been presented with those options and they've just been scared to death with the way the media has

presented this, they feel like the only option they have is the vaccine. And the government, of course, has taken the same stance, unfortunately.

Dr. Will Tuttle:

Do you see these alternatives, like ivermectin and hydroxychloroquine and just building up a healthy immune system, is there a particular threat that they pose to the industries involved? Is that why you think they're not being promoted?

Dr. Nehal Parikh:

I mean, I can only speculate, but yes, absolutely, I think ... This is my personal opinion, but absolutely, that has to be a big part of it, that they don't make much money at all. These are generic drugs that are off patent, have been for a long time, and make virtually no money for the industry. And when they promote vaccines or some of these newer therapies that they have come out with, Remdesivir, the monoclonal antibody, these of course are on patent and make a ton of money for the pharmaceutical industry, which we know that that's their main goal. And I think it a clearly stated goal, which we oftentimes forget. We shouldn't forget because it oftentimes supersedes other higher altruistic goals that maybe some people in the pharmaceutical industry have.

And of course, we just have to look at history to understand how many times they have failed us and done very unethical things and been penalized for millions and, actually, billions of dollars. Each and every one of these companies, other than Moderna, which is a brand-new company, so they don't have a track record. But Pfizer, for example, only 10 years ago, I think, was a \$2-billion-plus settlement that they paid. And this is true for every maker. Johnson & Johnson as well [inaudible 00:29:06] in the past with the Gardasil vaccine and other drugs that they've manufactured. They continue to pay out these huge sums because it's a cheaper model for them to just do whatever it takes to boost their sales and then get flogged. And all they lose is some money, and usually they have made up in sales far more than what they give up in these fines with lawsuits and all. So, yeah, absolutely. Again, this is speculation on my part, but I think it's based on prior history.

Dr. Will Tuttle:

Right. And of course, in this particular case, they have full legal immunity. They can't get sued either.

Dr. Nehal Parikh:

That's right. That's right.

More so than with even childhood vaccines. They have complete immunity. And in fact, one of the tactics they use to negotiate with all the different countries. Even our government has set up a very small pool of money, even smaller than with the vaccine [inaudible 00:30:12], so if anybody were to get injured with the vaccine, they really are left with very little recourse.

Dr. Will Tuttle:

What do you think about the number of injuries and deaths that these vaccines are causing? Do you think it's an unusually high number for a vaccine?

Dr. Nehal Parikh:

I can just kind of start with numbers. So, the number of deaths reported to VAERS in relation to COVID, typically within 72 hours of taking the vaccine, has surpassed all the prior deaths in the last 30 years from all the vaccines combined, which is manyfold higher than even this worldwide spread of COVID-19 vaccines that we have rolled out. So, it has to give people pause. Even if you say, "Well, it's a self-report system, and some of that may not be true," the research actually shows that, if anything, it only captures 1% or less of all adverse events, including death. Especially if you die, there's less likelihood that somebody's going to report that death. So it's possible that with deaths we're seeing a huge underreporting.

And even if you say, "It's only underreported by tenfold," we're talking about hundreds of thousands of deaths. In the United States alone, we're talking 12-plus-thousand deaths that have been reported. So, multiply that by 10 alone, and that's a huge number, over 120,000 deaths. But I think the true number is, again, probably hundredfold that, which is possibly a million-plus deaths.

But again, keeping in mind that these are not deaths that have been verified, but most of them have occurred within 72 hours. And especially in the young. So of course, in the elderly, we know that elderly, obviously, are at high risk for death regardless of injections, from COVID, or otherwise. But especially in the young, when these deaths occur, these need to be investigated.

And it's amazing to me that we're now seven, eight months into the vaccine rollout, and we have no information on whether these reports are credible or not. And I think for the safety of all Americans, we need to assume that it's related to the vaccine until proven otherwise because it's still a brand-new medication, or a biologic really, that we've never tested before. We call it a vaccine, but we know it's a new technology, so it needs to be vetted longer than just a few months.

And of course, it's debatable when it should've been rolled out. After how long a testing is long enough to roll it out, because we're facing this pandemic, which even that is really a pandemic in the elderly and in those with multiple chronic illnesses, especially those that are immunocompromised due to diabetes or other illnesses that can lower your immune system function. And if we had limited, really, the focus to those populations, it wouldn't necessarily be that everyone would have to suffer the consequences of the treatment, if you will, which is the lockdowns, the masks, the social distancing, the lack of social interaction, and now the vaccines. So yeah.

Dr. Will Tuttle:

That's, yeah, very well said. I guess at this point, it's safe to say that you definitely disagree with the approval of this vaccine by the FDA, which apparently just happened recently.

Dr. Nehal Parikh:

Yeah, that was so surprising. Or, when you really think about it, I guess not surprising that the narrative has been so one-sided. But there was no open discussion at all. There usually is transparency where they show the data and say, "Okay, the additional data in the last six to eight months since we approved this vaccine, with the Pfizer vaccine, that we see good efficacy, we see minimal safety concerns. And therefore, we think, considering all of the things, we will approve it."

But there's really no motivation here to approve this drug that, basically, we need at least two-year safety data, and so we still have another year and a half to go for that, or at least a full year. And without it, we're basically just saying, "Oh, don't worry about it. There are no long-term side effects," which again, it's a brand-new technology, I don't think we can say that.

The premature approval, in my opinion, really can put potentially more people at harm if truly the vaccine is as harmful as it seems based on the VAERS reported data, self-reported in some cases. Physicians and healthcare workers also report to VAERS. But I think there's definitely real concerns. And there was no clear benefit for the FDA to approve it because people were already taking it, and they could have continued to take it under emergency use authorization. It was not restricting them from getting it out. And I don't agree that the people that aren't taking the vaccine are not taking it because it's not approved. Because when they understand that it was approved without really much peer review ... Their committee was completely bypassed. They should've been allowed to make the decision to debate it.

It's never happened this way before. And it makes you wonder, well, what's different? Of course, they would argue that it's the pandemic, but we're no longer in the state we were in March, April of 2020. We're in a much better place, so we really should've been more thoughtful about that approval.

Dr. Will Tuttle:

What do you think of this looming need now for everyone to have boosters every six months?

Dr. Nehal Parikh:

Yeah, it goes perfectly with their narrative that we need to have more sales of the vaccine, unfortunately. I mean, there's, again, very little data to support it other than waning immunity, which again, many scientists had predicted that this is a leaky vaccine and that we are going to see this.

And also that the virus is very much a typical virus, that it mutates over time.. It's not unlike the flu where every year you need a different type of flu vaccine based on the predicted strain that you will see the following year. And here, too, the virus is basically ... If anything, the vaccine may be accelerating the rate of change of these mutants, whether it's Delta and then next will be Lambda.

And so is this basically the plan, that we just keep getting boosters every six to 12 months? Well, of course, if you left it up to Pfizer and the other pharmaceutical companies, that's what they will say because it's a huge profit maker for them. But we in the science and medicine community and CDC, NIH need to look at it more critically. But unfortunately, I think people have blinders on, and I don't think that the evidence for boosters is sound yet.

Dr. Will Tuttle:

All right, well, it's really been great having this opportunity to learn from you and your perspective from inside the medical establishment. And I'm wondering, I remember Kary Mullis, the inventor of the PCR test, who said this test, which is basically what is used, been used, as you know, to diagnose if someone has COVID, he said, "You can never use this to diagnose anything."

And he said, very prophetically I think, at one point before he passed away not too long ago, that the big problem is that the average person in our society doesn't know how to differentiate between different scientists. Right?

Dr. Nehal Parikh:

Yes.

Dr. Will Tuttle:

He says, one scientist says this, you have another scientist says this. He had very, very, very bad words about Fauci. He did. I mean, he said, "I wouldn't trust that guy at all." But how does the general public know who to trust?

So I guess in closing, maybe if you could just say a few words about how we can become more savvy consumers of information, and then also how we can thrive and be healthy during this time as a doctor. If you have any ideas on that, wrap it up with that, that'd be great.

Dr. Nehal Parikh:

Sure, sure. Those are great questions. I think this is a great area for every layperson that's not in medicine or science to work on. Just make some time to really understand how to interpret evidence. It doesn't have to be in the domain of medicine and science. Doctors and scientists aren't the only ones who can critically appraise the evidence. There are lots of other people out there that have that skill.

I think one of the first ones is, you know, no conflicts of interest, when you are listening to a quote-unquote expert, or reading an article, even if it's in the top journals. We know of many retractions during the pandemic from reputable journals like Lancet and New England Journal of Medicine. So, we know that even that is a fallible thing. We can't just look at a journal and say, "Okay, well it's The New England Journal of Medicine. Therefore, it has to be true." So first, conflicts of interest, whether it's a person speaking as an expert or publishing something.

Basically, follow the money. I think those conflicts of interests are very real, especially when it comes to guidelines. They oftentimes say that there's not enough people that are not working with industry that we can find those experts to sit on these panels. And that's absolutely not true. I don't work with industry. People can reach out to me, and sometimes they have, but there are lots of people like me that want to keep our research separate from those potential conflicts. Because they've shown through research that even a simple pen or a lunch that a drug rep buys you can influence your decision-making at what to prescribe. So it's important to know where the money's coming from and what the conflicts are.

And then just understanding a few things. One thing I mentioned earlier is to really understand the totality of the evidence. In the past, I would've said, "Oh, look at a Cochrane review," where when they put together ... It's a summary of all the evidence, a systematic review. And if there's actually data to combine, it's called a meta-analysis. And so you can look at that. But even there, you have to be cautious because even Cochrane reviews sometimes have been compromised by those types of ties to industry or people with a particular viewpoint.

And then there's study [inaudible 00:41:38]. There's a hierarchy of evidence-based medicine that, if people understand that, evidence-based medicine says that if it's a basic science study, that it falls at the bottom of the hierarchy, followed by physiology, followed by case series, followed by

case control studies. Even higher is cohort studies. And then for interventions, randomized control trials. And then meta-analysis.

So, if you're able to understand that, then you can go and say, "Well, this is just from a case control study. Is there evidence from a proper perspective cohort study?" Or if it's an intervention, "Is there a meta-analysis out there that I can really know that these researchers pulled all the data from all the potential available evidence and they're presenting it to me as if these studies were done together, and also explaining to me what the differences were in the studies, and therefore, I understand how much to hang your hat on those results?"

I think those are things that ... I know it's not something that people are trained to do, but they can learn. In fact, I would love to put together some course like that and make it freely available in the future.

And then your second question was related to ... I'm sorry, I'm forgetting.

Dr. Will Tuttle:

Well, yeah, I was just asking-

Dr. Nehal Parikh:

Oh, how people can be more healthy.

Absolutely. Healthy diet, exercise, proper sleep, proper hydration, vitamin D. If you're vegan, B12 as well. Some people believe in vitamin C. I think there is some evidence to support that, especially if you feel a cold coming on. There's so many things that we can do.

If I didn't mention exercise, I think that's a critical piece of it. Maintaining a proper weight, if not. Choose a calorically less dense diet. Eating more fruits and veggies really is the way to go. When you eat a calorically-dense diet, you're going to overeat without a doubt because your stomach doesn't feel full. So there's so many things that one can do, but the first thing I would say is switch to a plant-based, whole-foods diet.

Dr. Will Tuttle:

Right, right. Gosh, well, this has been very illuminating, and I want to just thank you for taking time and sharing these ideas.

My final question, just very briefly, I know we've kind of at the limit here of time, but in the back of my mind I keep wanting to know about this. Very few doctors seem to be able to do the kind of analysis you're talking about. I think they're not really trained. Seems to me that most doctors are trained to learn protocols. If I have this case, I give this drug. If I have this case, I do this procedure. But to actually read science, really question ... because very few ... For example, vegan doctors or doctors in general are actually sounding the alarm about the irregularities that are going on and able ... So would you say that most doctors are pretty illiterate, really, in actually understanding science itself?

Dr. Nehal Parikh:

I'm not at all trying to disparage people's training, but it's unfortunately true that evidence-based medicine has not spread to the level that the original founders or the proponents that are still practicing, like myself, would have liked to have seen. It really isn't that hard to practice. But if you especially practiced, came out from medical school and residency fellowship training before

the '90s, then you weren't exposed to it unless you took it upon yourself to be exposed through coursework or you had mentors that knew the field. I think it's true that majority of people do not practice evidence-based medicine, even though they believe they do. And they sincerely believe that, and more power to them.

But I do think that there's more to it than just being able to pick an article and say, "Look, here, the authors clearly state that this medicine works and that it's safe." Well, you need to go much beyond that. You need to say, "Well, is there evidence that runs counter to that? Is the evidence that's presented in here or the interpretation or the conclusion, does it fit the data? Was the experiment designed in a certain way that would actually give you the right answer. Were the statistics done in a proper way?"

And if all of that is yes, then, well, were there conflicts of interest that could've allowed them to spin the data in a way that and unfortunately in the pharmaceutical industry, it's been shown very well that they basically design experiments to show the outcome that they want to see and for the stockholders to see. I mean, this not anything I'm sharing that is a revelation. So all of these things, I think that people don't always think about when they're practicing medicine. They're very trusting. And like I said, I'm a skeptic at heart, so I tend to look at both sides of things.

Dr. Will Tuttle:

Right. Well, thank you so much, Dr. Parikh. We really, deeply appreciate your taking the time to share your perspective. It's enormously helpful, and I want to thank you from my heart.

Dr. Nehal Parikh:

Thank you. Well, it was wonderful talking to and seeing you again.

Dr. Will Tuttle:

Yeah. Thank you.