

Speaker A

Hi, I'm Jen Aliano with grassroots health, and I'm excited to be interviewing doctor Leslie Ray Matthews today. Doctor Matthews is a medical doctor who has focused much of his career on the study of vitamin D deficiency in surgical intensive care patients. Doctor Matthews, can you please tell us a little bit more about yourself and your professional background?

Speaker B

Okay, I'm originally from Indianola, Mississippi, which is the hometown of Eb King. I'm the youngest of twelve children. My father was an elementary school principal and a minister. So he has you covered both ways. You couldn't get in any kind of trouble. My mom was a homemaker. She basically raised those twelve kids. And my parents were the first two to have a set of siamese conjoined twins back in 1955 that survived birth. And they were the first two to be successfully separated ever in world history. At six and a half weeks old, my dad sang with BB King. They had a gospel group called St. John's gospel Singer. So BB King originally wanted to be a gospel singer. However, he would make more money on the church street, which was a local street with a lot of clubs on it doing the booze than he would doing a gospel. So he wanted the gospel group to go on tour with him. But they were mostly merit and so most of them stayed at home. And he went on to become BB king, the famous gospel singer. I went to undergrad at the University of Mississippi in Jackson, Mississippi, where I received my medical degree in 1989. I did my surgical residency at Morehouse School of Medicine. Then I did my surgical critical care fellowship at Mayo Clinic in Rochester, Minnesota. Then after that, I came back to Grady and worked there until I retired in 2019.

Speaker A

Great. And how did you first become interested in vitamin D?

Speaker B

Well, back in medical school, we had a nutritional professor that was teaching a nutrition class, and she said, the only thing you need to do is eat three meals a day and you're fine and you need to do anything else. So being a smart guy, I usually was, I raise my hand, I said, how are you going to eat three healthy meals a day when you only get 10% of vitamin D from your meals? Vitamin D is not in most foods and you get 90% of vitamin D from the sun striking your skin. And so I told that professor today, I said, I'm going to be famous for this one day. And I say, you can't eat three healthy meals. You have to supplement or go outdoors or do something else other than trying to get enough vitamin D from your food.

Speaker A

Can you tell us a little bit more about your medical practice your experience in the hospital with your patients, and particularly with vitamin D, and how it might have affected the health of your patients and even changed lives. I've seen some pretty amazing videos from some of your patients.

Speaker B

Sure. Well, I call all my patient rock stars because they basically just survived all odds or survived injuries or situations you wouldn't expect any human being to survive. So that became

a regular routine. So when I got to Grady, it was like, this patient's not gonna survive. This patient gonna walk out of here. So after being there about a year, they stopped asking, saying, this patient's not gonna survive, to asking, did that patient survive? So I knew from medical school vitamin D deficiency was a common problem. Actually, it's the most common nutritional deficiency in the world. So half the world's population is vitamin D deficient. You have 8 billion people on the planet and about 4 billion or vitamin D deficient. And reason they're vitamin D deficient? Because we all live indoors now, and you can't make any vitamin D indoors. In the muslim countries, the women wear the hijabs, and so they don't have any parts of their body's exposed. Remember I said 90% of vitamin D comes from the sun striking your skin. Dark skinned people need to stay in the sun three to ten times longer to make the same amount of vitamin D as lighter skin people. An invention of sunscreen, which was good, it blocks 98% of vitamin D production. Cloudy days blocks about 98% of vitamin D production. Pollution does. So there are about 40 or 50 different things that make us vitamin D deficient. And then we switch from an agricultural society to a technology society. So everybody's a computer geek, and we're all indoors now, so nobody plays outside, kids don't play outside. So long. Clothes and all those contribute to vitamin D deficiency. So being inside a hospital, you know, you can't get true sunlight. In the hospital, you get an artificial light. So from 24 hours from being admitted to a hospital, every patient's vitamin D level drops 50% automatically just by being sick and being in the hospital. That's from day one, the second you hit the hospital. So if your level is 30 the first day, it's going to be 15 the second day, and it's going to be four or three the next day. So then we don't supplement a lot of vitamin D in patients. So I started testing all my patients, and every last one of them were vitamin D deficient. And then we broke them up into groups. For the african american women, they had the lowest vitamin D levels. Their vitamin D levels was nine. African american males had the second lowest levels. Their levels were twelve. Caucasian males and females were about 18. And so we looked at mortality rate at the same time. We looked at vitamin D levels, and then we looked at hospital cost, ICU costs. So the people with the highest mortality rate were the african american females. They had the lowest vitamin D level, but the highest mortality rate, and they had the highest ICU cost already stayed in ICU longer, more days. ICU bed cost \$4,000 per day. That's just to be in the room. That's not counting the ventilator, dialysis, and all the surgical procedures that we do on you. So that's just \$4,000 a day. Bed on the floor in the hospital at Grady costs \$1,400 a day. So I told my residents, if I'm ever a trauma patient, stabilize me and transfer me to the risk. Carlton, a suite at the risk, often with a jacuzzi, cost you about \$300 a day versus \$1,200 a day for fluid bed in the hospital. So we noticed all this. And so once we start supplementing, we use the 50,000 international units of vitamin D. So hospital administrators were screaming ahead, all thinking all these patients are going to be toxic. And so, like I said, they didn't understand the science that everybody's level dropped 50%, 24 hours of being in the hospital. And if you're on certain medication, like steroids, seizure medications, HIV medication, it dropped your level even more, like up to 80% a day. And so we started supplementing these patients with high dose vitamin D. 50,000 I use daily. And we noticed that the mortality rates of all these different groups that I described you drop to the same. So most healthcare disparities are due to their physiologic or biologic due to vitamin D deficiency, and not so much as socioeconomic factors, like the medical community thought. So everybody's. So we got our mortality rate down to 3%, and we come out in our level one trauma center, the fourth busiest level one trauma center in the whole country, and our patients are doing better. We cut the heart attacks in half, strokes in half, falls in half. Even. So, all our indices got better. Pneumonias went down 60, 80%. And so we went from 2007 when I got here, to 2019, when I retired, we did not have a single malpractice lawsuit, period, and wrote a paper on that. And prior to my coming here in 2007, Morehouse had over \$30 million in malpractice lawsuits and stuff. And so to go from 30 million to zero from 2007 to 2019 is unheard of. Normally you have a malpractice lawsuit in trauma, critical care, surgery every 3000 cases. So we went 30,000 cases with adolescent. Were my residents

perfect? No. But if the patients are getting out of hospital by average of three, four days faster, they can't have a heart attack. If they're not in the hospital. They can't have a stroke if they're not there. They can't have pneumonias and urinary tract infections. And so imagine how low Grady's morehouse malpractice law, since they had to pay out for doctors, dropped. If you don't have a lawsuit from 2007 to 2019, so that's a long time. So it lowered the malpractice. We had decreased readmissions to the hospital, so we dropped our readmissions to the hospital less than 1%. So everything just got better. So vitamin D, it's a hormone. So that's the first thing most doctors don't know this a hormone is not a vitamin. It got misnamed 100 years ago when it was discovered, but it's a hormone. So just imagine if you learn how to manipulate this hormone or understand what it can do in the body. Just imagine what you can do. Sounds like a kid in a candy store with vitamin D. Because you have vitamin D receptors on every cell in every tissue in the human body. So once you understand how it works, and then certain cells take up vitamin D faster, so you need different levels to do different things in the body. So that's the thing is, like, why researchers are getting bad results. They want to give a one size fit all pill, and it doesn't work with vitamin D.

Speaker A

That sounds pretty phenomenal, the results that you saw with vitamin D in your hospital. Why do you think more hospitals haven't adopted the same protocol with vitamin D?

Speaker B

That's a good question, Jen. Doctors are slow to embrace change. And, you know, so in medicine, I say the only person that likes change is a baby. They like the diaper stain, you name soil and diapers. But in medicine, even if you have something that's 100% true, it takes an average of 13 years for it to become the standard of care. Like back right before I trained, everybody had ulcer. They used to cut your stomach out and rearrange intestines and all that, creating a lot of complications. A lot of patients were malnourished, having multiple operations for leaks and bowel obstruction. So then somebody came along and said, hey, it's a bacteria that's causing these ulcers. It's not the acid. So for many years, medical establishment thought it was the acid. So they were trying to get rid of the acid producing cells and something, but you need acid to digest food. And so this doctor drank the thing full of bacteria and he developed ulcers. So he had to drink his own. Poisonous to prove that it's the bacterium. So now patients that have ulcers in the stomach, we treat them with antibiotics and something like prilosec or something so you don't go cutting people's stomach out. So doctors are slow to embrace change. And most of them usually only stick with what they learn in medical school, and they don't get beyond that for years.

Speaker A

Right now, you've come up with a specific protocol and a patent for it as well. Can you talk about that a little bit, please?

Speaker B

Yes. The protocol, like I said, is using a high dose vitamin D, because everybody's vitamin D deficient, or will be vitamin D deficient in the hospital. So like I said, it's a hormone. So some of the things that it does, we have 30,000 genes in the human body. So vitamin D, or hormone D, controls 3000 out of 30,000 genes in the human body. So that's what, 10% of your DNA. So you have something that's so powerful. So most doctors don't understand how powerful this stuff is. If I have something that controls 10% of my DNA, imagine the things that I can manipulate in

the body. So among the things that it controls is it up regulates your immune response system. And how it does that is it increases your white blood cell count. So say, for example, I get coronavirus. I have 100 white blood cells to fight coronavirus. Coronavirus overwhelmed my 100 blood cells up in my vitamin D level, my white blood cell count increased to 100,000. So now I have 100,000 white blood cells fighting 100 coronavirus. So my immune system is going to win that battle because I've up regulated. And the way you can test it is when you start patients on vitamin D is a particular white blood cell count called the cd four that's in your blood. It's just a simple blood test. You take it, get it back within an hour or two. So you see the cd four count go up immediately in patients once you start vitamin D. And there's another system called inflammatory response system. That's what was happening in these coronavirus patients. They were producing so much inflammation like the fleeing that you cough up when you got a bad cold and stuff, or your ankle swell acute inflammation. So acute inflammation can be good, but once it turns into chronic inflammation, that's when it starts destroying your organs, your lungs, your kidneys, your heart, your brain, and tearing down your organs. So you can measure that by another cytokine or a little thing in your blood system called the c reactive protein, CRP and stuff. And so once you start, so anytime any person has a heart attack, stroke, traumatic brain injury, or any injury, you see the c reactive protein or crp level go up. So you want the cd four, which is your white blood cell count, to go up, and then you want your c reactive protein to go down because that's inflammation. So you see the c reactive protein start going down immediately. So these things are going in opposite direction once you supplement them with vitamin D. And so I can monitor and tell how well my patient is doing or, you know, how long I need to continue the vitamin D, basically, so you can measure directly. So a lot of doctors don't know this. And so, I mean, so I discovered all this stuff. So I never had protected time to do research. So I was doing all my research while I was working. I would get off, be on trauma call for 36 hours, and then I would stay in the hospital from twelve to 01:00 and 02:00 in the morning collecting data. You know, I would do my writings at 12:00 to 02:00 in the morning when years getting two to 4 hours of sleep, then being a surgeon, I'm looking inside the body. So I have a big, big, big advantage over other doctors. They're just prescribing pills and clinics and checking levels. You know, I'm looking at the heart, holding the heart in my hand, sewing it up. You know, I'm taking part of the lungs out and then having to come back and look the next day. I'm taking the spleen out, part of the liver out, part intestines out. So I'm looking at the inside the body in real time. You know, I've had patients, gunshot wounds, I'm sitting there watching your brain cells or brain tissue ooze out the head. And as I take these people to or so that's a big advantage you have when you send something in real time versus, you know, just giving them pills and checking a blood level. So they have not, you know, other vitamin D researchers have not seen what I've seen and stuff. And there are some stuff that I've seen since I didn't have any protected time, I hadn't even written about it.

Speaker A

And so back to your protocol. Your patent. I was looking. I read up about it a little bit. And it says it combines what you have labeled. As the three strongest natural substances. To fight inflammation, oxidation, and abnormal protein accumulation. For a new and novel approach to treating concussions and traumatic brain injury.

Speaker B

But also works in Parkinson's, dementia. All these things, because all of them basically has the same path.

Speaker A

Okay? And it's not just vitamin D. Correct?

Speaker B

You're correct. Vitamin D. Shock protein. The shock protein is produced naturally in your body, by your body. It's a natural defense. What it does is it breaks down. You have two proteins in the brain. That form when you start getting degenerative diseases. Is like the tau protein and amyloid. And so I worked with a lot of patients with just vitamin D alone when I first started. You know, one of them being Muhammad Ali. He had Parkinson's. So I could get him to a plateau at 40%. But I couldn't get him beyond that. So I said, I'm missing something. I need something else with this vitamin D. And so I needed to figure out. I need to do something with the tau and amyloid protein. So heat shock protein is a protein produced naturally in the body. The problem with the heat shock protein was nobody was ever able to produce it commercially and outside the body. So I work with the top heat shock protein expert on the planet. And he figured out a way to produce a commercial. And so we combined that with the vitamin D. Because vitamin D works well for inflammation, swelling and oxidation. But it has a very little effect on the tau protein. And the beta amyloid protein. So that's what the heat shock protein does. And then glutathione. The third thing that we have in this patent. Is the strongest antioxidant on the planet. So it's the strongest antioxidant in our body. But as we age, we produce less glutathione. That's when our bodies start to rust. It's kind of like if you have two corvettes, you have my outside. You wash one corvette and wax it every week. And you never wash the second corvette. The second corvette is going to do what? Start rusting. And. And it's going to age faster. So vitamin D and all these things are basically just protectants. They keep things in their natural shape and keep it from rusting the aging.

Speaker A

So, are there any other nutrients, such as magnesium, that you often prescribe with the vitamin D or recommend to certain patients?

Speaker B

Yes, that's an excellent question. But when I first started out doing talking about vitamin D, like I said, it's the most common nutritional deficiency in the world. But the human body needs about 100 different vitamins, minerals, phytonutrients, enzymes and other things. And so in order to have optimal health. And so most adults are deficient in probably 60 or 70 of those different elements. But the most common deficiency is vitamin D. And it's something that can be corrected immediately. You can go to Walmart, I'm not advertised any store or targets anywhere else and buy a vitamin D on counter. I buy mine over the counter and I'm not advertising for anybody. I don't own any stock and any vitamin D companies. But magnesium is very important. If you're vitamin D deficient, usually you're going to be magnesium deficient. And a lot of people ask me, should they take calcium with vitamin D? And most people do not need to take calcium because that's one of the things, what vitamin D does is increases the calcium level. So, yeah, well, calcium in your diet. Most people are not calcium deficient. It's very seldom, I've gotten lab results on patients and see calcium deficiency. So I don't recommend taking calcium, you know, unless you're vitamin D deficient. I mean, calcium deficient.

Speaker A

And out of curiosity, how much vitamin D do you take a day?

Speaker B

I try not to give levels because even with my own family and doctor friends, if I tell them to take 2000, they gonna say, oh, I thought, I'll take 4000. It'll help me feel better. If I tell them to take 5000, they're gonna take ten. You tell them to take ten, they gonna take 20. So there's a thing called vitamin D toxicity. I've never seen it, but personally, I usually just take like 5000. But I tell people do not double or triple whatever I tell you to take. So I try to stay away from that.

Speaker A

And what vitamin D level do you recommend? What's your preferred target range for your patients? Does it change based on any specific conditions that they have or trauma that they're going through?

Speaker B

Normal vitamin D level for all animals on the planet. If you went out and took some blood from a lounge there or elephant, their vitamin D levels run between 50 and 55. That's all animals across the board. However, when we bring these animals and put them in zoos, their level drops. And, you know, the animal in the zoo start getting diabetes, obesity and other diseases just like we do. Because there are vitamin ds in the zoos. They have many closures and so they're not getting as much vitamin D if they were in the wild. So 50 to 55 is the normal level you want to attain. But cancer patients, since they usually having something to invade the body, usually tell them, a lot of times go up to 80. Like, I have a brother in law that has pancreatic cancer. He was diagnosed with pancreatic cancer before the pandemic started back in 2020. And the lifespan for most pancreatic cancer patients use it six months after they discover it. So four years later, he's still alive. I got him on 10,000 because he has cancer. He's still here with us. And I had a classmate that had pancreatic cancer. She survived about three years. And then a classmate that had pancreatic cancer, he survived about two years. But he was hard headed. I told him not doing anything. He had had surgery, and so his wife had him doing honeydew list, and he ruptured his sutures and exposed air, and he went downhill after that. But most cancer patients that I got, they're still living. And even colon cancer patients, four or five years later, they're still alive.

Speaker A

What other findings from your research and from your practice with vitamin D would you like to share with us today?

Speaker B

It cuts heart attacks in half. So they just had an article in the British Journal of Medicine that verified exactly what I said. Higher doses of vitamin D cuts heart attack to minimum is antioxidants, and it's antioxidant and inflammatory. So most heart attacks, doctors used to think most heart attacks were due to high cholesterol and high calcium. So those are just symptoms. So what's going on in your blood vessels? You have these, like, you have these, like, little things. They're attacking your blood vessels, and they're creating holes. So the calcium and the cholesterol are trying to plug these holes up like you plug up the bottom of a boat. So then it keeps producing holes in your blood vessels. The oxidation, that is. And so what vitamin D does is it stops the oxidation, so you can decrease the calcium and the cholesterol buildup, because even though with everybody on liquid now, they're still having about a million people die a year from heart attack. So it's not the lipids and actually need lipids and cholesterol to make vitamin D and steroid hormones. Androgen, estrogen, progesterone. So all those are steroid hormones. And so there's been another big finding is, like, it decreases heart attacks. And you can google

another one of my patients, actually. I figured out how to use vitamin D to reverse congestive heart failure. So heart failure, your heart, was about a pump about the size of your hand. And your heart normally pumps a good, healthy heart, pump 70% of the blood. So after it pumps or squeeze, only 30% of blood should be left in your heart. So congestive heart failure is when your heart starts pumping less than 50% of the blood out of it. So what happens is the heart starts becoming bigger and bigger and big and floppy, and it can't pump anything. So I've had a lot of patients have had ejection fracture. That's where you take the ultrasound machine, you know, put it on the chest, and you can measure the percentage of blood is being injected out. Notice I say 70% is normal. So I've had patients as low as, like, ten or 15%, you know, placed them on high dose vitamin D and digoxin, which is an old pump, and another medication. And we saw, they saw their ejection fracture go from 20% to 40%. And I had a friend that was 25%, and I got him up 40%. He had an obesity problem, and I could not get him to stop eating. And so his attitude was, oh, my heart is better. I can still keep eating what I wanted. He was five eight, about 380. And what happened was his injection fracture started going back down because he wouldn't stop the eating. And so he eventually succumbed to the congestive heart failure. But he did live 15 years after he was diagnosed with congestive heart failure. Most patients die within five years being diagnosed with congestive heart failure. So, basically, vitamin D is also another function that has. It's a cheap ionotrope or cheap pump. It makes your heart pump better. So that's another thing it does. So you add in two or three pumping factors that make the heart pump. You can get the ejection fracture up.

Speaker A

When do you decide to put patients on or suggest your full patent with the glutathione and the heat shock proteins over just the vitamin D?

Speaker B

Well, I'm in the middle of seeking funding for that, because it's a pill that has to be made or manufactured and stuff, and it has to be marketed. And so I'm working with an investor now. He just sold a billion dollars in land, and so he's promised me, he's going give me the amount of money I need to bring this patent to market. He's a big fan of mine. He's followed my career, and he's been impressed with the works I've done.

Speaker A

That's great. So it's not available yet?

Speaker B

Not yet. Probably about a year.

Speaker A

Okay. Okay. Well, good luck with that. I'm excited to hear more about it. Thank you. I have just a couple more questions. And one of the main questions, what is the key message about vitamin D that you would want to get out to individuals, to practitioners and to public health authorities?

Speaker B

Number one, it's a hormone and stuff. And so we need to stop calling it vitamin D. Realm 1D is

the first thing. So you'd be surprised if I gave 100 physicians a test on vitamin D. Probably 60, 70% would miss it, saying it's not a hormone. So they don't understand the pathophysiology of it. My background is I was a chemistry/biochemistry major in college. And so this is all biochemistry. And that was one of the hardest classes in medical school. So there were, biochemistry was used to eliminate people and stuff. And so, yeah, some schools like up to 10% of people did not pass biochemistry. So a lot of them just memorize it, but they don't understand it. Remember, your body is a big chemical factory. Everything in your body is a chemical reaction, eating the food, breaking it down, or chemical reactions. And they don't, they underestimate the chemical reactions in your body. So you're just a big chemical factory. So I would like them to know, first of all, it's a hormone. And I would like them to know that it regulates 3000 out of 30,000 genes in the body, which make it the strongest chemical in your body. And so it's just not something benign that you just. Correct. So when you're vitamin D deficient, you have lost some function in your body. So something is not functioning properly. Usually, most people is usually immune system, the muscle/skeletal. They usually have joint pain, muscle pain, cramps, or usually get frequent upper respiratory tract infections from having low vitamin D levels. They got a lot of inflammation in their body which can lead into cancers and heart attacks and strokes. And so secondly, that, that's what I like to realize. Secondly is that when you're vitamin D deficient, you have some function in your body that's not doing its job because you don't have like driving, trying to drive a car across country with a half tank of gas, you're not going to make it. And so things start breaking down easier and earlier. And third thing is like you need vitamin D from the time of inception up until the, from the cradle to the grave, as they say. And the biggest and third thing I would like doctors realize is that I've had problems with the ob/gyns. They will not check vitamin D on pregnant women. So think of vitamin D is a bigger problem than folate deficiency was years ago when they were having all these neurotubul defects. So that's why these women are having all these postpartum depression, because the baby's going to siphon off the vitamin D. From the moment the moms, when I've checked, we get pregnant women on the trauma services and stuff and been in car crashes, and almost every last one of these women had vitamin D levels in single digits and they were pregnant. You cannot support a healthy pregnancy with a vitamin D level of eight, four, three. And so that's reason you're seeing the high mortality rates in these pregnant women. The congestive heart failure in normal young women, upper respiratory tracking failure, the seizures, the preeclampsia, the eclampsia. It was a young Olympic gold medalist, you know, from my home state, Mississippi, back. She's in the 2020 Olympics in Tokyo. And she was only 32 years old and died. You know, she was a track star. She won, like, the bronze gold medal, I think, bronze medal in the 100 meters dash and 32. So you have to be, you know, to be all athlete, you got to be elite. And she's dead because she had a seizure after or when she had the baby. So a lot of these healthcare complications in pregnant women can be avoided if these ob/gyn start checking vitamin D levels on these pregnant women. That is probably the biggest issue that I have.

Speaker A

Yeah, I agree. It's so important during pregnancy.

Speaker B

Yes.

Speaker A

So when we have several practitioners who are very knowledgeable about vitamin D, they're.

They're trying to implement certain protocols in practice, testing, supplementing at what most people would call high doses. What advice can you give them when they receive pushback from administrators or from people above them because there's so much fear about vitamin D toxicity. Do you have any suggestions that you can give to help implement the research that we have showing that vitamin D can be safe, effective at these doses?

Speaker B

I'm going to ask that question again. That's a very important question, because here's a point I would tell all administrators. I had the same issues when I started, but I'm the type of person, when I know I'm right about something, I'm gonna stay on it. I'm not gonna stop. You're not gonna dissuade me from doing what I do. So basically, I got pushed back from the dietitians and the nutritionists in the hospital. I said, I said it was amazing that you guys, you see, I showed them the data. I showed them all the patients are nice. And you were grady. I said, so what do you want me to do with these fours and threes and twos and ones and zeros? I said, you're a nutritionist. You're supposed to be trained in keeping the body healthy. How you have a healthy body with a vitamin D level of two, four, and pregnant women and regular women and regular people, too. And so I got pushback. And then I showed them data. They're a published paper after published paper that vitamin D levels less than 18 nanograms per milliliter in your blood increases your risk of death by 30%. 30. Not 330 percent from all causes, whether you have a heart attack, stroke, coronavirus, a pregnancy, or pneumonia or whatever. So that's what every disease, your risk of death goes up by 30% by having a level less than 18. So I would have to be an idiot not to supplement my patients and lower their mortality rate. And like I said, we went from 2007 to 2019 without a single malpractice lawsuit. We cut everything across the board. We were having, like, 80% of patients on the ventilator in our hospital would get pneumonia while on the ventilator. And we cut that down from 80% to 20%. That's a 60% cut. So I would have to be an idiot not to something that I can go to Walmart and buy over the counter, basically. So that's the first thing. So vitamin D deficiency is more deadlier than vitamin D toxicity is the point that you get. And then vitamin D toxicity is so rare. I have not seen a case up front personally myself. So where you have got vitamin D toxicity is usually when somebody take a mislabeled sample like they thought they were taking. 10,000 I use, and it was mislabeled at the company, and it was 100,000 or a million I use. So, normally, with vitamin D toxicity, you may get some kidney stones, you can get coma, you can get neurosis talking at your head, psychosis, abdominal pain, and even death. But like I said, that is so rare. Vitamin D. No. Most people are nowhere near vitamin D toxicity, and then they would never take enough to even get toxic. So I'm more worried about vitamin D deficiency because the majority of the people walking around here have levels less than 30. So they're flying just above the treetops. So if your dad or your mom get a heart attack, they got a vitamin D level of ten, you know, their mortality rate goes up 30%, or you're pregnant. A normal, healthy pregnant lady like this olympic gold melons? Well, it's from my home state. You deliver a baby, you're a risk of mortality for you, and the baby goes up and stuff. And so we need to be worried more about vitamin D deficiency. And so I'm not saying ignore vitamin D toxicity. You know, doctors supposed to be prepared, look out any and everything. But I've been doing vitamin D research since 2002, and I've never seen a toxic person, and. But guess how many deficient people I've seen? Billions. Thousands. And so it's the deficiency that's worse. And so I think they focus on the wrong end of the spectrum and stuff because they didn't understand. What we understand now, right now, are.

Speaker A

Any of these findings from your hospital, the admin side, the cost effectiveness, the lawsuit, lack

of lawsuits, the safety not just of giving vitamin D, but the safety of promoting it within the hospital. Is any of that information published anywhere?

Speaker B

So, yes, I published an abstract, and it's called the economic impact of vitamin D deficiency. So we looked at, like, if you were vitamin D deficient and you had a heart attack, how much more it would cost you being in the hospital if you had a stroke, how much more that it costs you, Ben. So, yes, I looked at the economic impacts of all this, and then we published a paper where as patients that were vitamin D deficient stayed in the hospital an average of four days longer. They stayed in ICU an average of four days longer, and we lowered the mortality rate. And so we cut the, we followed these patients from the time they hit the ER, when they came in through the ICU, and then through as floor patients, because, you know, if you leave ICU, you have to go to floor before you can go home. So we tracked all that data, the floor calls, extra floor cost, extra days in the hospital, readmissions rates and all that stuff. So, yes, you definitely looked at the economic impact. So I was trying to show that, hey, this is beneficial in my next life, Jen. I plan to come back as a insurance president of insurance company. I will be the richest insurance in the world, because all my patients are in my insurance. They're going to be on vitamin D. They're not gonna get sick as much. They're not gonna go to hospital. So I'm not gonna be spending our money paying claims for, you know, sick patients. So we just gonna have a stack of money. And so even in prisons, if I was a prison warden, I had a quietest prison in the country. My prisoners would not be fighting, they wouldn't be sitting up in isolation because you know, you dark dungeons sitting in a prison, you know, they only go outside 1 hour a day, if that much. And so most of those guys are schizophrenic, bipolar, and all other type disorders. So it works in psychiatric disorders. Also, they published a paper recently saying that they cut the suicide rate. There was a military paper, they cut the suicide rate by half by supplementing the pay. Or those with higher vitamin D levels had half the suicide rate other than those with vitamin D deficiency. So it works in dementia, Parkinson's, PTSD, concussions. It works in CTE. These chronic brain injuries that, you know, these football players and other athletes get after they retire, and, you know, they got insomnia, they're suicidal, homicidal. And it works in everything. It's neuroprotective, so it protects your brain, right.

Speaker A

So to wrap up, when you're talking about taking vitamin D, do you do dose specifically to reach a target level? What is your protocol that you would suggest other practitioners or individuals follow to find the right dose of vitamin D for them?

Speaker B

They just had recommendations from the vitamin D council or whatever agency, and they were saying, you don't need to check vitamin D levels. And I disagree with that. I think that should be, you should check vitamin D levels yearly, like when you go get your annual physical. That should be a routine blood test. You check the glucose, don't you, and stuff. And so you should check your vitamin D levels because it can fluctuate, like I said, depending on the time of the year and then if you on any other medications. So that's one thing I would recommend they do. Put in a protocol. They'll start checking these levels yearly. I remember when I first started talking about vitamin D research, I had several of my people I talked to, they had to change doctors just to get their level of check. And then they found out there were three and four and they were low. So I tell people, if your doctor won't check your level, you might want to seek out another practitioner that will. I said, this is life and death. And so that's why the coronavirus was

able to spit around the globe so fast and just wipe out. Over 17 million people died from the coronavirus. And in the United States, we're supposed to be the most educated, best health care system in the world. We have 1.2 million people died from coronavirus. So it's very important. And so now we know that the. I'm not speaking against vaccines. I had to take all vaccines when I was in work in a hospital. But we know the vaccine is not as effective as they said it was. They said it was 98% effective when it first came out. Now we know it's maybe like, what, 60 or 50% effective. But if you had everybody I told to take vitamin D, nobody died or nobody in the hospital and stuff, because like I said, what it does is it up regulates your white blood cell count, you know, so take you from maybe 100 to 200,000, then you can. So vitamin D is important for bacterial, viral, fungal, parasitic infections, cancer surveillance. So it does all that. So that's a gift from God. Actually, I call vitamin D God's miracle vitamin. And so, and that's why I did it, because once I learned what stuff could do. So it's kind of like you really need it for your immune system. So it's kind of like in the old cars, you put the key in ignition and turn the switch. So not taking vitamin D is like not having a key to turn your car in. The old cars on, you just push them down. So it's very important for your immune system, your inflammatory response, you know, holding off strokes and heart attacks and stuff. My mom lived to be 93 years old and she had twelve kids, and her memory was still good up until maybe a week before she passed. And she broke a pelvis in two places when she was like 89. And normally, when an 89 year old person breaks their pelvis in one place or two places, most of them die within six months because they bit ridden. They get blood clots, they get pneumonia. My mom was up six weeks walking on a walker, and her doctor thought he had taken the wrong x rays. Her pelvis was completely healed, so she was a big advocate of vitamin D for she died. Her mind was good up until the time of death. She survived a bilateral pelvic fracture and was up walking good and stuff. So she was advocate for it, you know, so she's in good health, good spirits up until. And so I had an uncle, he lived to be 95, and he was diagnosed with prostate cancer maybe 25 years ago. And every day you hear about somebody dying from prostate cancer. So he didn't die from prostate cancer, he died with prostate cancer, but he died from pancreatic cancer at 95. But he lived with prostate cancer 25 years.

Speaker A

Wow. And, okay, so vitamin D, check your level, dose accordingly, check it again to make sure you're taking enough, because it can just affect all systems in the body. Yes.

Speaker B

Different people need is based on doctors want to give everybody one size fit all, but it's any different dosages for different weights. Dark skinned people may need a little bit more because they can't absorb as fast as lighter skinned people. So a dark skinned person or a melanated person have to stay in the sun three to ten times longer than a lighter skinned person. And I need to make this one point before we end is that we made agreement with the dermatologist. Go outside and for 15 minutes, then put your sunscreen on and you can only make vitamin D from. We're in the northern hemisphere now, 09:00 a.m. to 03:00 p.m. so you go outside at 04:00 you're just going to get sun rays and burn your skin. And you can only make it in the northern hemisphere from late March through early October. That's why you get the winter blooms and because your vitamin D level drops 30% in the wintertime. And so those are some important. So all this stuff is biochemistry. So you have to know all this stuff and know how to dose people. So if you, you go outside in December, you can stand outside all day and. But you're not gonna make any vitamin D. You're just gonna get sunburned. And so most doctors don't know all these points. And then I guess it's kind of frustrating when people there weren't, you know, chemistry majors, they don't understand biochemistry and then they try to tell you, I

don't believe this, I don't believe that. But they hadn't done the research or they hadn't read the research. And you should make assumptions about things you don't know. And then one dose not going to fit all. Everybody's different. You know, people have different absorption rates, different productions, and then with it in your skin, a 70 year old person produces only 25% of vitamin D as a young 25 year old person because the skin don't absorb as well as we age either. Then if you got liver damage or you got cirrhosis of the liver or you got fatty liver disease or you on dialysis, all these people can't make because this product goes from the skin to the liver and it goes to the kidney. So if you had bad skin, bad liver, bad kidney, you can't make enough vitamin D or even, you know, you've had skin that's a burn skin you're not going to absorb. So you have to know all these different factors to know how much to put somebody on. And there's no one size fit all. And so most research, they give people just 2000 IUSD and for grown adults and that's not enough for most adults, so you're not going to get positive results. And they come back and say, vitamin D doesn't work in bone fractures because they don't have the right concept. You got to understand the physiology. Doctor, Arthur Guidon, that wrote the textbook of physiology that's used around the world, he was my professor at the University of Mississippi. So I'm talking to the man that wrote the textbook. And this guy was so brilliant, all ten of his kids graduated from medical school, Harvard. And so he should have won a Nobel Prize because like, all of the medications that we have for high blood pressure was based on his research. So when he was a young kid back in the fifties and sixties that came along. All the doctors prior to him said it was the heart that determined the blood pressure. So doctor guidance said the heart is a dumb. It's really your kidneys that determine the blood pressure. So now all the blood pressure medications are based on the kidneys and stuff. And so he told us, don't just go with what you know, try to expand medical knowledge. Think outside the box. Don't be afraid to be criticized, especially if, you know, you were right. He was a nice guy, but he taught us to think outside the box. So I had some great mentors, and then the guy that did the first lung transplant was at the University of Mississippi. And so we have some powerful hitters, some guys, you know, a new person. I'm sitting there talking to them about medicine and just everything. And so those are some pointers that doctors. So I would suggest most doctors actually read, you know, the literature on vitamin D so I can get a better understanding and stop saying all this focus. I mean, I got told, Jen, that first it was vitamin A, then it was vitamin B, then there's vitamin C, now there's vitamin D. It's gonna go to whale. Vitamin A, B, C and D. They didn't know it was a hormone. Vitamin A. B and C are not hormones. Vitamin D is right.

Speaker A

And then also an important point to tell your doctors and practitioners is you've got to look at the research to make sure it's good research, especially with vitamin D. And that's another thing that makes it so confusing sometimes, because there are poorly designed studies that don't look at either vitamin D level. They don't look at the baseline level, and the achieved level. They don't look at, you know, they'll give one single dose to everybody. So it's really important to also learn how to determine if it is a good study that you're reading.

Speaker B

Yeah, that's true. Very true.

Speaker A

Yeah. Now, are there any last points that you would like to make about vitamin D? Before we wrap up today?

Speaker B

I would suggest doctors just check a level on all your patients as soon as they come in the hospital. So all our patients automatically, the standard protocol was everybody, anybody that came out still, regardless, got a vitamin D level check on admission. They got admitted to the hospital, other to the floor parts of ICU. So everybody got a vitamin L and then everybody was placed on vitamin D.

Speaker A

And if you're not with the doctor, you can always test at home. Just make sure you know what your vitamin D level is.

Speaker B

Yes. You should know that. Everybody should know. Just like, you know, you need to know your glucose level, you know your vitamin D level just as important as your glucose.

Speaker A

Right. Well, thank you so much, Doctor Matthews. I really enjoyed speaking with you and hopefully we can have you on again.

Speaker B

Sure.

Speaker A

So enjoy the rest of. Yeah, enjoy the rest of your day and thanks again.

Speaker B

Thank you. Have a great day.