

## [213: Resiliency Radio with Dr. Jill: How To Survive on Our Toxic Planet with Dr. Paul Savage](#)

### **Dr. Jill** 00:00

Welcome to our *Resiliency Radio*, your go-to podcast for the most cutting-edge insights in functional and integrative medicine. I'm your host, Dr. Jill, and in each episode, we dive deep into the heart of healing and personal transformation. Join us as we connect with renowned experts, thought leaders, and innovators who are at the forefront of medical research and practice. My goal is to empower you with knowledge and inspiration, aiding you on your journey to optimal health.

### **Dr. Jill** 00:27

Hey guys, if you haven't heard yet, my movie is out. *Doctor/Patient* is a work and a labor of love following my own journey and the journey of several of my patients who have overcome complex chronic illness. If you haven't checked it out, be sure and go to [DoctorPatientMovie.com](http://DoctorPatientMovie.com). Check it out, rent it, watch it. You can even gift it and share it with a friend. One of the feedbacks we got most at some of the screenings was that every doctor and every medical student should watch this movie. If you know a doctor in your life that you love and want to inspire, please share that as well with them, even if it's just sharing that link.

### **Dr. Jill** 01:02

Okay, today I am so excited. I'm booked way out with my podcast, and this guest today was one who got way ahead of the curve because I saw his work. I've known him for decades, and I said: "We have to talk soon!" So we made the time today to record this podcast for you.

### **Dr. Jill** 01:19

At 37 years old, Dr. Paul Savage was a successful ER trauma physician. But he was unhealthy, weighed 270 pounds, smoked cigarettes, was tired, anxious, and unwell, and had cholesterol, high blood pressure, diabetes, and stress—as we all do after medical school. Rejecting the conventional approach to more medications, his curiosity and determination led him to explore various treatments and lifestyle changes and transform his life and career through precision medicine. Twenty-five years later, he's an advocate for combining traditional and integrative medicine, focusing on an evidence-based approach that treats patients as partners.

**Dr. Jill 01:58**

Dr. Savage embraces a continuous pursuit of knowledge and integration of the latest medical advancements into his practice—we're going to hear about some of those today—with several board certifications, including from the Stem Cell Fellowship, Integrative Metabolic Medicine, and the American Academy of Anti-Aging Medicine. I think that's where we first met. He's now the founder and CEO of MDLifespan. His latest endeavor on the patented PlasmaXchange protocol is the culmination of years of expertise. We're going to talk about that today.

Welcome, Dr. Savage. I am absolutely delighted to have you here!

**Dr. Paul Savage 02:30**

Jill, it's absolutely my pleasure. We should have been doing this sooner, but we both are off in our little worlds and trying to make changes. One thing I really respect about you [is that] we're still patient-seeing doctors. And I have to agree with the comment on the doctor-patient relationship because I do believe every medical student should watch this. We're taught to not get close to our patients. We're also taught to distance ourselves from that relationship. But when you go through the things that both of you and I have gone through, that's really what shapes our life as a doctor—when you realize: "I'm sick and I'm in that position of the patient." And you start realizing how an attentive, knowledgeable, caring, compassionate doctor carries you through. You have to have that sense that the doctor's on your side. And I think that's what we're missing in a lot of the traditional areas of medicine.

**Dr. Jill 03:25**

Dr. Savage, I love that you started there. We're going to get your story in just one minute, but I want to comment. I think this is so crucial. As medicine is evolving and changing, and as we need a new model, there's nothing more important than that relationship of trust and unconditional love and acceptance where you are listened to and you're heard—no matter what the complaints are, no matter what they sound like—and that you and I take that curiosity that was in your bio that's so important to our learning and say: "What could be the cause of these symptoms and what might be happening." So many patients have those experiences where they're gaslit and told: "Your labs are normal, so you must be fine. I don't know what you're talking about."

**Dr. Paul Savage 04:03**

I heard that twice this week. I have two new patients a week. That's the most I can take, and usually, we try to keep it a little less than that. But both patients had the same story for me this week. They were frustrated. They've seen so many doctors. They know they don't feel well. They have a good medical intuition on what's going on with them, but all the doctors are like: "Nope, your tests are all normal, so there's nothing wrong with you." That's just the fact that you're not doing enough tests or you're not doing the right tests.

**Dr. Jill 04:29**

Yes. Yes. Yes. Yes. I couldn't agree more. And every day—the same thing—I see those kinds of patients that come in.

The other thing you mentioned was this connection, and literally, it's in the movie. It's just real life. It's not me acting or doing anything out of the normal. But the film crew was in there when I was seeing a patient. As I left her, I hugged her. I said, "If there's anything you need..." And what I heard from feedback from a lot of the doctors and medical students who have seen the movie was, "I didn't know I could do that."

**Dr. Paul Savage 04:53**

Yes, right. You're not supposed to touch the patient. You're not supposed to get friendly with the patient. I always listened to that. For the first 10 years, I was in the largest trauma center in the world. I was the nighttime guy. If you came in between 8:00 o'clock and 8:00 o'clock in the morning in Detroit Hospital, it was me. One hundred and forty-four beds. We did about half a million patients a year. It was always: "Keep your distance. Keep your distance. Don't get close. Don't make a connection." That happened the whole time until right after the very end when I got sick. Then I had to start going out and finding out what was going on with me, and I went through the traditional doctors first. I got the same thing: "We don't see anything wrong. Everything looks good. You need to drop some weight. You need to eat better and exercise."

**Dr. Paul Savage 05:36**

I can't tell you how many times in my career in the ER I said the exact same thing to patients. I think that that was the universe going, "Every time you said it, we're

going to give it back to you now," because I heard it a lot. I was getting upset, and I was getting frightened. I was like, "I can't go on like this." I was 40 years old, suicidal. "I can't do another 40 years of this" because it was just too overwhelming. And as things changed and I got better and I started connecting with patients, I took the approach of the country doctor. How do you care for your patients if you don't really know them?

**Dr. Jill** 06:18

Yes. It starts there, right? Because what we want to create is this unconditional love and acceptance where they can truly, truly trust us to tell. I always say that sometimes in that clinic, in that sacred space, I hear things that they've never told anyone. I take it like it's such a precious gift that someone is opening up their heart, mind, and soul to these parts of themselves they maybe never shared—not even with their spouse sometimes—and trusting me with that information. I will hold it and say: "Okay, what does this mean? How can we navigate this? How can we help you to find healing in the midst of this?"

**Dr. Jill** 06:51

And like I said earlier, one of the things in your bio that was so important is the curiosity. We remain curious. It's not like we have all the answers, but we are willing to go on that journey with a patient to find answers.

**Dr. Paul Savage** 07:05

Yes. I have a couple of traits that I would say are my strongest suits. One of them is the same thing as the podcast name: Resiliency. I am very resilient. And that's good because I put myself through a lot in my life, and I'm very glad. I've had things happen as well that tested my resilience, but I was always able to get back up and keep moving.

**Dr. Paul Savage** 07:27

The other thing is I'm a problem solver. I enjoy solving a problem. I enjoy solving problems nobody else has figured out yet, as well as seeing patients and saying: "Okay, I'm your 15th doctor." And that's where I push everything aside and say, "Okay, give me the story." And they're like: "What do you mean? Shouldn't we do some tests?" I say: "Nope. The answer is always in the story. Someone just hasn't listened to you well enough." Then we just sit there and they keep talking and keep

talking until finally, I'm like: "Ah, I see where this is going. I see the pattern that's emerging." And then you've got a better idea of where to go. I know you do that exact same thing because that's how it's done.

**Dr. Jill** 08:04

It is. And I realized this last year as I was hiring help—mid-level, PA, nurse practitioner—in the office. They can have the greatest skills in the world, but what I ended up hiring for is curiosity, love of learning, love of complexity, and love of problem-solving because I knew that in my clinic—like yours—we see these complex people who have been to other doctors. And the key is that real desire to help them solve problems.

**Dr. Paul Savage** 08:27

Yes.

Something that I have as a goal is bringing a lot of this knowledge to traditional medicine. Especially with this new project that we're engaged in, the outcome of the project that I am in is traditional medicine. That is where we're destined to put this whole thing with the plasma exchange and the toxins because it needs to be in the area of medicine that the doctors need. Just like nephrologists have dialysis centers, cardiologists need to have apheresis centers, neurologists need to have apheresis centers, and rheumatologists [need] the same thing. We're going to get into more of that as we start talking about the terrible beast that we call toxins.

**Dr. Jill** 09:07

Yes. This is where I get so excited because I would say I do so many different types of things—auto-immunity, cancer diagnoses, inflammatory bowel disease, and you name it—but at the core, I think my most important message is [with] this incredibly toxic environment that we live in, how do we navigate? And how does that affect all of these many complexities that we are dealing with?

**Dr. Jill** 09:31

Why don't you frame it for us? What is the state of affairs with environmental toxic load? Why is it getting worse? And what are some of the things that people might not know about environmental toxicity and how it affects their health?

**Dr. Paul Savage** 09:43

It's something that probably you and I know. The reason I'm saying this is that there are only a couple of people who have been doing functional/integrative medicine for 30 years, and we've done toxin testing for 30 years. Other doctors—they've been here for three years or they come in for seven and they're gone. You have to have this hindsight mirror.

**Dr. Paul Savage** 10:03

Thirty years ago, I did toxin testing, and every once in a while, somebody had a little bit of lead, maybe a little bit of thallium down the road. Twenty years ago, I started seeing more toxins. I started seeing heavy metals and some pesticides and some of the gasoline products started to show up. But still, on average, maybe 7% to 10% of my patients.

**Dr. Paul Savage** 10:25

Fifteen years ago—especially right around the time that we started getting the Flint lead crisis—I started seeing quite a bit more toxins on people. I started getting more concerned because I took all these courses—Paul Anderson, Chris Shade. I went to all these things. I was like, "How do you get these things out?" We had infrared saunas. We had all sorts of things. And I'll tell you, it's difficult. It was difficult with all those. I kept seeing it more and more.

**Dr. Paul Savage** 10:55

Five years ago, it was like 80%. Just as I was leaving, it was practically everybody. It was just a question of: How much and how bad were the toxins? You want to know, how many? You want to know, how much of each of those? And then, you want to know, which ones of those are the worst characters? Toxins are kind of like a schoolyard: You've got the bullies and you got the kids who are not so bad. They're all not really good for you, but there are some that are much worse.

And I don't know if you knew about this, but I retired in August of '22.

**Dr. Jill** 11:23

Wow, no.

**Dr. Paul Savage** 11:27

Doing some research and looking for some things—we had a place in Brazil—I was standing on the balcony in Brazil. Three weeks after I retired, there was an article that was published by a group of Stanford PhDs and Dr. Dobri Kiproff had to do with plasma exchange and reversing the biomarkers of aging.

**Dr. Paul Savage 11:43**

This whole story starts way back in the early 2000s, when they had a fat, old, gray mouse and a young, lean, healthy mouse, and they tied their circulation together. Within a few weeks, they started noticing the old mouse got younger. A lot younger. That set everybody off on looking for the magic particle that was in the young mouse that was making the old mouse young. That went on for almost a decade.

**Dr. Paul Savage 12:10**

Bezos invested a billion dollars into a pharmacy. Peter Thiel invested a billion dollars into an AI software program, all looking for that magic particle. Then around 2012, everybody was like: "We can't find it." Finally, somebody came forward and said, "You're looking at the wrong mouse." And that's what happened. Everybody went: If it's not what's in the young mouse that's making the old mouse young, there must be something in the old mouse making the old mouse old. And the lights went on. Everybody went, "That makes sense."

**Dr. Paul Savage 12:40**

If that's true—and we've had this procedure for 50 years—it's called plasma exchange. It's kind of like a fancy plasma donation; you just do more of it. As a matter of fact, for humans, it's more like an oil change. We're taking your plasma out. We're giving you back a human 24 hours later. You make fresh, new, non-toxic, non-cancer, non-oxidized, baby-fresh healthy plasma, which gives you all sorts of positive benefits to every part of the system. So that's what they did.

**Dr. Paul Savage 13:08**

And then there was this group; the PhDs and Dr. Dobri Kiproff took six patients who were 60, measured some biomarkers on them, and labeled about 70 of them [as] having to do with aging. Then they did a series of plasma exchanges one month apart five times, and then they repeated the labs. What they saw was amazing! The inflammation was gone. All this chronic inflammation that we all had—gone, zeroed out. All these oxidative stress markers—gone, zeroed out. Cancer markers—gone.



Alzheimer's markers—gone. And the immune system—because as we get older, our immune system gets weaker—shot up super strong.

**Dr. Paul Savage 13:49**

They looked at that and thought that that was because they had removed the age-related metabolic excess. In other words, our body is a biochemical machine. As we get older, it doesn't do it as well. That garbage left over was slowing everything down. And I knew they were wrong because I knew what they did with that whole process. They did an oil change. They actually removed the toxins. How much? Which ones? I wasn't sure.

**Dr. Paul Savage 14:14**

I had come to that moment in my life [where with] everything I had learned in 30 years of medicine at that moment, I felt the universe shift—it really did—about 40 degrees to the right, and I realized at that moment that I had something special. The reason I know that is because way back in the day, when some other things happened that weren't so good, my Chinese martial arts teacher always told me: "When you go through that corner of your life—and it's going to feel like you're rounding a corner really, really fast—you have a choice. You can say no, in which case it's going to be a really bumpy ride because the pain isn't the change. The pain is resisting the change. And what I want you to think about and consider strongly is: Lean into it."

**Dr. Paul Savage 15:00**

And I have to tell you, when this idea came to me, I felt like Tesla in the way because it was almost fully formed. I was like: "I know who I need. I need this person and this..." I knew these people who I needed. I needed to do marketing, but I did that with BodyLogicMD. I needed to build software, but I did that with Power2Practice. I needed to do the education, but I did that with the fellowships. I was like, "Wow, I think I know how to do this." And being an ER doctor, having done plasma exchange before, I was like, "Piece of cake."

**Dr. Paul Savage 15:27**

So I got some people together. I got the old band together. I got Dr. Paul Anderson from the University of Oregon, I got Dr. Pat Hannaway—he used to be the CMO of



Genova Diagnostics—and Dr. Pamela Smith. I got all these smart people together, and I said, "Let's talk about my idea here," and we put together a protocol.

**Dr. Paul Savage** 15:44

What we did to advance on the plasma exchange was put everything that you'd want in functional medicine around it: Lifestyle changes, nutritional education, water filters, air filters, and getting rid of the chemicals. And all these supplements that help your body decrease the inflammation and oxidation and heal—we put it all together. Then we took 20 patients and put them through the procedure, which took six months. Two weeks after they were done—I'm the first patient, I'm patient zero—I get my lab test back. I couldn't open it. I tell you, Jill, for 10 minutes I was shaking so bad because I was like, "I know I was right," but I didn't have the proof. Sitting there in front of me in my mailbox was this PDF. And then all of a sudden I opened it up and I literally started crying. The amount of toxins removed was fantastic. And not just some of the toxins; every single toxin that I had that was elevated had gone down to normal limits. And all the ones that weren't elevated went down even closer to zero—every single toxin we tested.

**Dr. Paul Savage** 16:52

What I came to find out later was that it didn't matter which toxins we were testing for; this procedure removes all of them, whether we can test for them or not. We came back later and said: "Let's go test PCBs. Let's test microplastics." They're all going down.

**Dr. Paul Savage** 17:09

This is quite a passion for me because I've done real well in medicine, done real well in this career, but we're facing an existential threat. And I mean that fully as an existential threat. Even the physicist Stephen Hawking said before he died: "Pollution and our stupidity to it is the existential threat to mankind." He's absolutely correct.

**Dr. Paul Savage** 17:37

As you were asking, "How did we get here?" We didn't have it in the '60s—not much. We had little oil and we had little cars, but around the '60s things started changing because pesticides and herbicides got introduced in the United States for the first time and banned everywhere else in Europe because they knew what we were

facing. Then from that, we started digging into the dirt for the heavy metals because we needed to put them up for the computers. Then we started getting more oil, more cars on the road, and more power generation plants and all these volatile chemicals started going into our water and our air. Then we had the industrial machines start up and all the plastics and all the phthalates and all the chemicals that we did.

**Dr. Paul Savage 18:20**

I didn't know this, but I started looking through the data because I'm a statistician—my background is in computers, physics, and math—the interesting thing is we have over 144,000 unique chemicals that are toxins in our environment today. It's unheard of. And here in the United States, we're one of the worst. As a matter of fact, if you look at the top 10 countries that have the highest GDP, there are only two of them that are in the bottom of pollution, and that's us and China. The other eight are very clean and [have a] very good GDP. It just doesn't make a lot of sense how we're not paying more attention to this.

**Dr. Jill 19:04**

Right, because this is the elephant in the room.

There are so many things I want to ask you. One comment. I recently heard Rob Bell talk on a podcast. The title of the podcast was "Like Smoking on an Airplane." If you remember back to the '60s and '70s, you could get a smoking or non-smoking seat on an airplane. What he was saying was that we look back at that and think: "That is insane! You're in a tube. The airflow is exchanging, and there's no way to have the smoke stay on one side of the airplane." Nowadays, any of these younger generations are like: "People smoked on an airplane?!" I think in 5, 10, or 20 years, we're going to look back and be like: "Like smoking on an airplane, we put pesticides in the food and we use plastic." What we're talking about today will be ridiculous because if we really think about what we're doing to our bodies and the environment, it's like smoking on an airplane. It's ridiculous. And I love that analogy because it makes so much sense. Nowadays we look back and say: "What were we doing? What were we thinking?"

**Dr. Paul Savage 19:58**

The thing that is startling when you stop to think about it is that you and I grew up in an era where we developed without the toxins. They weren't there. The '60s, '70s, and '80s. It was around the '80s that things started getting worrisome, especially until the '90s. But now the kids being born—even the kids who are 20 and 30 years old—were born into a universe where they were immediately immersed in toxins.

**Dr. Jill** 20:23

In 2001, the Canadian study [of the] cord blood of infants—this is now over 20 years old—had over 200 chemicals of babies taking their first breath in the world. That was 20 some years ago.

**Dr. Paul Savage** 20:34

And how about the one that came just two months ago, where we're finding microplastics in the meconium, microplastics in the umbilical cord, and microplastics in the placenta? We'll talk about all these different things, but there are five top-hit parade toxins out of the whole 144,000 that you better be worried about, and plastics is number one.

**Dr. Jill** 20:53

Let's talk about them. Number one is plastics. And I have heard the media; I've heard the average person consumes a credit card worth of plastic per day, and that's only increasing. So talk to us about the top five.

**Dr. Paul Savage** 21:04

Okay. The top five. Number one: Microplastics. Number two is a chemical that's an herbicide. That is the number one herbicide in the world and it's sprayed everywhere. People don't understand what herbicides do. Think about it. You spray it on the plant and the plant dries up quickly. It burns the plant. It's an oxidizing agent. It's very, very strong. It's called glyphosate. It's also known as Roundup. People spray it all over the place. Don't. Don't even use it. Don't let people use it around you, and try to get as far away from it as you can.

**Dr. Paul Savage** 21:36

Number three—I'm going to put these together—mercury and lead. The reason that they're so bad is because they interfere with so many neurologic pathways in the brain. It's not only the young kids, but it's us adults. Even mercury at our age—and

you can even slide in aluminum in that—we know that these are all precursors of neurodegenerative diseases.

**Dr. Paul Savage** 22:01

Then you can't get very far away without talking about the phthalates. MEOHP is probably the worst one of them because it is a terrible DNA reconstructor. It breaks DNA when it gets within 50 feet of it. It's just a terrible thing to be causing all sorts of damage, cancer, heart disease, and neurodegenerative changes.

**Dr. Paul Savage** 22:23

Then finally, I think the one that I would have to put out there also is atrazine. People wonder why I pick atrazine. Atrazine was the first pesticide we ever used, and that was in the 1960s. It was correlated within 10 years to cause obesity. If you ever start looking at the outline of where they started using atrazine—first it was in Louisiana, then it was up the Mississippi Delta, then into the Midwest, and then into the Ohio Valley—and then you stop and go forward 10 years and start mapping out the obesity epidemic, it follows it right straight up. It follows it exactly straight up. And it's still out there in considerable amount.

**Dr. Jill** 23:03

Paul, I want to tell you a story about atrazine. I don't know if you know, but at 25 years old in the midst of medical school, I got aggressive breast cancer. I grew up on a farm in central Illinois. You know some of my story and many of my listeners know. But I want to say this because atrazine has been on my heart and glyphosate. It was several years after my breast cancer diagnosis when I really dove in and said, "Why did I get breast cancer at 25?" You and I both know the damage to the DNA probably happened either in utero or at 5, 10, or 12 years old, well before—maybe a decade or more before—I got a full-blown tumor in my breast.

**Dr. Jill** 23:37

I'm looking back and saying, "What could this be?" This is probably five years after I completed chemo and got through the breast cancer. I started looking at atrazine. I pulled up the map that you're talking about in the U.S.—the use of atrazine the day that I looked it up—and right there, smack dab in central Illinois, where I grew up, was the hottest area.

**Dr. Paul Savage** 23:56

It went straight up to Mississippi, right into the Ohio Valley.

**Dr. Jill** 23:57

Yes. I called my dad that day. I said: "Dad, look at this map! Do you still use atrazine? It's banned in the European Union since 2001." He sighed and said: "Yes, Jill, they're still using it." That was 10–15 years ago. That's still today. The *Silent Spring* and the work of Tyrone Hayes made it famous as something that disrupted everything along the waterways that contained it. The frogs had ambiguous genitalia.

**Dr. Paul Savage** 24:26

All the way down to the crocodiles at the opening. Yes.

**Dr. Jill** 24:29

Yes! It's a known endocrine disruptor. So, of course! Breast cells are endocrine cells. So are prostate [cells] for men. And to me, it was an absolute hole in one of the reasons. I'm sure that there was runoff into our well water, which we drank on the farm. Maybe even my mother in utero. Who knows the pathway? But I have been certain ever since that day that atrazine had an effect on me getting breast cancer at 25.

**Dr. Paul Savage** 24:52

And here's another provocative thought I want to give you and your readers: It's no longer about the one; it's about the many. If you think about biochemistry, which is how our system works by taking a substance and then through an enzyme that you stimulate or that you facilitate with nutrients like B vitamins or magnesium, that makes it into another product; the toxins are exactly the opposite. They come in and occupy those spaces on that enzyme and they freeze the enzyme so it doesn't work anymore. But it's way beyond that. They go in and burn tissues. They burn cells. They break the DNA. Probably the most notorious thing toxins do is that when you get enough of them into your system, you break the ability to detox because that's a biochemical pathway. It stops working.

**Dr. Paul Savage** 25:35

We know that because we tested 300 patients in the last year in Chicago, and everybody's around 12. Out of the 100, everybody, on average, is right around 12 or

13 toxins, of which 5 are in the high critical range. And then there's this pause. And then at 30, you see another group of about 10% of the women we tested are spiking at 30. They have 18–20 in the high critical range. They're all women over 60 who are thin without a lot of body weight.

**Dr. Paul Savage** 26:06

And everybody's going, "Why these women?" First off, it has to do with genetics and your detox pathways. Second off, it has to do with the volume of distribution: Where can you hide these toxins when they're in you? If you're a guy—you've got a lot of muscle, you've got a lot of fat—you can put a lot of toxins in the fat cells.

**Dr. Paul Savage** 26:25

And people are like, "Is that true?" Absolutely, because in Korea, they did a weight loss study on people who are obese and they measured their toxins, which spiked all the time during their weight loss as the body got rid of them. And here you have these women who can't hide it. They don't have anywhere for it to go. It stays right there and it's active, and that's why their detox pathways break. And when they do, it's mold, heavy metals, and environmental [toxins]. It breaks all of them.

**Dr. Jill** 26:52

Yes. And then there's a synergy, which we know from the science. These small hormetic levels of some of these things synergistically act exponentially worse when they're combined. Most of the toxicology research has not studied the interactions. We're living petri dishes of thousands of chemical interactions, which haven't been studied but we know are so toxic.

**Dr. Paul Savage** 27:13

But as a researcher and as a mathematician, I can tell you, just like in medicine, we're always taught [that for] more than two medicines, you don't know the side effect profile. Once you get to three, it's anybody's guess. The same thing with toxins. You can study one to a degree, and then you can study it in the lab. But nowadays, everybody's coming to us has a cesspool of toxins.

**Dr. Paul Savage** 27:32

I'm going to say this really clear: Everybody has toxins now. If you're a one-year-old or a 90-year-old, everybody has toxins now. That doesn't mean you have to run out,

come over, and get the plasma exchange that I'm doing. There are a lot of things that you can do in between this and that. But number one: Test your home, test your water, and test yourself because you've got to have an idea where on this spectrum you are. And then you can start doing so many interesting things around the house that you talk about all the time.

**Dr. Paul Savage** 28:03

Water filters: Triple-filtered reverse osmosis. Not just reverse osmosis—triple-filtered and reverse osmosis. There are a lot of good companies out there that make a lot of good products that are only a couple hundred dollars. But it's not the pitcher that you pour in and it filters through the filter. That one doesn't work.

**Dr. Jill** 28:21

I couldn't agree more. I always say clean air, clean water, and clean food are way more important than a ton of special supplements that we both love. But you have to start with the inputs. I think in some of the questions you submitted before, there's a 21-day detox [program]. You can go in January or go to a spa or whatever. You have to live daily with your choices and make an impact on the inputs or you're behind the game.

**Dr. Paul Savage** 28:45

I'm going to add one thing to your [list]: Air, water, food, and shelter. You've got to clean your air. I tell people all the time that there are four places you've got to be good: Air, water, food, and shelter. The second thing, let's be real clear because traditional medicine called out the integrative field a lot about these detox diets. Detox diets do not get the chemicals out. They take care of the inflammation and the oxidations that the chemicals cause. That's why your labs change. But when you start doing the detox like these juices, it doesn't take the toxins out. The toxins don't move particularly at all. You've got to do something much different than just celery juice. That's not bad. Those types of things are good because you've got to decrease your inflammation and oxidation. In my clinic, I tell people that there are three people that kill you: "Inflammation, oxidation, and glycation. That's heat, fire, and sugar. Those are the three things that turn everything in your body bad."

**Dr. Jill** 29:44



Brilliant.

**Dr. Paul Savage** 29:45

What causes inflammation? What's the number one cause of inflammation? You get a lot of people saying, "It's our lifestyle," or "It's our food." It's not. I'm going to say something, Jill, that we're just getting ready to publish a paper on. The chronic inflammation of 1960 is not the chronic inflammation of today. It is a different animal, and we're calling it the beast.

**Dr. Jill** 30:11

Brilliant. Brilliant. You're so right because it's this toxic load.

**Dr. Paul Savage** 30:16

In the 1960s, we had smoking. We had typhus. We had some infectious diseases. We had a little bit of air pollution. But it was the 1960s; we didn't have that much. Today, we have 250 times more toxins than we had in 1960. Get this. By the time it's 2030, it's going to be 500 times more.

**Dr. Jill** 30:38

Unbelievable. It's unsustainable. We have to do something different.

**Dr. Paul Savage** 30:40

It is. We're seeing cancer in kids who are 40. We're seeing Alzheimer's increase 387% in kids who are 30. For the first time ever, the infant mortality rate is ticking up; the life expectancy of people is ticking down. This is not COVID. This is not the infection. This is the toxins. If you don't start protecting yourself now, you're going to be too late because the toxins are silent until they're not.

**Dr. Jill** 31:12

Exactly. It's interesting. You mentioned cancer, autoimmunity, and neurodegeneration. Those are at the top. But it's really, really prevalent. You mentioned testing. It can be hard to test well for toxins. What do you recommend? How do you like to test?

**Dr. Paul Savage** 31:31

Let's put the disclaimer right here. There are a lot of tests out there and some of them are not very good. To some degree, depending on what you're testing, it's really tough to test for mold. But on the other side, heavy metals—the government has set up some pretty good standards. We did testing with 100 different toxins. We just wanted to see a broad spectrum of what was present because, in our case, we weren't necessarily exacting on: Are you at a dangerous level? We wanted to see where they were and how they were reduced.

**Dr. Jill** 32:04

Relative, right?

**Dr. Paul Savage** 32:06

It was all relative for us. For that, the tests worked well because, for the vast majority of the toxin tests you do, the vast majority of the results on that test don't have any known scientific values that "above this is dangerous." Let's be really clear on that. There are 20 or 30 of them on most toxin tests, and those are the ones the government has vetted out through NHANES. They give you all the heavy metals. They give you some of the phthalates. They give you some of the pesticides and the glyphosate. Those are the really important ones. I always tell people, "Go for the gold." And by that, it's looking at the toxins like the heavy metals, the glyphosate, and the phthalates. You really need to understand that when you see those levels and you're high, that's the government saying that's bad news because that's where health things start happening.

**Dr. Paul Savage** 32:55

Everybody's like, "Where do you get all the reference ranges?" The companies take 3,000 people, they measure them, and they say the top 5%. So what you're looking at is percentile. The top 5% or the 95th percentile, they're calling "the toxic range," and 75% is "moderately" toxic. We don't know that. All I can tell you is that with 3,000 people, if you're in the top 5%, you're in a group that's—

**Dr. Jill** 33:15

You're probably pretty high.

**Dr. Paul Savage** 33:16

You're probably pretty high. That's the whole thing. And there are a lot of urine tests out there that you can do easily at your home. As a matter of fact, you're going to have a link to put into your comments where people can buy the toxin test from our website. It's \$9.95. And we're going to give you \$100 off and you're going to get 30 minutes with me to go over your results because I think this is so important to get people to understand what they're dealing with because you don't know what you don't know.

**Dr. Jill** 33:45

Yes. I love that line. That's one of the lines in my movie: You never know what you don't know.

Are you doing serum, urine, or both?

**Dr. Paul Savage** 33:53

We're doing urine because of the ease of application. It's easy to send out a kit. People can do it. When they get on the video call with me, I'm like: "These are the ones that are NHANES, and these are the ones that are not." It doesn't mean these aren't important. It's just that we don't have as much data as we have about these. We can talk a lot about all of them, but even for the people who don't want to do the toxin testing, we have pamphlets on our website called "Get Clean and Keep Clean" because we put down products that we've tested. We've vetted these out. We've made sure that these water filters remove the chemicals. We have these air filters that remove the particles. We tested these out ourselves because we're like our own little consumer—

**Dr. Jill** 34:37

Ecosystem?

**Dr. Paul Savage** 34:38

Yes. I don't trust anybody unless I do it myself. We put a lot of that stuff out in the handouts. They're good products and they're not expensive. This is where you should spend your money. Clean your water, clean your food. That means: Buy fresh. Don't buy food that you're going to leave out for three days. It means: Buy good. If you're going to buy meat, make sure you get it from a fresh source, not one

that's been shipped around the country in a frozen container for the last three weeks.

**Dr. Paul Savage** 35:05

Don't eat cereals. You go through that all the time. I tell people that with grains, you can do the rice because you can wash them off really well. But there are not a lot of grains that I tell my patients I feel comfortable with them eating because they're processed and they're out too long. And that mold, everybody's like, "Mold toxins have always been around." But we used to live in dry caves and we used to eat dried grass off the plane. Now we live in wet boxes and we have grain that we store in silos for 10 years before we start making it into anything. That's why the mold problem has become so prevalent since we became industrialized.

**Dr. Jill** 35:42

Yes. Growing up on a farm, I was highly allergic to corn and soybeans, which were the crops in Central Illinois. But looking back, I realized: "Oh, these are harvested, they're wet, and they're thrown into bins." The process my brothers and dad went through was drying the corn and soybeans to a certain level so that there was a minimal amount of fermentation and fungal growth. But it still was there; you could ask any of my farming family. And there was fungal growth as a matter of fact.

**Dr. Paul Savage** 36:08

I grew up in the middle of Michigan. We were in 30 miles of farm in every direction. My father was an electrician and television repairman. But if you live in a little town of 12,000, you've got 30 miles of fields. It was everywhere. All the kids came to school wearing their blue jeans, and they were all—

**Dr. Jill** 36:27

Yes, it was all over—that little dusty... And I look back and I'm like: "I don't think I was allergic to the corn and soy themselves; I was allergic to the fungus that was growing on those crops." And then we know things like glyphosate, which are ubiquitous in these areas, are changing the fungal microbiome of the soil so they're getting resistant species and more fungus growing because it's killing off the bacteria in the microbiome of the soil. There are so many things happening there.

**Dr. Paul Savage** 36:51

Yes.

**Dr. Jill** 36:53

You already mentioned some, but let's just for listeners, make sure it's really clear: What are the top three simple steps people can take to reduce their toxic load?

**Dr. Paul Savage** 37:01

Buy yourself a good water filter system, a triple-filter reverse osmosis [system]. Can I say brand names here?

**Dr. Jill** 37:08

Sure, absolutely.

**Dr. Paul Savage** 37:09

Okay. AquaTru is a very good top-of-your-counter [system]—\$400. The filters last almost a year before you need to replace them. We've tested it over and over again. It's great on keeping everything out: Microplastics, phthalates, chemicals, and heavy metals. If you want something a little bit more fancy than the AquaTru, we like RainSoft. They have a triple filter reverse osmosis that goes underneath your sink for \$1,200. You replace those once a year for \$150. The reason we like that is it's a good price, but the renewables aren't excessive. There are some that are like \$300. You're paying \$1,000 every year on the renewables, which doesn't do anybody any good.

**Dr. Paul Savage** 37:51

One of the other things we like in the way of water: We use ozone makers for the washer. You don't have to use washing machine soap. You don't have to use softeners. All those chemicals are gone. You take the water before it goes into the washing machine. This is also a RainSoft product. It's about \$1,000. You just put it in between your pipe and your machine, and it lights up. It takes the water, makes it ozone, and drops ozone into the washer. Let me tell you, I'm a very picky husband when it comes to clean clothes. He loves it because it smells like lightning—lightning fresh. All the stains come out and it doesn't harm the fabrics like the detergents do. And if they're harming the fabrics, they're hurting you.

**Dr. Jill** 38:35

And the polyesters are getting—

**Dr. Paul Savage 38:39**

Yes. That's the other thing: No jeans. Cotton. Go back to the old natural type of fibers.

Number two, and it just can't be emphasized enough, [is] an air filter system. The same company that makes AquaTru makes a nice little room HEPA filter. It's not expensive. I tell people all the time that if this is all you can afford—a couple hundred dollars for a HEPA filter—put it in your bedroom because that's where you are most of the time. That's going to be able to at least give you that part of the day that you're having good air because 45 toxic chemicals are in everybody's house. Then you shut the door, turn up the heat, and that's what you live in inside. And that's why you want to pull the carpets up. You want to pull all the upholstery furniture. You don't want those things because of the chemicals that are in them. Stop using dry cleaning. Use the ozone because dry cleaning has all those chemicals on it, and you're just putting them right on your skin. You're getting toxic from that.

**Dr. Paul Savage 39:36**

But the one thing that we need to talk about is food. It's in the food. It's all in the food in every sort of way. But there are things that you can do to make it better. Number one, if it comes in a bag, a box, or a bottle, don't eat it. Number two, if you have a fair, a farmers' market, or you have the ability to go to a butchery and get your meat from a butcher, or you have a lady down the street that has chickens and she's selling eggs, do that. That is the best thing you can do.

**Dr. Paul Savage 40:06**

If you're going to buy vegetables from a market, take them home; we have a very easy salt, vinegar, and water spray that you can put on the fruits and vegetables. Do what I do. I sit there for a minute and just wash all the vegetables and rub them. I have my strainer and just drop everything in it. Once they're clean, I put them into a nice ceramic bowl. I put them in the refrigerator so they keep cool and don't get mold. If you leave that fruit out on the counter, it's good for 48 hours. After that, the mold is setting in. You're like, "I don't see mold." I know you don't see it. It's there. By the time you get the fruit flies around it, you're way past the age.

**Dr. Jill** 40:43

Long gone.

**Dr. Paul Savage** 40:44

Long gone.

**Dr. Jill** 40:46

Brilliant! Such good, practical tips. I love it because you and I are so aligned. I've known this, but I love, love hearing you say the same things I'm telling patients and even hearing new tips about the kind of water filters you like and all of that.

**Dr. Jill** 40:59

Okay. Let's go back to plasma exchange. I know about apheresis. I know about plasmapheresis. I know about IVIG, which is more [about] putting back the proteins in for the immune system or albumin. Tell me, what is your process? What's the difference? Maybe just define those processes and tell me about what your plasma exchange is.

**Dr. Paul Savage** 41:18

Sure. That's a great question. I want to be really clear here. What we've done is we've taken things that had been known to science forever and we put them together in a unique and novel way. Nobody's ever done it this way. We've done people where we send them for plasma donations, and we can watch their toxins. They don't go down very fast unless you're a firefighter where your PFAs are very high and then you're going to get plasma because you have so many PFAs. They're like, "Look at this with the firefighters." It works with them because their PFAs are so high. But that's not the net. That's not the standard patient that you see or the person on the street. They have high levels of toxins, and going to donate plasma every three months isn't enough to get those lower.

**Dr. Paul Savage** 41:57

But when you start taking supplements, which we know can help the detox pathway, when we take apheresis, which we know takes out everything—good, bad, and ugly—when you start talking about lifestyle changes to keep the toxins from coming back in and you start putting these all together in a process, that's patentable. And that's what we did.



**Dr. Paul Savage** 42:17

We have a process now. We have a number of different patents now. We have one process, which we call the toxic autoimmune process. What that is is we bring people in and we test them for autoimmunity and we test them for their toxins and then we go through a routine. They start up this shake that we have that we made into a compound nutrient. [It has] 65 things—everything you'd put in it—where you want it to have anti-inflammatories, anti-oxidants, and getting rid of toxins. All those good things to make the energy work better are in that product.

**Dr. Paul Savage** 42:50

What they do is they come in and they get the PlasmaXchange. People are like, "What's that like?" You can see it on YouTube. We have patients up there that we tape the whole procedure. You get an IV put in one arm and then the IV goes to a machine. Once it's done with the machine, it comes back into the other arm. All we're doing is taking out your blood—like you do with the plasma donation—spinning it, separating the cells from the plasma, we're throwing the plasma away, we're putting albumin, which is human fresh albumin, back with the cells and infusing it back into you. It takes about two hours for us to exchange about 75% of your plasma.

**Dr. Paul Savage** 43:29

We have it down to a science. We've done over 300 of these last year because it's a very safe, very effective, very universal procedure. But you just have to know how to do it right. You have to make sure people eat before they come in because, remember, we're taking everything out and that includes the sugar. We have to make sure you're not on seizure medicine because you have epilepsy, because I'm going to throw you into epilepsy because I'm taking all the seizure medicine. There are certain people that shouldn't get this procedure done. If you have ventricular arrhythmias or lethal arrhythmias and you're on amiodarone, this is not a process you want to do. If you're on blood clotters because you have a [inaudible] cell homozygous, and you're on Coumadin, you don't want to do this because I'm taking all the Coumadin out.

**Dr. Paul Savage** 44:11

We're very selective. It's generally good for everybody, but there are certain people that shouldn't be having it done. But after the whole process, we give you an infusion of antioxidants and vitamins, and then we send you home with the nutrient shake that you take every once a day for 28 days. Then we repeat the whole process five times. So it takes a five-month period of time.

**Dr. Paul Savage** 44:35

And it's really interesting to watch people because we get a little mixed bag. For the people who aren't very toxic, they get done and are like: "I feel great! I feel lighter." They feel less toxic, is what they'll tell you. However, on the other patients who are autoimmune and sick or super toxic or mold toxic, we do them slower because what we've learned is the first and the second one, they feel worse after you're done because you're shifting all these toxins from one area to another. And we can see the oxidative markers go up between procedures.

**Dr. Paul Savage** 45:09

So we've learned. On the real toxic people—the chronic fatigue, the Lyme, the mold—we go a lot slower. We do less than a plasma exchange. We might have to do a couple extra, but we do it a little bit slower because you're going to sleep that next day. And probably after the second one, in a small portion, we start to see people get fevers after the second one. They're like, "My rheumatoid [arthritis] is flaring up." I get it. I've heard that three or four times already. I'm like: "Wait, hold on. Let's check something." I checked their immune system on their CD3 count, [and it was] 400 times higher than what they were just two weeks ago. And I'm like: "Look, your immune system is waking up. We just need to slow it down a little bit." It's waking up too fast and it's seeing everything bad and it's going to town. And once we start learning that part and start spacing them out more, everybody does pretty well. Some people are like, "I have to do it every four weeks, but he's doing it every six weeks." Trust me, we want to do it that way. So we have this toxin-autoimmune one.

**Dr. Paul Savage** 46:04

We also have one for cognitive decline. We've done this on three patients. We're now in the process of completing the protocol. This is a published study. I'm happy to share with your readers. What we did was we took three patients who had moderate Alzheimer's. These are people who could follow commands. They could

do what we needed them to do because they need you to sit in the chair for four hours and not get too fussy. We did CNS Vital Signs. I think you're familiar with that test.

**Dr. Jill** 46:28

Yes.

**Dr. Paul Savage** 46:31

All these patients averaged average, low, and below average. When they were done, they were all average and above average. There were three guys. The wives told me these were their husbands of three years ago. I'm not saying we're curing Alzheimer's. What I'm saying is we think—and we have evidence behind this—that Alzheimer's, as with a lot of neurodegenerative diseases, is an immune system attack in the brain. And it doesn't matter against what. It could be a virus like herpes. It could be Epstein-Barr. It could be aluminum. All these things are going to damage. The neurons are the innocent bystanders. And the immune system—what does it do after it has a fight? It leaves amyloid behind. And then we're like, "Here are all the things that start causing problems."

**Dr. Paul Savage** 47:15

This was another study that was done in 2020 by Grifols, where they took 500 Alzheimer's patients, did plasma exchange on them, and then just watched them. For 14 months, the majority of these patients had no worsening of their symptoms. They went into a steady state. Jill, we don't have a drug that keeps people steady.

**Dr. Jill** 47:34

No, we don't have anything like that.

**Dr. Paul Savage** 47:36

We're really excited about this for cognitive decline. We're trying to tell people and be real clear: We're excited to offer this to people. One thing we do know is if it's vascular dementia, we're not offering it for this. And we always tell people that we can just go on their successes. It's a safe procedure. The biggest thing to overcome is that, unfortunately, it's expensive because we're looking at exosomes, stem cells, and neuropeptides. So we have a protocol for cognitive decline.

**Dr. Paul Savage** 48:03

And then finally, we're just finalizing our heart disease protocol. Because, as we know now, heart disease is not the soft plaque but the very soft plaque, the LDL plaque, of which colchicine has been the number one drug to treat those people from coming on to heart attacks. And I'm an old ER doctor, so I'm like, "This is fantastic!" But ask yourself this: What does colchicine treat? Inflammation.

**Dr. Jill** 48:28

Uric acid, right?

**Dr. Paul Savage** 48:30

Yes, inflammation is a uric acid marker. We're very confident that it's the toxins driving the inflammation. We don't have to give them colchicine; we just have to get the toxins out.

**Dr. Paul Savage** 48:43

We just started with four gentlemen who are 50 years old and have an inappropriate amount of heart disease for their age. They're all very healthy guys, except when we start looking at their coronary arteries, they're bad, and they have a lot of very low-density plaques. So we're very excited to watch these people. We're working with a couple of universities here in Chicago and a couple of major cardiologists and a company called Cleerly, which, if you have not heard about Cleerly—

**Dr. Jill** 49:07

Yes, I know about Cleerly.

**Dr. Paul Savage** 49:09

I've done hundreds of Cleerlys now in patients because it gives us so much good information.

**Dr. Jill** 49:13

Maybe you can just explain. I know exactly what it is. But for those listening, Cleerly is an advanced testing.

**Dr. Paul Savage** 49:20

Yes. When you're an ER doctor, we never looked at cholesterol because it never told me if you're having a heart attack or if you're even at risk because cholesterol is not the problem; inflammation is. And we can't look at the heart. The only way we can do it is to take you up to the radiology room, poke you in the groin, put an angiogram into your heart, and squirt dye into the arteries to see if they have narrowing. But that's all we saw was narrowing.

**Dr. Paul Savage** 49:42

This new technology is AI at its best. What we do is you go in for a CAT scan and we inject you with some dye. We do a CAT scan of your heart while the dye is going through those heart arteries. Then an AI program takes all that data and reconstructs it. I can see they straighten the arteries out. I can look at the whole artery. I can see where there are blockages. I can see how much. I can see the difference between the calcified plaque, the yellow plaque, and the very low-density plaque, and where it's at.

**Dr. Paul Savage** 50:12

And I can start having some serious discussions that I had today with one patient. A healthy guy, 50 years old—he had a calcium score of a couple of hundred. "Let's go do a Cleerly." Did that. The interesting thing is his right main [artery was] completely clean. His circumflex [artery was] completely clean. The left anterior and left main [arteries had] a lot of calcium, a lot of plaque, and a lot of very low-density plaque. He's going to be one of the gentlemen who's going to proceed forward with our plasma exchange. We have the data about what colchicine does to these low-density [plaques], and now we're going to compare our process with that. The difference is that when you're done with our process, you don't have to stay on the colchicine. As a matter of fact, we're not giving colchicine. But when you're done, we resolve the inflammation. Isn't that what we want to do in medicine today?

**Dr. Jill** 50:58

Exactly. And just for those listening to be really clear, cholesterol is like the spackling when you get a hole in your wall. We have this endothelium, the lining of every vessel in our body. When it gets damaged by toxic exposure, inflammation, infection—all of these processes that we're talking about—the body by nature is trying to heal that lining, so it sticks the spackling.

**Dr. Paul Savage** 51:17

But then here you have all these toxins and inflammation irritating the cholesterol as it's sitting there and burning it and making it into these small, dense little particles that don't heal but cause more damage. When you take the whole thing apart—and Jill, you can appreciate this as we did—what we realized at the moment when we saw the study was that we think we just figured out a way to pretty much universally remove inflammation. Today it's different. People are like, "We tried to use apheresis 40 years ago to remove inflammation." There weren't toxins back then.

**Dr. Jill** 51:52

I just have to say, Dr. Savage, I remember when you shared with me this information—"Hey, Jill, watch this presentation." This was just a few weeks or months ago. It's not that long ago. I know truth when I see it. I saw your presentation. I thought: "This is something the world needs to hear about." Above anything I'm talking about right now, this is so profound. And I just want to share: You shared this data with me, but I would like to read this—the plasma protocol data of the decrease in some of these things. I want to read this.

**Dr. Paul Savage** 52:22

Are you able to show that on the screen?

**Dr. Jill** 52:25

Yes, I think I could do that.

**Dr. Paul Savage** 52:26

Because if you can't, I can.

**Dr. Jill** 52:28

Yes, let's see if we can do that. It's in an email. Okay, one second here. Guys, hang on, because this is worth seeing, and I'm going to read these off. Okay. Here. PlasmaXchange protocol data: Microplastics decreased by 90%. Heavy metals decreased by an average of 80%, with aluminum showing a remarkable 100% decrease.

**Dr. Paul Savage** 52:50

Here's an interesting fact about aluminum, which we know is a stirrer of Alzheimer's: All the patients had all their aluminum removed and have kept it down for a year after just three plasma exchanges on our protocol.

**Dr. Jill** 53:04

Yes. And what else? I do detox all day long without this, and I don't see anything like that. Phthalates—

**Dr. Paul Savage** 53:09

Nothing has ever moved aluminum.

**Dr. Jill** 53:11

No.

**Dr. Paul Savage** 53:13

You should have seen us when we had this result. We were like, "What the hell?" We figured aluminum was going to be one of the resistant ones, and it's gone. And it's gone permanently. It doesn't come back. We test people even after we're done with the procedure. As long as they're filtering their water and keeping away from the dry cleaning and all of these other places that aluminum is, we're not seeing any elevation of the aluminum a year out.

**Dr. Jill** 53:34

Yes. Phthalates: 97%. Environmental toxins in general: 95%. Health biomarkers improved by up to 95%. Inflammation reduced to normal. Oxidative stress significantly reduced. The immune system improved by 80%. Unbelievable data there, and I love that you shared that.

**Dr. Paul Savage** 53:53

The other data that wasn't shared there is that we did the Beck Depression score. Remember that group I told you that was depressed when we started? They improved over 70% on their depression score after we'd done the procedure. We also did the fatigue score, and that improved almost 100%—about six months after we ended the procedures. We were like, "That was kind of interesting," because we were all disappointed when we got done. We thought these chronic fatigue patients



would be dancing on the rooftops after we got the procedure. They were done and they were like: "Yeah, I don't feel any different." We were like, "Hmm." So we just kept moving forward. It took six months for their bodies to heal. That's what we can see. Because now we see the healing factors improve and the nutrients improve, and we're like, "Oh, this is really interesting." But it took their body, on average, about six months. We do the test and they come [saying]: "You know what? I'm starting to feel better for the first time ever."

**Dr. Paul Savage 54:48**

We have one lady who—I love to tell the story—has been a patient of mine for a long time. She would get up at noon and get going to bed at 8:00 o'clock. That was her day for 20 years. We tried everything on her. We tried every type of detox. And you know these patients: You give them a little bit of anything and they react like explosions. We tried everything for 20 years. Nothing worked. We put her through the program. She's the one who got rheumatoid [arthritis] high fevers. She really had a rocky road. She's a trooper because, talk about a warrior and resilience, she's like: "We're going through this."

**Dr. Paul Savage 55:20**

We had to do eight exchanges on her. Then afterward, she was like, "I'm not feeling good." I said, "Okay, let's see how you do." Six months later, she comes in. Now she gets up at 9:00 o'clock in the morning and goes to bed at 9:00 o'clock at night. She still can't go out late at night. She can't get up for early morning mass. But that's four hours. That's a 50% increase in the time that she's awake. And now that she's awake, she has a lot less depression and a lot more energy. She has a life for the first time in 20 years. We're really excited about all the implications that this process has for people.

**Dr. Jill 56:01**

Dr. Savage, it is a true pleasure and an honor to interview you. And I want to go back to something you said at the very beginning: That moment where you were retired and you read and you really had this... Honestly, any great movement in history, whether it's Einstein... it's always this combination of true experience and medical knowledge or whatever your career is. But then there's also almost like a spiritual, energetic thing that happened to you. And I just want to say thank you for hearing that call in your life of turning and being like, "Yes, I'm going to move

forward with this," because this is absolutely important for our future. And I love, love the work you're doing.

**Dr. Paul Savage** 56:38

Jill, I'll tell you, we're pretty much at cost for a lot of the procedures that we're doing at this point because we're not about making the money; we're about getting the data and moving this point down the road. I don't have any kids, but I have 30 nieces and nephews that I love! I love them more than everything. They mean everything for me. And for the first time ever, I think we have a solution that at least gives them a protective bubble because it's the kids and our grandkids that are going to carry this burden. And up to this point, you can back me up on this, we didn't have anything that really worked to get all these toxins out.

**Dr. Jill** 57:12

Exactly. That's why I was so excited because I know this environment—I've been in this for 20+ years—and I knew this was something important. So thank you again. If people want to find more, where can they find your website?

**Dr. Paul Savage** 57:26

Our company—the doctors who want to improve your lifespan—we're MDLifespan. They can go to our URL. We're on YouTube. Please go to YouTube. We have hundreds of videos about the procedures, about autoimmunity, about inflammation. Everything that you need to know about toxins is on that site. And then we're also on LinkedIn and Instagram. It doesn't matter which way you find us; they all point up the same hill.

**Dr. Jill** 57:52

Perfect.

Thank you all so much for joining us for another episode of *Resiliency Radio*. This has been an absolute pleasure, Dr. Savage. As you guys know, there's a new episode coming out every week. You can find us on YouTube or Instagram, DrJillCarnahan.com or the YouTube channel—*Resiliency Radio*. Thank you again, Dr. Savage, for joining us today.

**Dr. Paul Savage** 58:12

Thanks, Jill. I appreciate it.