

Paul Anderson, NMD: Chronic Neurological Disorders

Interview by Dick Benson

Paul Anderson, NMD, is a recognized educator and clinician in integrative and naturopathic medicine with a focus on complex infectious, chronic, and oncologic illness. In addition to three decades clinical experience, he also was head of the interventional arm of a US-NIH funded human research trial using IV and integrative therapies in cancer patients. He founded Advanced Medical Therapies in Seattle, Washington, a clinic focusing on cancer and chronic diseases and now focuses his time in collaboration with clinics and hospitals in the US and other countries.

Former positions include multiple medical school posts, Professor of Pharmacology and Clinical Medicine at Bastyr University and Chief of IV Services for Bastyr Oncology Research Center.

He is co-author of the Hay House book Outside the Box Cancer Therapies with Dr. Mark Stengler as well as a co-author with Jack Canfield in the anthology Success Breakthroughs and the Lioncrest Publishing book Cancer... The Journey from Diagnosis to Empowerment.

He is a frequent CME speaker and writer and has extended his educational outreach creating an online CE website "ConsultDrA.com" and Advanced Applications in Medical Practice (AAMP) conferences. AAMP is dedicated to bringing next level learning to healthcare professionals to enhance their knowledge and clinical skills in a CME approved format.

Following are highlights from a conversation that I had with Dr. Paul Anderson concerning the upcoming Spring 2022 Medical Conference focusing on Chronic Neurological Disorders. The event will be May 20-22 in Scottsdale AZ at the DoubleTree Resort by Hilton Hotel Paradise Valley. It will include over 25 education sessions, an exhibit hall featuring some of the industry's leading vendors and a great networking opportunity to meet practitioners with similar interests. For those not comfortable in traveling or who cannot attend live, the event will also be available via a streaming service.

Integrative Medicine: A Clinician's Journal (IMCJ): This event will focus on chronic neurological conditions including neurological autoimmunity, that sounds pretty powerful- what does that mean?

Paul Anderson, NMD: Neurological autoimmunity is one of the subtopics that we have. The chronic integrated

neurological work is the big picture topic for the conference, and then neurological autoimmunity is the subtopic. So while we'll certainly be talking about specific things like MS, we'll be talking about a number of those autoimmune diseases.

We also include neurological trauma and that's where concussions or traumatic brain injury would be discussed. We have sections on addiction, which is pretty straightforward. We have the autoimmunity umbrella, which is things like multiple sclerosis and Parkinson's et cetera. Underneath chronic neurological illness, which is everything, those are the subheads.

IMCJ: What about Long Covid?

Dr. Anderson: We're certainly going to get into that because there's so much neurological effect in people who have COVID long haul. So what I'm going to do is talk about how the concepts of healing, say brain trauma or auto immunity actually cross over, directly into COVID long haul. It won't have its own section, because it's the same discussion as many of the other things that we're going to talk about.

IMCJ: One of the side issues from COVID is that people who had these chronic issues probably weren't getting the health maintenance that they should have been for the last couple of years.

Dr. Anderson: Certainly, that's my opinion too. That's what I've seen clinically, the more underlying health problems you had, if you then got COVID on top of it, the more trouble. So certainly, I think COVID is a really good example of one disease kind of unmasking other problems.

COVID has really pushed the medical community to think outside of their normal pathways of treating people, because it is not a single problem it's a multifactorial problem, just like most of the chronic illnesses.

IMCJ: Focusing back on the conference itself and what is the main takeaway that you're looking for practitioners who attend to be able to take away from it?

Dr. Anderson: Well, the main takeaway would be an increase in their skill level and knowledge around chronic neurological conditions. Our objective is truly "Advanced

Applications” as our name implies, and we choose specific speakers to bring those detail to the attendee.

Is the focus beyond standard medication prescribing for neurological conditions? Yes, of course we do talk about medications, but when you’re looking at integrative neurology, the best way to intervene in chronic neurological conditions is through an integrative or a holistic approach, so what you’re looking at is how other body systems affect the way the brain functions. So for instance, we’re going to look at the way that the hormonal system (endocrine system) affects neurological function and how to test that and optimize it. We’re going to look at how toxicity affects neurological function and look at how to assess that and treat it. We’re going to look at how the patient’s nutrient status affects and on and on. So we’re looking more at a big picture holistic approach.

A big area which comes up along those lines I was just talking about is the GI tract. And because the GI tract has its own nervous system and in its own immune system, a lot of times its termed as chronic digestive problems, disrupted microbiome, et cetera, that will bleed over into other functions such as their neurology. So certainly discussing the microbiome is going to be a part too.

IMCJ: Is there a relationship with other chronic health issues for instance, people with Type 2 diabetes, are they more susceptible to these issues or do you not really see any cross over there?

Dr. Anderson: Yes. Once you have one chronic disease, you’re more likely to be prone to other chronic illnesses. This is a good example; people with type 2 diabetes tend to have eventually other neurological problems, whether it’s neuropathies or central nervous system problems, et cetera. So again, that’s part of the holistic look at what can we do for their overall health. Whether they have other diseases or not, that would improve their overall health and reduce the incidence of a neurological problem that follows up.

IMCJ: And have you seen more interest from conventional practitioners in your topics and the solutions you can provide?

Dr. Anderson: I would say I’ve been doing this for around 25 years. And I would say in the last 10 years we’ve seen progressively more interest from conventional practitioners because they’re wanting to find new ways to help their patients and our attendance of conventional practitioners at these conferences is increasing over time.

IMCJ: One of the topics you feature is addiction. Many do not view addiction as a chronic disease, more a lifestyle issue- what are your thoughts?

Dr. Anderson: I think that there certainly is that perspective. There’s also a lot of genetic factors that lead to

addiction and there’s also a lot of what we call iatrogenic addiction, which is caused by doctors. And we doctors have gotten people addicted on a lot of things over the years that we didn’t think were that addictive. So what we’re focusing on in the addiction area are three major areas of medical addiction where it’s literally doctor caused addiction, the kind of the big three types of medications and then also alcohol, which of course is usually a self-caused form of addiction.

But I think that the important thing is that number one, obviously not everybody becomes addicted who takes something. So there’s obviously things underneath that create addiction. What we’re really doing here is looking at what are the best practices for dealing with our patients who have addiction and/or identifying them. But then the next step really is a crossover between what you need to do to help people who have addictions heal up and also what you need to do to help people with say chronic neuroinflammatory diseases heal up. So there’s some treatment crossover there, which is good.

IMCJ: And are you finding that more practitioners are seeing addiction patients?

Dr. Anderson: Yes, I do, because I think that there’s a lot more awareness in the medical community of addiction, and there’s also a lot more pressure from regulatory agencies to help patients who are addicted, and there are medical strategies in addition to psychological strategies to help out with that. So I think it’s a topic that obviously is as old as time, but I think the culture in medicine right now is very open to education about it, so that we doctors are better informed even if you’re not an addiction specialist, you’re better informed to help your patients.

IMCJ: And from an addiction standpoint, then it’s not just on drug or alcohol addiction, it could also be on food addiction for instance.

Dr. Anderson: I think the underlying process of addiction is the same, whether it’s food or drugs or alcohol or anything else shopping or anything people get addicted to, it’s the same neurological pathways.

IMCJ: Another interesting topic you are presenting on is the trauma/concussion protocol type treatment. I think that’s changed dramatically in the last couple years.

Dr. Anderson: Very much. That’s probably one of the areas with the most growth that’s under our banner, is the area of trauma because there’s a lot of new science coming out around how the brain reacts when it gets traumatized but also what the best ways to treat the trauma is. And so I’m very excited about everything we’re doing, but I think the updates around healing after trauma are hugely important, because if you think about it there’s lots of

people who have say addiction, a lot of people with autoimmune diseases, but there's also a lot of people who have concussions and brain trauma, whether it's due to sports or accidents or whatever. And the traditional medical approach, if you didn't need to be hospitalized was not to do very much really, and there's a lot more that can be done than what we've done traditionally. So yeah, I'm very excited about that part too.

I've had that experience where I've had concussions in the past from sports or accidents and there wasn't really much treatment at all and now there's a lot more knowledge and a lot more available. One of our real goals here is to take, obviously the doctors who are all coming are going to be very well-trained people. The goal of this is to take them to the next step and make sure they're updated and they know the latest things to do.

IMCJ: Obviously doctors, whether they're NDs, NMDs, MDs, or DOs, would benefit from your event but what other type of people would really benefit from attending your conference? What other kinds of healthcare professionals?

Dr. Anderson: We also are attracting a lot more other practitioners, such as nurse practitioners and physicians' assistants, sometimes we'll have maybe a chiropractor or acupuncturists come, that's a little less common but we certainly welcome all professions, but certainly a lot more nurse practitioners and physicians' assistants are coming. Sometimes we'll also have nurses who are interested in a particular area. So yeah, I would say the physician group is the biggest group, of course, but the other groups are growing as well. And I think that's just because they see the frustration that their patients have and trying to deal with these chronic things and not getting better.

IMCJ: The event is both live and virtual, is that correct?

Dr. Anderson: Yes, during COVID we did three totally virtual and then the one in the fall was our first live one or our first hybrid live and virtual. This will be another hybrid. I think the education world is changing, Of course COVID has changed the landscape of people going to conferences. So some people still are not comfortable or can't travel. For those folks, it's really nice to have the virtual platform, so we're going to keep that. But we also have a lot of people who like the human contact of being together at a conference and we provide food and a nice expo area for people to interact with each other and a lot more than just the continuing education. So we're seeing more and more people who want to go in person, certainly.

IMCJ: Good. Well, just to kind of wrap up, is there anything that you'd like to say about the event that we could share with people that we didn't cover?

Dr. Anderson: I think that the big drawing points for me and for practitioners are; number one, we're going to be really trying to upgrade our knowledge base, and so the speakers and their specialty areas are there to take people to the next level with each part of the training. We're really trying to elevate people's awareness training and ability to treat patients. We run two AAMP Conferences each year and maintain themes that are topical at the time. Following chronic neurological disorders, in the fall, we will focus on advanced Endocrine Assessment and Treatment A-Z, covering a multitude of areas.

Number two, I think that the format that we adopt, being flexible is very amenable to people who do want to be there in person or people that want a remote experience. We have a really good experience either way for them. I think the flexibility and then the content are really the two hallmarks.

IMCJ: And once the event is over, do you make the content available video on a website that people can download or purchase or something after the fact?

Dr. Anderson: There are two aspects of that. One is if you attend the conference, you have access to the recorded conference pretty much forever afterwards. For attendees, you don't have to get it all the first time. We've got recordings, we do have practitioners who come afterwards, they just couldn't make it or didn't hear about it. Attendees can opt to purchase the virtual event and we normally have the continuing medical education credits available for up to one year after the event.

IMCJ: Well, I am excited to see your events back because I've heard good things about them. And there's so many events that have just gone away forever, I think from COVID, so I'm glad that you survived it and that you're going to be going back.

Dr. Anderson: I agree. We're very glad that we've made it through the other side. Yes. At this point, what we figure is people are either ready to travel or they're not. And so if you do a hybrid, you can help both groups.

IMCJ: Great. Well, thank you very much