

## 250422\_DrChia

Me

Yeah, you know, I always try and prepare.

Dr. Chia

The question about you or you had Coxsackie B because of the ME/CFS.

Me

Yeah.

Dr. Chia

I had Coxsackie 2010, well, there are many of these viruses. They don't always manifest the same. So what did you have 2010?

Me

Yeah, I had, I got it from my brother who had it as a, he was a little kid and I got it and then I.

Dr. Chia

What did you have, hand, foot mouth disease or what?

Me

Say that again.

Dr. Chia

What did you have, hand, foot, mouth disease?

Me

I think it was Coxsackie because I knew. What he did. He stuck his hand in his mouth and he stuck it in my mouth.

Dr. Chia

Okay.

Me

And I knew I was going to get sick and I knew it was going to be Coxsackie.

Dr. Chia

But did you get sick after that?

Me

I did, yeah.

Dr. Chia

Okay.

**Me**

I played football with it. It was awful.

**Dr. Chia**

Well, you can get one. My son had the first one at age four.

**Me**

Yeah.

**Dr. Chia**

The second one at age 16. Then he developed chronic fatigue syndrome. Oftentimes it's two, three times. If the one, the first one kind of set you off for the next one. If they are sort of the bad combination, like his, his was Coxsackie 3 and 4. The three set him up for the four, the four then he got much worse. So this actually happens. Now we have some patients and we do their blood tests, 11 viruses they've seen it six, seven times.

**Me**

Yeah.

**Dr. Chia**

Your one is Coxsackie 4, which is not very high. It's 160. His test results was 640 and 640 when I diagnosed him. Mine was less than 10 and 40. So you could have one of these other ones that we can't diagnose.

**Me**

Right, that we can't test for.

**Dr. Chia**

Oh yeah.

**Me**

That's what we were saying last time.

**Dr. Chia**

Yeah, yeah. So anyway.

**Me**

It was mostly asking about the timeline and if you know the delayed onset.

**Dr. Chia**

Yeah.

**Me**

The possibility.

**Dr. Chia**

Or you got another virus. Just like this, just like this time you went, like last time or time before you went back to New York and then you kind of felt worse. Well sometimes just the exertion, you know, that you had or you, you know, you get exposed to a new virus.

Me

Yeah.

**Dr. Chia**

Right. Anyway, all right, that's, I worked on this for 30 years. If you have something else, get somebody else to get you better. Honestly, we got to focus on how to get this better. I mean, I've seen people get better and sometimes they get a new virus infection like RSV. Then all of a sudden, you know, they had sick for a couple of weeks. Then all of a sudden, like, ding, they went to remission. Like years. Or norovirus, they get, you know, vomiting, diarrhea for like a couple of days. And then they feel great for the next three to four weeks. So what we know about this is that this is treatable. Anytime people can get better with like somehow you affect the immune system in a way, then you readjust the immune response. You make it a little more effective or suppress it. The patient can go into remission. But then eventually, it was still surface. Yeah. All right. Anyway, so, uh.

Me

I got worried because yeah, in January, I got very sick. But I had a crash actually right before I got sick.

**Dr. Chia**

Did you get another virus infection?

Me

Yeah, I don't know what it was.

**Dr. Chia**

Because you have this IgG subclass one deficiency.

Me

Yeah.

**Dr. Chia**

And where are you now? I mean, are you around here or are you? Yeah, I'm in Sherman Oaks in Los Angeles. Have you seen the immunologist? Have they done a, um, some additional evaluation? How many times in a year do you think you get sick?

Me

Uh, maybe five or six times.

**Dr. Chia**

Okay, right. So that's the answer they want to hear. You got, you go see a immunologist, they will test you. To see immunologists. Go see one of the allergist immunologists.

Me

Oh, okay.

**Dr. Chia**

You, have you done that?

**Me**

I've seen, I've seen an allergist. I don't know if he's like, you know, if he's, I don't know if there's a certain specialty that I need to see, you know.

**Dr. Chia**

Who?

**Me**

His name's Dr. Joseph Shapiro.

**Dr. Chia**

I don't know really. So anyway. But you had the influenza in January? You said, you know, the flu.

**Me**

I don't know if it was. We never got tested.

**Dr. Chia**

Never got tested.

**Me**

No, because my brother, it was my brother again. He got it in college. He got tested for COVID. It wasn't COVID. Um, I think he got, he probably got tested for the flu. Because he's in college and they usually test for flu.

**Dr. Chia**

Okay.

**Me**

And I don't think they, I think it was inconclusive.

**Dr. Chia**

Okay.

**Me**

And it spread through my family, but I had it the worst.

**Dr. Chia**

Okay. And first, how soon after his did you get sick?

**Me**

After him?

**Dr. Chia**

Yeah.

**Me**

I was, I actually, I was pretty careful, but I think I got it on the tail end when it was feeling better, like, uh, a week, like five to seven days.

**Dr. Chia**

That's still possible, because the virus is shedding in the saliva you know, and sometimes hands contact or, touching the same stuff you can get it. Covid is very contagious. I mean it's a respiratory thing, so influenza is very contagious so tested negative for those... Well, if you don't have those two well, RSV is another one if it's recent RSV actually if you get sick, at least, the great majority of the ones I know of actually will get better RSV, it doesn't sound like it's RSV. Next most common is Rhinovirus, Enterovirus. This is the same stuff you've always had. There are more than several hundred of these cold viruses probably at least two something- maybe three hundred. And the uh, enteroviruses over a hundred and thirty gene types. But the name that we can test that we can test within you is only eleven. So you know, you have one that showed up. How many of the other ones do you have? I mean, think about this. All right. Anyway. How long were you sick for?

**Me**

I was actually sick with it for maybe like two weeks. And then. But the symptoms lingered until. I mean I'm still not totally the same. But through lifestyle management. I was able to get better about a month to a month and a half ago. I'd say. Finally started to like.

**Dr. Chia**

Okay.

**Me**

All the issues kind of started to subside.

**Dr. Chia**

Yeah. Okay. Now. So you have. Okay. Anyway. So the role of natural killer cell function. All this. It probably has something to do with it. It's just. First of all. The different. The people in Miami. Nova. Florida. Have done the most stuff on the natural killer cells. The problem with natural killer cells. Assays. It's not very reproducible. Like. They. They're the best lab. And doing it. They say. Okay. Your natural killer cell function is less than. Seven. Or something. Okay. So. And. They have. They have a number of people with that. Other people do the same test. They don't show exactly the same.

**Me**

Yeah.

**Dr. Chia**

But that's one of the things they do. Yeah. So. Sometimes they order it in. In. In. Quest. They do this lab test. I asked the people in Florida. Nancy Klimas. K. L.I. M.S. I said. How's this Quest lab test? She says. Not bad. So sometimes the function. The. The natural killer cell function is low. But. It may. That may be one of the predisposing factors. There's a number of them. The most common one is IgG subclass deficiencies. Which is what you got.

**Me**

Yeah.

**Dr. Chia**

IgA level can be low. The T cells could be low. It's going to be T4 or T8. Okay. I've done all this stuff. Natural killer cells. Sometimes we see low numbers. Most of the time. It's normal. Okay. Natural killer cell is the first line of defense against viruses. It's a non-specific foot soldiers. Basically. You just go right up to the front and start shooting. Okay. But they're not educated. This is like for. For. Norovirus. You know. Like when they get norovirus into the gut. This natural killer cell. Which is pour out. Okay. Just like. And then you fire that. Vomiting. Diarrhea for a couple of days. Then it's over. And yet. The body never developed. A good immune response against the norovirus. So you can get it again and again. But what does that tell you? So the natural killer cells. Are pouring out. And you fought it. And the patient can also. Can go into remission for. Three to four weeks. Is doing something. Because the reason I say this is. Nancy Klimas. Was making it a point. At one of these. Roundhouse. Uh. Uh. Uh. Uh. Discussion meetings. Anyway. And she said. Uh. People ask. About natural killer cells. If you boost it up. And could it help this. So. She. She believes in natural killer cells. But I told her. I said. I gave her this example. I just told you now. I said. We don't have. What we call. adaptive T cell response. We're not being able to. We're going to get rid of these viruses. Right. Yeah. She. She. She kind of looked at me. Uh. I mean. I. I understand immunology. In order to. I understand these infections. You have to understand immunology. At least to some extent. I'm not as good as she is. But I pointed this out. I said. That's not the way to approach it. That's basically what I was trying to say. I didn't say it. But.

**Me**

It's not what?

**Dr. Chia**

It's not the way to solve the problem. It's boost up. Boost up people's natural killer cells.

**Me**

Yeah.

**Dr. Chia**

They're (Natural Killer Cells) not educated.

**Me**

These guys (Enteroviruses) are much more sophisticated.

**Dr. Chia**

They already fool how many layers of your main system. They got inside the cells. Right. And. So. You. You. You got to have the right T cells to kill them. And those T cells are often infected. So anyway. Alright.

**Me**

Okay.

**Dr. Chia**

Okay. Anyway. So. Yeah. So. So does this Oxelda acetate help?

**Me**

I have not tried it yet. I plan to try all this stuff now that I'm controlling.

**Dr. Chia**

Yeah. They are expensive.

**Me**

Yes they are.

**Dr. Chia**

Remember. Remember I told you. I mean some of them are not. D-Ribos.

**Me**

Well I plan to start with the cheap ones first.

**Dr. Chia**

Yeah. Carnitine. The first five. B12. I don't know about this transdermal B12 protocol. Acetylacetate CoQ10 is cheap. You can buy them separately. You don't have to mix them with something.

**Me**

No. I plan to take them separately and test them.

**Dr. Chia**

Yeah. Magnesium is cheap. L-tyrosine maybe a little bit more. Copper. I mean those fine minerals. Okay. I tell you. In the old days when we had AIDS patients. They were taking everything under the sun. All right. Because having AIDS they'll be dead in two years. Okay. The only thing that made a difference is anti-viral drugs. Right. You have to rehash that. I mean Nancy Kleins knows all this.

**Me**

Yeah. Well I know. What's the latest on... It's tough right now but...

**Dr. Chia**

Obeldesivir?

**Me**

Yes. Obeldesivir.

**Dr. Chia**

Yes. Eight days from now I'm going to have a meeting. So I told you that October 19th I presented my paper.

**Me**

Yeah.

**Dr. Chia**

I talked to the drug company people.

**Me**

Yes. That's awesome.

**Dr. Chia**

Hardly anybody actually saw my poster. But one guy who saw it, he's probably early, late 70s, early 80s. And he sent me an email later. He says, "This is one of the most underrated presentations of this entire meeting. There are 13,000 people there."

**Me**

Isn't that the story of ME/CFS overall?

**Dr. Chia**

Right. When I presented my first paper in 2000 at the same Infectious Disease meeting, seven people out of 12,000 came to look at it. You know, it's okay. But the problem is, because it's not popular, if people are not thinking about it, basically you just keep waiting. People just keep kicking the can down the road. You're the victim. Okay. I mean, I spent practically my third of my life doing this. Okay. I want to see this done. Okay. Obeldesivir. So, after that presentation, I talked to the drug company people. Paxlovid, so we got to the point of, and she came back to visit me in November, and we said, you know, if people responded, maybe we should give them longer treatments, like 30. If they responded by 30, we'll give another 30, 60. She even jumped in with us, give another 30, maybe 60, 60 to 90 days. She was supposed to take this idea back to the company. That was November. This is almost May. Okay. That means they're not interested. Or they're not hungry. Paxlovid still, I think, they still sell it in the billions. Every quarter. I mean, if people still take Paxlovid, it's like holy water. Okay. So, Remdesivir. This Obeldesivir. So, after I talked to this guy at the meeting, so, email, exchange, back and forth, back and forth. I mean, by the third month, I have to tell him. I mean, he's just, he's just like stalling me. Okay. Check with me next week. Hey, I got better things to do here. Okay. I mean, it's like, I said, Jim, I saw you three months ago. You know, we're not getting anywhere from this. He said, then he sent a little bit longer email with his phone. I sent him this email with attachment. I don't even think he ever read it because I figured that out before our first Zoom meeting. Okay. Then people don't have time to do anything, so they do a phone call. I mean, that's what you do, right? And so, anyway. And he wrote me an email saying, they don't currently, they don't have the division that deal with this virus. Back 21 years ago, they did. They kind of listened to what I told them. They were interested for a couple years and things got followed up and all this. Anyway, they're kind of all history now. So, he says, like this drug is in no man's land. The only active study they have, which is done by this year now, by now, is the RSV study. A QRSV study. They want to get that market. If the drug looks good, they have to do it again next year at the same time. It doesn't, RSV is only see in the first part of the year, for three, four months. So, I don't think they'll have enough patients to get it approved. It will be another year, probably another year. Yeah.

It's five days. Anyway. So, [unintelligible] is just sitting there collecting dust, right? So, anyway, I talked to [unintelligible] Then, I realized I'm not dumb, okay? I don't think he has the authority to authorize something like this, okay? This is too high for him. He's an EEP. One of the patient's friend got in. This person knew what she was doing. She got to the head of New Drug Development. This is like two days, three days before we had the first Zoom meeting. Anyway. This is like, I'm already four months into this, okay? Anyway. And that's, the E-mail went to a Senior Vice President higher than him, okay? And that guy was nice enough to send back an E-mail to a friend and say, "I'm so sorry about your friend suffering all these years. And we do not know the safety and the benefit of this drug." And I'm gave her his contact information so I can contact him. Because how they got in is because of me. Because they, I mean, because they knew that there's a drug that we want to use. So I sent him an E-mail. And I don't know if he read the attachment, but at least he sent the E-mail back. I said, "Well, I'm going to have a Zoom meeting with Jim in two days." He said, "Perfect. Thanks for closing the loop." He is going to talk to him. This is like a Friday. And he was, he's going to talk to him on Monday anyway, okay? So I talked to Jim. And then he's just like, he's just stalling me, okay? And I thought a lot about it. I just don't understand this. I mean, you know, it's like nobody's hungry here. You are waiting desperately for it. I'm waiting here. I'm almost 72. I'm not going to do this forever, okay? But I'm going to, I would like to do, finish this. I just spent all these years preparing for this. I would like to do it, okay? Anyway, then I said, "All the patients are waiting." Then he asked me, "How did I know him?" So he had talked to him already. He was going to talk to him on Monday, Friday, Monday, right? He already asked him about this because he's from University of Seattle. He was hired last year to head this division called Global Eradication of HIV. You know how big of a job that is. To eradicate HIV from the world? You have to have a vision. You can't just be some dumb schmuck and do this, right? Maybe he's just different from Jim. I'm not downgrading him. But he knows now. So he talked to him already, okay? Then they talked again on Monday, alright? Then there was this big international HIV meeting, everybody kind of uptight, because Gilead is the biggest company in the world that handles all this stuff, right?

**Me**

Yeah.

**Dr. Chia**

So anyway, the biggest division. So anyway, they had another meeting. Then the next time I Zoomed with him after this meeting, he was more receptive. But then he still says, "You can't have this drug." "What do you mean I can't have this drug?" "I mean, you mean I can't even get it on to do a study?" I mean, I go "what do you mean by that?" Anyway, so he already sent my stuff to UC San Francisco, to the two people at UC San Francisco, Michael Peluso and Steven Deeth. He thinks highly of them. They quoted my studies in their paper. That's how they eventually found SARS-CoV-2 in the gastrointestinal tract, along with COVID patients. So they know the virus is still there.

**Me**

Oh, they did?

**Dr. Chia**

Yeah. They're the only one who has publicly acknowledged my paper.

**Me**

Oh, yeah.

**Dr. Chia**

Right? Understand? If you Google him, you'll see it.

**Me**

Yeah, yeah.

**Dr. Chia**

So we're going to have the Zoom meeting at the end of eight days from now. So anyway, this guy from the company, the drug company, will be on the call. I don't know about the other guy. I hope he's on because I tell you, he has a broader vision. Okay? And they also invited two virologists from UC San Francisco. I already have an encounter with a lot of them at the European meetings. Anyway, he's the polio virus worker. There's hardly any polio in the world now. Everybody talks about eradicating polio. There's like 50 cases in the world. In the world, 1.3 million people die from car crashes. Right? I mean, come on. I do understand why eradicate a potentially preventable disease. Those diseases occur in geopolitically unstable areas.

**Me**

Yeah.

**Dr. Chia**

You can't even get there. Come on. I know you have a dream, but let's be a little more practical.

**Me**

Yeah, we got to focus at home right now too.

**Dr. Chia**

Yeah, what about this stuff? Right? Anyway, so.

**Me**

Yeah, well that too.

**Dr. Chia**

He's going to be on the call. And anyway, I'm not going to be a laborer. We already had a couple of encounters. But anyway, it doesn't matter. The two infectious disease doctors believe in what I tell them. What I've written. They've done, they follow my footsteps. They found the stuff in long COVID. So every single email exchange, there's been like two, three of them. Every, the word Obeldesivir, the oral Remdesivir is on the email. It's on the very first word.

Me

Okay?

**Dr. Chia**

So it's like, get used to this idea. And I put it up, he, the drug company guy sent my proposal to them. Oh, fine. If they want to follow the proposal, I'll be honored. Right? I think they will be able to get it for the long COVID first.

Me

Yeah. I mean, that's the way to lean into it right now.

**Dr. Chia**

17 to 20 million people.

Me

Yeah.

**Dr. Chia**

Or, you know, are waiting, right? They, they are, they are finishing up a study with a Japanese drug like Paxlovid. So that drug, it's probably six, seven months into it already. I knew they already started this. The drug doesn't have as much drug interaction as Paxlovid. Anyway, I will ask them about it. And it'll be even more perfect if that drug doesn't work. I actually don't think that drug is going to work better than Paxlovid. The Yale study, the Stanford study did not work. And I talked to the Stanford doctor about using Paxlova in our population because I already showed that it works about 50% of the patients. Anyway, so the NIH study was finished in the end of January or December. So I think, I heard from someone that the preliminary results will be released this month.

Me

Yeah. I think I heard that too.

**Dr. Chia**

There's only a few more days. And we'll see. I'm looking forward to it. Because if they can show that it works, it will be the first time an anti-viral drug has made a difference. Right? Anyway. Alright, so, we're hoping that, with this meeting, they'll be able to kind of get that. I think I repeated your viral protein last time, right?

Me

Yes.

**Dr. Chia**

So yeah, I want to see you. I have to go see the other file.

Me

Okay. Great.

**Dr. Chia**

We did it last time, right?

Me

Yes.

**Dr. Chia**

I have a feeling what they wrote on it, my person must have mislabeled it But I can't, I can't Even the one before, we saw it Here. (Showing me a diagram) This is in the T Cells [unintelligible] Four. Two Plus Two Plus, Three Plus I mean, you can see some people have so much Like that

Me

Okay, these are... these are... got it So I'm that specific strand there

**Dr. Chia**

Yeah, so this is the viral protein in the C8 T cell. This is the other guys. These are the white blood cells that splice your virus. And this is the one in 2023. So those ones that they must miss a letter or something, I have to go back and look at it. Okay, you still look a little tired to me, right?

Me

Yeah, well, I was worried in January. I thought the way I was going, I was going to have to do something about my job. But thankfully, I really figured that out. I was able to handle it. Today, I got sunburned this weekend.

**Dr. Chia**

Oh, maybe that's why. Okay, so the problem with this Paxlovid, you do have this thing that's in the brain, like, you know, like this possible seizures of some sort. I don't know. Yeah, I mean, this, because I don't want you to have actually active seizures. One of the, one of the, one of the, one of the active ingredients of the Paxlovid, of the, of the, uh, uh, equivalent is you use the little kids. They gave them quite a bit of this stuff. And they were, they were having fevers and now that some of them have seizures.

Me

Oh, really?

**Dr. Chia**

So, yeah. So, you know, okay, so you have to be careful about that. Febrile seizures or, you know, that may make it, make it work.

Me

Yeah, I'm in the process of figuring out if it, if it was one EEG that had abnormal activity. I took an ambulatory EEG. I looked at the results and they said they were normal. I haven't talked to my doctor about it yet. So we're going to see.

**Dr. Chia**

Yeah. Well, if you don't, if you don't really feel it, I don't think you need to treat it. Yeah. But then you don't want to do anything to aggravate it. So, uh,

**Me**

yeah, I don't know. My grandfather has a history of seizures. I don't know.

**Dr. Chia**

Okay. Now you already took Dihydroquercetin, right? Dihydroquercetin?

**Me**

Dihydroquercetin.

**Dr. Chia**

It's like a taxifolin?

**Me**

I don't think so.

**Dr. Chia**

You should try that one. I'll give you a little order sheet. That one actually helps the Coxpackie B4.

**Me**

Oh, really?

**Dr. Chia**

And you can get the one that I want to give you, the little flyer, that was a little harder to get. You can always look for the one that was a Russian letter on it.

**Me**

Oh, I, yes, I think I couldn't get my hand on that because it was like sold out wherever I was looking.

**Dr. Chia**

Right. Get the Russian ones. Yeah.

**Me**

The Russian ones. Yeah.

**Dr. Chia**

The EEG, so it's the cervical MRI, you just have arthritis. And, but these viruses may have a lot to do with arthritis. The whole problem is, it's like, if people, in the 1980s, people suspected Coxsackie B viruses, in many medical problems. Then people get, you know, after they have difficulty finding it, people get very skeptical, okay? And then they get cynical. They say, well, everybody thinks it's caused by. These viruses do do something. When we have patients, you know, before they, you know, before their 40s, they already have a knee replacement. And I'll tell you, it's crazy. All right?

**Me**

Yeah. Worries me about my neck and posture.

**Dr. Chia**

Yeah. Anyway, but eventually, so did you ever take Paxlovid?

Me

I did, yeah. And we said that Paxlovid might have had a positive impact on me.

Dr. Chia

How long was the last time you took it? Six months ago?

Me

No, no, no, no. It was longer. It was like a year or two ago.

Dr. Chia

I can still send one in, but, you know, see the problem. In the first two years, we're able to give a patient, you know, five days. You kind of stretch it out to 10 days.

Me

That's right. You have your own protocol.

Dr. Chia

Right, right. That's the only way to do it. If you've got 30 pills, it turns out.

Me

But that's the problem, right? You're saying we just, it's, we just need to be able to prescribe it for longer.

Dr. Chia

Right. So, if God is good to all of us, you hear about this. In NIH study, it says Paxlovid has significantly improved patient's life when it's given 25 days. 25 days, if you take half the dose, it will be 50 days. I can tell you. If you don't feel better in 50 days, you ain't got any.

Me

It's not going to happen.

Dr. Chia

You already responded like that. So, I can send one in if you want and you can take that for the time being.

Me

Yeah.

Dr. Chia

If you're kind of like this now, we got to get you, pull you up.

Me

Yeah. Alright. Maybe, yeah, it'll be helping.

Dr. Chia

The gastrointestinal stuff is all this stuff.

Me

Yeah. I know it's all this stuff.

**Dr. Chia**

People don't look for it. They will never know.

**Me**

Yeah. Alright. I was recommended that for potential malabsorption issues with why I have low vitamin B and all that sort of stuff.

**Dr. Chia**

Well, the small intestinal surface is probably look different. Okay? Because we know women, because they menstruate, they have a hard time absorbing iron.

**Me**

Yeah. Yeah.

**Dr. Chia**

Very, very problem with iron. So, it doesn't take a rocket scientist to figure it out that there's something going on there. Nobody studies this. Nobody at the NIH. Nobody studies this. It's because it's like, oh, you have a disease, they don't really believe. Right? This is the harm the NIH guy did. Yeah. Remember, it's all here. Right? Come on here, real quick. (Asks me to get on the table) Well, once I get this done, I can retire.

**Me**

Yeah, you can finally rest.

**Dr. Chia**

Yeah, it's coming. It's coming. I mean, at the end of this month, we'll see what happens. Let's see. (Looking at my throat) A little red.

**Me**

How's your son doing?

**Dr. Chia**

Son's good.

**Me**

Yeah, that's great.

**Dr. Chia**

He just came back from Taiwan. He was really happy.

**Me**

Oh, that sounds good.

**Dr. Chia**

A little jet lag.

**Me**

Yeah. What was he doing there?

**Dr. Chia**

Oh, he has, my in-laws are from Taiwan. I was born in Taiwan.

**Me**

Oh, okay.

**Dr. Chia**

So, the in-law took them there, and they went to all the places. They were very busy with the kids. Two kids, two kids. (Pressing on my stomach) That hurt?

**Me**

A little there.

**Dr. Chia**

Here?

**Me**

No, just a little.

**Dr. Chia**

Yeah.

**Me**

No.

**Dr. Chia**

Here, yeah.

**Me**

A tiny bit

**Dr. Chia**

That's the [unintelligible]. Remember?

**Me**

Yeah.

**Dr. Chia**

This is where the virus is from.

**Me**

Yeah.

**Dr. Chia**

This is how they figured out polio virus. Okay. I'll send Paxlovid to your pharmacy. Great. And then, yeah, let me know the pamphlet for that other one. I got to find that. Which one?

Me

The Russian one.

Dr. Chia

Russian-. Oh, I'll get the, yeah. You can just, it's Dihydroquercetin.

Me

Dihydroquercetin.

Dr. Chia

Yeah, I'll give you another one again.

Me

Great. I got it recorded too, so I can find it.

Dr. Chia

So, remember CVS, wear a mask or have somebody else go pick it up. Don't ask, don't tell. Okay?

Me

That's right.

Dr. Chia

You may ask, you have to tell them you test positive. Other than that, they'll give it to you.

Me

Yeah.

Dr. Chia

Except, \$1400. I tell you. I, so I think maybe Pfizer's holding back. See, they get insider information. They, they, they talk to the NIH people. They sponsor all these studies.

Me

Yeah.

Dr. Chia

You think they're going to tell them something that before they tell the public? I'm sure.

Me

Yeah.

Dr. Chia

If that's going to happen, then 20 people get 25 days. That's like, that's how we're all on money.

Me

Yeah.

Dr. Chia

Five days is already \$1400. 25 days is \$7000. 17 to 20 million.

**Me**

Yeah.

**Dr. Chia**

People. They're not, they don't want to do anything with Chia. So, stay here one second.

**Me**

Okay. I'll be right here.