



Preventing & Treating COVID-19 Using Dietary Supplements

Dr. Michael Murray



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Rebekah Kelley: Welcome to the [Humanized Podcast](#), Your Health Personalized.

I'm your host, Rebekah Kelley. Our guest today is Dr. Michael Murray. Dr. Murray is one of the world's leading authorities on natural medicine. He has published over 30 books featuring natural approaches to health. He is a graduate, former faculty member, and serves on the Board of Regents of Bastyr University in Seattle, Washington. Dr. Murray has dedicated his life to educating physicians, patients, and the general public on the tremendous healing power of nature.

In addition to his books, which have cumulative sales of over 5 million copies, Dr. Murray has written numerous articles for major publications, appeared in hundreds of radio and TV programs, and lectured to hundreds of thousands of people nationwide.

For the past 35 years, Dr. Murray has been compiling a massive database of original scientific studies from medical literature. He has personally collected over 65,000 articles from scientific literature, which provide strong evidence on the effectiveness of diet, vitamins, minerals, herbs, and other natural measures in the maintenance of health and the treatment of disease. It is from this constantly expanding database that Dr. Murray provides answers on health and healing. Thanks for being on the show, Dr. Murray.



Dr. Michael Murray: My pleasure.

Rebekah Kelley: Our first question is related to risk factors for COVID-19. It's such a timely thing. For nutritional deficiencies, what should we be aware of? Also, what would you want to share regarding certain drugs that could adversely affect COVID-19, or other relevant information?

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Dr. Michael Murray: It's been well publicized that there are a number of comorbidities: obesity, type 2 diabetes, high blood pressure, chronic renal disease, and taking immunosuppressive drugs. When they've looked at vitamin D levels, they've discovered that if you have good levels, you're not going to have a severe outcome. But if you are low in vitamin D3, it increases your risk for having more severe disease, having to go to the ICU, and, potentially, dying from it.

Just looking at the data and statistics that we have right now, when they sift through all this data, they're going to come to the conclusion that we could have done a lot more for these people. One of the things that the government or somebody should have done, right off the bat, was institute a mass vitamin D3 supplementation program.

I say that because, if you look at vitamin D3 levels, ideally nutritionally-oriented doctors like to see blood levels above 60 nanograms per mL. Studies show that when people had levels below 20 and got COVID, it was almost a death sentence. Mortality rate was about 98%. Just a little bit higher, 24, again, not ideal, but just that little bit more wasn't associated with that same degree of mortality.

I think we could have changed the outcome considerably if we had just had people supplementing with vitamin D3. So, roughly, about 400,000 people died.

If we would have helped those people just get their vitamin D3 levels up to 30 (60 is ideal), but if we just got them up to 30, the death rate may have been as low as 40,000. We would have reduced it by a factor of tenfold.

Rebekah Kelley: That's powerful. And so many of us are low. We know that when we go get it tested. In addition to the need for vitamin D, what else would you want us to know about?

Dr. Michael Murray: Even something simple like vitamin C levels are very low in COVID-19. Also, zinc is very important.

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I'm a big fan of N-acetyl cysteine (NAC). This is a form of an amino acid that has been shown to boost glutathione levels. All of those comorbidities that I mentioned, high blood pressure, diabetes, obesity, chronic renal disease, chronic lung disease, they're all associated with having low glutathione status. This is another major risk factor for having a severe outcome with this disorder. We know that glutathione levels can be boosted with N-acetyl cysteine. N-acetyl cysteine has some immune-enhancing activity.

In fact, if you compare N-acetyl cysteine to a flu vaccine for preventing upper respiratory tract infections, the N-acetyl cysteine outperforms a flu shot. The National Institutes of Health has kept track on the benefits of flu shots since 2003. They estimate that it's about 10 to 60% effective depending upon the year. But that's significantly less effective than a study with N-acetyl cysteine.

Vitamin D3 is another substance that has been shown to be very helpful in protecting against upper respiratory tract infection, particularly the flu. So there's a lot we can do. Simple things, like taking a high-potency multiple vitamin, taking extra vitamin C, and making sure we get our vitamin D3 levels up.

Rebekah Kelley: You have described how important many different factors are; you have referenced it like a car. It's not just gas, but you also need oil and other fluids, you need to make sure your brakes work – it's many things working together.

Dr. Michael Murray: One of the things about nutritional compounds is that they have some benefits on their own, but the thing that we have to realize is they don't work independently that much. They work as a part of a system. We really need all of these nutrients working together.

The critical statement that I'll make right now is, a deficiency of any single nutrient can lead to significant depression of the immune system. It could mean the difference between being able to fight off this virus effectively or dying from it.

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Nutritional adequacy is absolutely critical. These compounds are essential nutrients. That means they are absolutely essential in order for our immune system to function properly. It's kind of silly that hasn't been looked at enough. If you look at the groups of people who are really hit hard by this virus, nutritional deficiencies are common. People are looking at racial factors, economic factors, and co-morbidities. But the common factor in all these situations is nutritional status.

Rebekah Kelley: Wow, that's powerful. If there was a way that you would summarize what you just shared in three to five points, although we talked about how important it is to have the whole car running with all of its fluids, if there were three to five, what would that summary be?

Dr. Michael Murray: You mean three to five causative factors?

Rebekah Kelley: Take-aways. If someone was going to do three to five things. If they only heard this and they knew they needed to take steps. What would those steps be?

Dr. Michael Murray: The first step I would recommend, because the data is so strong, is get your vitamin D3 levels up. Ideally, get a blood test to see where you are. You want to get your vitamin D3 level above 60 nanograms per mL. If it's below 20 and you get COVID, it carries with it a 100% mortality rate. Just getting it up to 34, again, that's not ideal, but just getting it up to 34 was associated with a 0% mortality rate. So when I tell people we could have cut the overall mortality rate tenfold if we would have just gotten vitamin D3 levels up, there's data to support that.

If the big take-away is get your vitamin D3 levels up, the next is that your immune system requires a steady stream of nutrients. Take a good, high-potency multiple vitamin and mineral formula. We're focused on some of those important, immune-supportive ingredients, such as vitamin C. Maybe take some extra vitamin C, 500 to 1,000 milligrams per day. Make sure you're getting zinc, 20 milligrams for a woman per day, 30 milligrams per day for a man. Those are absolutely critical to fight this virus.

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Rebekah Kelley: Okay. So vitamin D, make sure we are getting a good multiple, so we have good balanced nutrition, and then zinc.

Dr. Michael Murray: Yes. A little extra vitamin C, 500 to 1,000 milligrams should be enough.

I also mentioned N-acetyl cysteine. I think it's important, particularly if you have any of those co-morbidities, because they're all associated with low glutathione status. So if you have high blood pressure, chronic lung disease, chronic renal disease, you have obesity or type 2 diabetes, take 600 to 1,200 milligrams of N-acetyl cysteine per day, and that'll go a long way to help protect your lungs from this infection.

Rebekah Kelley: Thank you so much, Dr. Murray. We really appreciate your being on the show. I really appreciate having you.

Dr. Michael Murray: All right. Thank you.



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