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## SPEAKERS

Dr Catherine Fyans, Molly Knight



Molly Knight 00:00

Hello, everyone. Welcome to Health Australia Party talk. Tonight, I'm talking with Dr. Catherine Fyans, and she's a medical practitioner 40 years of experience so you get to see pretty much everything in 40 years. She works as a holistic or integrative medical practitioner. And that really means that mind body link is very important to her its her main interest, understanding that our physical health is intrinsically linked with the way our mind works with our consciousness, our subconscious mind and our life experiences. So, being an integrative practitioner she's sort of got a foot in both camps of, of healthcare and how to look after patients looks looking at the natural side, and how the mind works and looking at the Medical paradigm as well. So, we're going to look at a couple of camps I guess we could call it tonight is about what's really happening in Australia, and particularly in Victoria, because that's where Catherine's from, about what's happening with this virus and what it all means. What does it mean to us? And we're getting the whole story on the Coronavirus or COVID-19. What effects what effects on our emotional and mental well being does all of this have? And I think that's something that Catherine certainly can address because it's not being addressed out there in the public at all. What's the reliability of the COVID tests? And what does the mass testing mean? And what do positive cases mean? How does this all fit in? And how do we live and work with this? Catherine's going to talk about the pros and cons of wearing a mask and looking at what the science is saying and just what the implications of these current sanctions are how does that affect people? And also the thing that I'm I love bugs as all my patients know, what's the susceptibility to infection, rather than just focusing on barrier methods of

this viral spread. So we've got quite a broad look at this COVID the Coronavirus and how it's affecting us. And, you know, as a health practitioner of also many years, I find it a little distressing, that I can't say certain things that are we're not allowed to talk about certain things. And I think that in itself is a red flag to me that tells me something's not just not quite right here. And we really need to look deeper and see how we circumnavigate what's going on. So that we come out healthy alive and on top of it all. So with a great pleasure, I welcome Dr. Catherine Fyans. Welcome Catherine, thank you so much for joining us tonight.

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Dr Catherine Fyans 03:11

Hi, Molly. My pleasure. Great to be here. Thank you.

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Molly Knight 03:14

Lovely. Shall we start off tonight? Let's start off by talking about the mass testing because that's huge in in Victoria at the moment. Yeah. And we'll work our way through the physical things to how this is affecting all of us emotionally and mentally. So what does this mass testing mean? Why are they doing it? And obviously, if you're testing lots and lots of people, your figures are going to go up and up and up. So what does this actually mean?

D

Dr Catherine Fyans 03:50

Well, good question, Molly. Before I start, I'm just going to say that I'm not an epidemiologist, so not a biologist. I'm not an infectious diseases expert, I'm a person who happens to have been a medical practitioner for over 40 years, and I have a particular interest, as you said, in the mind body connection. And I'm not representing the medical world in any of my statements or views. And I'm certainly not giving specific advice I suggest any individual go to their own healthcare practitioners to get advice. So I just want to make that clear. I also want to acknowledge the people who have died and have suffered through COVID-19. I think it's important to state that there has been some real suffering involved with this. And, you know, let's just acknowledge all of that right at the beginning, okay, to be honest, I've got more questions than answers and you know, the full picture of what's going on who knows? I don't even think the experts know some more than others, but a lot more questions than answers. So with the mass testing, and this is particularly prevalent in Victoria, as you know, were in level three lockdown. This is our second round. And now the wearing of masks has been mandated. So essentially, we cannot leave home without a mask, okay? And we're up for a \$200 fine if we do not wear a mask and that's created all sorts of interesting scenarios, and maybe we'll come back to

that. So, right from the get go Molly with this whole pandemic. Look, I must say a lot of it just didn't make sense. Practice for 40 years, I've seen epidemics come and go and I know this is a pandemic, how to use that word but unprecedented. And it's a so called novel virus but a lot of things we're doing now in 40 years 46 if you include my medical school training I've never come across before. So I'm intrigued and you know if there are experts out there epidemiologists or infectious diseases, medical people, I would love their perspective. So with the mass testing in Victorian, this is what I noticed when we we had a say about two week interval between the first lockdown and the second lockdown. So things started to relax. restaurants were opening, there was still the social distancing and all of that, but live in gyms were open in life is getting a little bit back to normal. And I noticed and maybe it happened before that I'm not sure was overseas for some months, earlier this year. There has been a very fervent push to have people tested. Now I'm talking about the general population. Now I've never come across that before. And I don't know if that's occurring in other states. But there's this big push for people to be tested. Now, for example, and I'm going to quote from the Australian Government Department of Health yesterday in last 24 hours, and this is this was printed yesterday, there were 51,966 people tested in a 24 hour period. and out of that there were 549 cases. Okay. Now, all this time, I've been saying, What's the case? What's the case? Because in my training the case was the person with the disease. You know, in the old days, we used to say all his case, so, you know, go see the case in bed 25, in Ward six or whatever, and a bit of a dehumanizing term, but a case in my mind in my training was someone with a disease. But these figures like 549 cases, firstly, it's quite alarming because a lot of people I think, assume, particularly if it's on the mainstream news that cases someone with a serious illness. So I looked into that. And the case is not necessarily someone with an illness, it's someone who has tested positive on on a test. Now, my concern there is that it's fine to get figures. And there must be a rationale of course, but it can give quite an alarming message to the general public, particularly when the pitch of fear is way up here, particularly in Victoria. So 549 cases doesn't mean 549 unwell people but some people assume, or, you know, we're hearing that in dramatic tones on the nightly news, these very unwell people. So it's putting out that you know, atmosphere of alarm and is palpable down and Victoria can tell you and so I just looked at some stats so you okay, if I go through this, yeah.

M

Molly Knight 08:54

Yeah, because because 50, 51,000 and 500 positives that's like about 1% isn't it? But not 1% that are symptomatic.

D

Dr Catherine Fyans 09:06

Exactly. Exactly. So that's the question of course. And, you know, public policy is made on

those figures. That could be concerning. So anyway, I looked at the the figures and this was from yesterday, the Australian government, Department of Health. So total cases in Australia from the 22nd of January this year, that's about six months ago, 14,935. Total number of deaths 161, Australia wide and six months. And you know, as I said, we're very respectful of those people who've suffered in any way through this. But I'm just trying to give a perspective here. And then 259 people hospitalized now I thought that was a typo when I first read that so 259 people hospitalized and we don't know if those people have comorbidities or not, we don't really know the context of that. And on it goes, now the intriguing thing also is that in New South Wales where you live and correct me if I'm wrong, and anyone can correct me if I'm wrong, but there were 17 cases yesterday and compared to quote cases, 549 cases in Victoria. Now we've got similar population and similar lifestyle and I don't think New South Wales is in complete lockdown to the extent we are and I believe there's not the mandated wearing of mask at that stage.

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Molly Knight 10:49

Correct. Yeah, yep. The lockdown isn't anything like Victoria Well, yeah, there's really no lockdown here at the moment.

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Dr Catherine Fyans 10:57

Okay. Lucky you I'm wondering why we have over 500 cases in Victoria and 17 in New South Wales. So what I would like to know, I couldn't actually find the figures is, is that cases per people tested or not is that you know how many tested people were tested in New South Wales to get 17 cases compared to Victoria. So I'm just a bit confused about these inconsistency. So it raises quite a few questions about what is the case and really, why are we doing it? It's not like okay, you have a positive test is the cure. You know, the only thing in my mind is that people are further You know, there are further sanctions were applied. And I'm wondering why the testing is done now. And it was done when since a lockdown was relaxed, and it's not done or maybe after maybe will be in they will be compared to figures after six weeks of lockdown. So that intrigues me. And it confuses me. And I just wonder what it's all about, as I said, if someone can enlighten me I'm more than happy to get some expert input that might be able to put some clarity on to this.

M

Molly Knight 12:15

Yes, agree. I mean, it certainly doesn't make any sense because in a pandemic, you isolate the ill or the infectious not the well,

D Dr Catherine Fyans 12:24  
well, yes, exactly. Well, that's exactly

M Molly Knight 12:29  
a lot of it's not making sense at all. Is it? Yeah.

D Dr Catherine Fyans 12:32  
Well, no, it's not from as I said, I'm not an epidemiologist. But I just wonder why this is in it's quite a fervent push of testing. And as I said, on the nightly news, and now break it down a bit, but the first thing people hear and I don't watch much news, but if ever I turn on the TV, it's Victoria has so many cases, so many cases. And, you know, to be honest, I'm concerned about the effects of this fear this heightened fear that has been going on for months now, this is not like a few weeks, it's been going on for months that people are subject to, and you know, people have different susceptibilities of that. But we're not looking at the health sides of this level of fear that's been sustained for quite a long time now. And the question is, okay.

M Molly Knight 13:21  
Yes, it's some, I think the repercussions of what is occurring is going to be far greater than anticipated or expected. Physically, I think, you know, to me, I look at this virus and go, it doesn't quite seem like a pandemic, to me, to me a pandemic. And again, I could be wrong. And this is just my perspective. A pandemic has the hospitals chockers, they're full, there's no room for anyone else. Well, exactly. And that's not happening. Well And in New South Wales, New York. Yes, yes. Yeah. Yeah.

D Dr Catherine Fyans 14:10  
Sorry. You know, we're here but you know, the people working on the frontline, the frontline, the hospitals are jammed and there are so many respirators, et cetera, et cetera. But when I looked at the figure, as I said, I thought is this a typo? 259 total hospital and maybe it is 259 total hospitalized Australia wide since the 22nd. of January. I don't know if that's overwhelming hospitals.

M Molly Knight 14:38  
Well, from 14,935 cases Yeah. To 259 hospitalizations. Yes. Not even close to what the

normal yearly influenza rates are

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Dr Catherine Fyans 14:58

Not Know, we know that, you know, roughly 900 people died of influenza in Australia last year. And it seems we are, do we still have influenza, are people testing for it? That's the other question I would have we you know, we're very, very, very focused on the SARS cov 2 virus and you to make the distinction The COVID-19 is the disease. SAS cov 2 is the virus. And that distinction is not always made, but there were about 900 deaths in Australia from influenza last year and I didn't you know, apart from obviously the people involved. We didn't bat an eyelid. Sorry, why why is there this dramatic response to what's going on now in this country, I might add. Now, people will argue they'll say Well, we've got less cases because of the lockdown because of the masks but the problem was always coming out of the lockdown and I predicted this months ago, as did many other people. Is that coming out of the lockdown will be a problem? And how often are we going back in and out in and out in and out of lockdown and what else is going to be suggested if this continues? Now I used to know something called herd immunity. Somehow that's not it hasn't come into the picture much. I'm reassured If I hear a lot of cases, but not a lot of unwell people, because to me that saying to me most people are only a little affected by this.

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Molly Knight 16:35

Exactly. Yeah, they've already gotten it and

D

Dr Catherine Fyans 16:37

made immunity and exactly or they're little affected by this virus. And we know there's some talk of you know, the antibodies not being sustained in people who have the units and that's a whole different argument. But when I heard those figures, I thought well, so many cases cases, so many people are unwell that's saying it's people are not affected. We know that there is a very susceptible group so we're not trying to diminish that some people are really susceptible to these things as they are to influenza. Correct. Yeah. other diseases. And, and you know, there is a group, obviously, who are particularly vulnerable. And clearly they should be protected. But I guess the question begging is, should we turn our lives upside down quite literally. And lock down pretty much the whole community and the ramifications from that we, you know, people don't like to talk about, you're so focused on the virus and the immediate threat of that, that this whole other side doesn't get much of a look in.

M Molly Knight 17:47  
Yeah, that's quite true. That's true. to say nothing of all the businesses,

D Dr Catherine Fyans 17:51  
yeah, that are

M Molly Knight 17:53  
closed and they quite likely may never open again. It's hard to know. It's But the financial stress that's coming from this huge, huge, it's huge. And I believe to, correct me if I'm wrong, but I believe that in Victoria, there's a monetary incentive to get yourself tested. So if you're positive, you get quite a few dollars. I believe.

D Dr Catherine Fyans 18:21  
I can't give you the exact facts on that. I did see something about \$300 being offered for testing under certain conditions, certain circumstances. I did actually try and look that up because it intrigued me why why would people be offered money?

M Molly Knight 18:38  
It doesn't make sense unless they have an agenda that requires bigger numbers to validate.

D Dr Catherine Fyans 18:47  
It begs the question, as I said, I've never known mass testing of the population before so as I said, if someone can enlighten me and there's a really good rationale fantastic. I just don't see it.

M Molly Knight 19:03  
Yes, Agree, Agree. What about the reliability of this testing? What's your thought there?

D Dr Catherine Fyans 19:11  
Well, no, no test is perfect. Okay, every test has its positives, you know, potential false negatives and false positives as does this test. And again, I was trying to do a bit of

research, and it really depends on where you're looking for your research. So there is a well known pathology company in this area, and they state that it has a very high the PCR test has which is looking for, basically viral RNA. It has a very high specificity and a high sensitivity. And I just say it's very high. But then I've looked at other sources that say, maybe not so high or that there are some potential issues with the tests. Now. I'm not saying I'm not suggesting people don't be tested. I just think it's good to know both sides of the story. And you know, as a doctor, my duty of care is to say, there's always two sides of the story there's always pros and cons. It's not a unilateral answer, you need a lateralal problem, you need a lateralal solution. It's like, let's have a measured assessment of what's going on. So let me see if I can find this, Molly.

M

Molly Knight 20:25

Yes. There's such a lot of conflicting information coming through isn't there? That's what I've found itself. You can read one report and it'll say one thing the next report says the opposite. So it's very, very difficult.

D

Dr Catherine Fyans 20:44

And and what I'm finding is there's a study and then it's taken down and it's called false science. That's happening very rapidly, actually. It's like that looks like a reputable study. No, it's gone. Gone. So it is the essentially Can I say a wee bit of bias, you know, looking? Yeah, I think so. Yeah, you're right. Good. Interesting. And I think most people know this. So very reputable journal, the Lancet. And they put out a study related hydroxychloroquine. In May. This is well known. And it was found out that results were fabricated, and the study was taken down within a couple of weeks. So you know, if the Lancet can have false science, then I guess anyone, and I'm not trying to knock that journal. Not at all. It's a reputable journal. But you know, I think all parties are subject to bias. And yeah,

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Molly Knight 21:43

it's interesting. I saw a video today with a group of frontline doctors in the US.

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Dr Catherine Fyans 21:50

I saw it too Molly

M

Molly Knight 21:51

And they were some of them very, very passionate about using the hydroxychloroquine

they use it, they use it preventatively I think she said 200 milligrams twice a week. And they use it to treat if you're fully got the disease. So with no deaths, yes. So I cannot understand why this information is hidden or retracted because that video now is censored and it's gone off YouTube. Yeah. yet. These are frontline workers. They're the people right there. Exactly. And they're saying they have an issue with not being able to get the information out to people, everybody could have some preventative, cheap treatment.

D

Dr Catherine Fyans 22:46

Exactly.

M

Molly Knight 22:46

And yet, why why is this not being told to the public? It's not right.

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Dr Catherine Fyans 22:52

And I can't talk about hydroxychloroquine specifically, but I did see that and this is, you know, A woman, a physician, a frontline physician, and remember, she said that she had 350 patients. And she with with covid 19. And she treated them all with hydroxychloroquine. So this is, you know, an observational, anecdotal, and study, you could say or her experience. And she claimed that none of them died. And they all recovered quite well. Now, you know, she claimed that. So it's just going on our belief, but she had a group of doctors and they're all board certified. They seem to be a reasonable group. The thing that I heard with that is that it's very hard to prescribe hydroxychloroquine as a doctor and it's blocked by pharmacists and maybe in some states, I don't know if it's the US one, I'm not sure what the situation is. HIPAA certainly not recommended here. And you wonder why not it's been around for many years, I think 60 odd years it has been used extensively for a whole lot of other conditions and does it have any possible adverse effect? Of course, if a patient on the planet does, but overall, it's relatively safe. And if it's saving someone's lives, you would say that probably those potential side effects are fairly negligible. Now that the interesting contrast here is that there's been so many brakes put on that product. It you know, we were hearing about other products being rolled out at a mass level that are fast being fast tracked, and we're talking about potentially for billions of people worldwide, but that's okay. So I don't understand that.

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Molly Knight 24:51

There's something wrong with this picture, isn't it when a proven drug that has worked for around 60 years and in fact I think was it from 2005 when SARS hit, was it 2005?. They used it with success. Yeah. So now suddenly, because perhaps there's a different agenda at stake and they're rushing out medications and vaccines that aren't tested definitely aren't going to be fully tested because the time isn't there to do it. And yet, that's acceptable. Well, it's, it's just not acceptable to me. I want a better explanation.

D

Dr Catherine Fyans 25:33

Yes, I mean, there are inconsistencies. And I think it's I think it's fair to ask the question, why not? I think we don't actually ask it often enough. Certainly not. What Why are we doing this? Well, you know, why are these it's acceptable there, but it's not acceptable there. And why is this happening?

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Molly Knight 25:53

Yeah, there's something wrong with this picture. Yes, for sure. Like

D

Dr Catherine Fyans 25:58

I'm so right from the beginning. Molly. You know, we certainly look for the research as best we can. And we know it's very conflicting. It's a minefield, trying to get all the data because it changes rapidly. And this whole scenario is changing quite rapidly, but right from the get go, like, my gestalt, I'm sorry, but you know, that's, that's to me. As you know, it's reliable. In addition to the scientific backup, let's use both Yes, I thought my gut let's say said this, there's something very strange about this. Very strange now maybe other doctors don't have that opinion. Their experience might be different. So no, it's all it's all fine. But it still doesn't make sense.

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Molly Knight 26:46

Yeah, I agree. And I find it interesting that um, well, I guess because we're starting to see all these doctors from America speaking out and some very vocally and yet nobody here is saying boo, and they must be having the same experiences. I can't imagine that it's different here.

D

Dr Catherine Fyans 27:08

Look, I found that quite intriguing too. As I mentioned, I was overseas for some months. So I've come back in the middle of this, so to speak. And, but you know, I've been waiting, it's

like, well, let's see what this medical group's gonna say. Let's see what this medical group's gonna say. And I'm still waiting. And it's like, Where, where are the Where are the voices? Maybe they're there and I'm not hearing them. That's possible, but I'm not hearing them. There are some well known nutritional doctors who are promoting things like vitamin D and, you know, good nutritional simple things that can be very, very, very helpful for our immune systems. So there are some people out there for sure. But generally, I'm not hearing a lot apart from you know, the main...

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Molly Knight 28:00

Yeah, it's very quiet, isn't it? Um, Catherine, I just got a question from someone and they've said, with with the COVID-19 testing, why are the tests so invasive and painful? The probe they have they push it right into the back of the nose, what? What's your thoughts on that?

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Dr Catherine Fyans 28:20

Okay, so with the testing, you know, the same swab test the back of the pharynx, and also the nasal pharynx, which is up the nose, because the nose pharynx is tucked right behind the upper part of the nose. And the tests of the nose pharynx have been around. That's not nothing particularly new. I, you know, the idea would be to get an adequate sample from that part of the nose because it would be harboring more viral particles. That's the only rationale I can give.

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Molly Knight 28:48

Okay, I'm

D

Dr Catherine Fyans 28:51

Its an uncomfortable test. For sure. Hmm. And then there's the blood tests, the serology tests, which is more of a retrospective test it's checking for antibodies. So it's more someone's had the disease.

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Molly Knight 29:08

So would that be more accurate if to see if you've got antibodies so you've had it whereas with the with the nasal swabs, there's so many false positives and false negatives would the blood test not be more accurate?

D Dr Catherine Fyans 29:26  
Look like I can't actually give you figures on that, to be honest, but every test has potential false positives and negatives because they can cross react too. And there are some data about some test cross reacting with corona viruses from common colds. Testing positive, because of cross reacting with other similar viruses. There's always an element of imperfection in anything they can be good, but not perfect. That's the only rational explanation I can give you about the nasal pharynx swab. A lot of people do find it very invasive and

M Molly Knight 30:03  
very uncomfortable I believe

D Dr Catherine Fyans 30:06  
Exactly

M Molly Knight 30:08  
What about Catherine what about the pros and cons of wearing the masks now that it's mandatory in Victoria, you can't go anywhere without one?. What's the good what's the bad?

D Dr Catherine Fyans 30:20  
It's a total minefield to talk about that but but I will. So in Victoria or at least parts of Victoria, not all of Victoria, Melbourne and some other areas. It's mandated. Okay, so I'm not telling anyone to wear or not wear masks, you know, the, the sanctions are there. But I'm just giving some general information because there are always two sides to the story. So the my main idea from wearing the mask, as far as I know is that people are not shedding the virus for others to be get infected. Now we know traditionally masks are used in a clinical setting. The surgical setting so that the secretions from surgeons upper respiratory tract not falling into the open cavity in surgery. So that was mainly why they came about but also some protective reasons through for healthcare workers. So there's been a lot of debate and I have looked at a lot of studies, Molly, and a lot of them have been pulled down and just seen a lot of conflicting advice, to be honest. But when you really look into it, firstly, there's a lot of inconsistency of the type of mask people were. So you know, the most accurate mask as far as I know is the N95. And I think that's meant to have 95% accuracy, maybe that's why it's called N95. It ... droplets spread....contain the

virus, but as for the rest there is a great deal of inconsistency in the type of mask and therefore they they're effectiveness. But the surgical masks are only designed for single use they weren't designed to be using the same mask day after day and with say the cloth mask, they do advise that you have three or four layers of material that need to be washed in a very you know very frequently because potential concern is that if they're moist and wet they can harbor viruses and bacteria and become an awful breeding site and it doesn't take a lot of you can see how that can be the case so the advice is to wash them very frequently. Now, I guess people do their best but it's not always very practical. And I'll just give you a story from my life. I was going for a walk the other day and trek through the country there was I had a mask on but I think I was drinking a cup of coffee. I took it down to have a sip of water it was but it was momentarily off my nose. And a jogger ran by now he had a bandana, around his nose joggers don't have to wear a mask when they're jogging here but he did wasn't a mask bandana but over his nose he knew it was clearly it was moist and wet and sweating and he ran by me and yelled some abuse at me because I had my mask off my nose momentarily. I hope they don't come and get me for that, all jokes aside it is a bit like that here. And so you know the practicality of you know, the inconsistency of them. It doesn't seem to matter as long as you have something over here, okay?

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Molly Knight 33:39

It's okay if joggers don't wear them?

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Dr Catherine Fyans 33:42

It's okay if joggers don't wear them, I think cyclists if you doing strenuous exercise, but the point being that what he was wearing was totally ineffective. I knew that. But we're getting the sort of atmosphere there's a real mask war going on down here. And it's unpleasant. It is very unpleasant because pretty much people who are very pro mask and that's fine. Don't you know we as I said, it's mandated here. They're not necessarily appreciative of people who might say, Well, you know, there's two sides to the story. there's pros and cons, let's discuss it. And a lot of us are called selfish if we even open that discussion, because people are seeing that as a direct threat and it's getting beyond that, you know, there are things alluding to you're a mass murder, if you're not wearing a mask, you're blaming these people, I think because of the heightened, you know, this mass media, fear, fear, fear, you know, pumping out pretty much 24/7. People are in survival mode. And when we're in survival mode, which is meant to be a short term, not a long term thing. And I'm not saying everyone is a clearly they're not but some people are. The focus is very, very narrow and people put the focus on what you know to ensure their survival right now for a lot of people that masks and if you're not wearing a mask you

you're you're a threat to me and it directly out of primal level for some people it's you're potentially killing me if you're not wearing a mask and there's a bit of a mob mentality out there mate yes a minority of course most people are really tolerant and we you know, we have to wear masks anyway. But there is an unpleasant aspect of it. And it concerns me what this has done to our community because there's a real division happening and the other thing that concerns me Molly and you've been a natural health therapist probably will be able to relate to this. It's a very unilateral argument that our protection from viruses is just due to physical barriers masks perspex gel, locked down now to me that's, that's it. A very small aspect of, you know, protecting us from an infection or an illness. And it's giving a locus of control out there. Like, okay, something out there can get me therefore, I've have something out there to protect me. Now, I don't see that in my own health at all. I actually, and I'm not adopt my views. And this is related to my mind body studies. I don't believe anyone will give me a virus. I believe that if I have a certain level of susceptibility, that virus is going to find me it's not someone giving it to me. And if I don't have that susceptibility, I can be surrounded, and I'm not going to get it. So I'm concerned about there being a very unilateral sort of focus on this. And related to that, you know, things that we can easily do and very cost effectively do to, to, you know, help our immune systems simple as vitamin D, zinc, these are well established. adequate sleep, and stress reduction, all of that goes a long way to make us less susceptible to getting something. Now, I'm not saying barrier methods are not helpful. But if if we give, you know, we're giving ourselves a false sense of security in saying, we just kind of block out the virus. And, you know, we're fine. Now, this has been going on for months now. And the question is for how much longer? And I don't even want to think about the answer, to be honest. And we've had a long time to be looking at other aspects of our health. Why is not the nightly news telling us about things that we can do to boost our immune system?

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Molly Knight 37:45

Exactly. Yeah. It's like there's just a lock down on information, as well as locking down people.

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Dr Catherine Fyans 37:56

But I don't separate health from life. That, to me is a totally, it's a total misconception, you know, we our collective understanding is health's there, life's there, to me it's all connected, always mind bodies connect. And that's the way I see health and I get, you know, to separate them makes no sense at all. So our levels of stress, a very big factor regarding whether we're susceptible to an infection or not in our immune systems. And particularly if we're in a heightened state of fear, not everyone is but some people are, we know some people who've been in, you know, extreme anxiety about this for a long, long

time. We know people who've virtually not left their houses for several months, so some people are very anxious. Hmm. Now, we're designed for, you know, short term stress, not long term stress, and it directly affects our immune system. If we're in that heightened level of stress, we have to look at that side as well. If we want a balanced picture of what's going on. Let's look at that, you know, the psychological emotional and social implications of the lockdown on our health. And you know, the people who've lost their jobs. The people who are you know, heading into poverty, people have lost their business.

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Molly Knight 39:21

Yes, the ramifications are going to be extreme, I believe,

D

Dr Catherine Fyans 39:25

People who can't go to church to worship, we can't gather. We are communal creatures. It goes against our very nature to be separated. Now, a lot of people have families and I might have, you know, a nice home with a garden er, not everyone lives like that some people live alone in a small apartment. And you know that situation is quite dire for a lot of them. And they count. They count it's not about will the virus get me. It's like, they also count you know, the depression, the anxiety, the suicide and sadly and I wasn't directly involved with these people but I heard of two suicides in teenagers recently like in very recent weeks. And it might'nt be related to COVID might have nothing to do with it. But these figures just don't make the headlines. It's all about the virus and how can I protect from the virus. It's creating a division in my community that is very uncomfortable, you know? So we're gonna look at that the whole picture. We are communal creatures, we are meant to be near people. There's a hormone called oxytocin and we know it as a love hormone, but it has many other functions. But it's related to calming stress, and it's anti inflammatory and it's an antioxidant. And if we're not getting that human contact particularly people living alone, that level of that hormone which actually enhances their immune system is being diminished. We don't look at that it doesn't make the nighttime news because people are looking when we're in survival mode. What is the thing in front of me that's going to affect me, virus, you're not wearing a mask, you are a direct threat to me and and I'm not blaming these people, because that's the way you know, defense system is designed.

M

Molly Knight 41:27

That keeps us safe.

- D** Dr Catherine Fyans 41:29  
It's such an imbalanced picture. And, you know, the way I see it, there's two main camps of people related to how they're reacting to this. And there's a whole spectrum of course, but one end its survival at any cost. I will do anything. I will give up any freedom if you can ensure, they, the authorities, my survival, I don't care what it is and if anyone interferes with that
- M** Molly Knight 42:11  
Catherine
- D** Dr Catherine Fyans 42:13  
freedom's
- M** Molly Knight 42:15  
sorry, we seem to have lost contact there for a minute. You must have been saying something important. Yeah. I've just had a question come in. Are you able to talk about germ theory and terrain theory?
- D** Dr Catherine Fyans 42:39  
Yeah. Yeah. Sure. Okay. Put that in thinking. All right. So Western medicine is based on germ theory. And germ theory is a germ can get me it will cause a disease, something comes into a body. We haven't even talked about the microbiome by the way, it would be nice to mention that because it's a whole other it's very relevant. The germ theory is something from the outside will, will come into my body. Or it might be something in my body that turns pathogenic and will cause the illness. Terrain theory is, well, that will only happen if there's a certain level of susceptibility within my system.
- M** Molly Knight 43:27  
Exactly. So it comes back to well, the microbiome but also making sure you've got good levels of vitamin C, vitamin D, zinc, which we know supports the immune system.
- D** Dr Catherine Fyans 43:42  
Totally. And these are very accessible, simple things that can be very helpful. But it occurs

our immune system is we're very focused on the physical I don't see things in just physical. Our immune system is body but it's also mind and and you know, if I do say it's spirit as well. So when we're looking at our internal milieu, we're looking at body, mind and spirit. Because, you know, having an interest in mind body medicine, I realize how these things work. So terrain theory is let's get this right so that we are less susceptible to that. And then, you know, there's a further question which maybe I shouldn't mention, but but I will that is the germ actually causing the illness or is it coming in to help mop up the damage? Now that's a very controversial statement, and there have been people who've been excommunicated that seriously Yeah. Louis Pasteur, allegedly saying on his deathbed.

M

Molly Knight 44:49

Hmm, it wasn't the germ, it was the terrain. Yeah. Sorry, keeps breaking up. I'm not sure why it's doing this.

D

Dr Catherine Fyans 44:57

Well, what, you know, the whole of Western medicine is very much based on the germ theory. Yes. And always ... be too happy to question that for a number of reasons. But you know, why not? It's good to question things because a lot of what was held sacrosanct in science was later proven to be completely incorrect. So why can't we do that now? I'm just saying, Look at, look at pros and cons. And then the other thing is, we also have the psychological susceptibility. I am normally very fit and healthy. But I had a respiratory illness quite a nasty one, you know, a couple of years ago. And I know, in my system, I had a certain type and a certain level of stress. That made me vulnerable to getting that to stop me in my tracks. And this is not a commonly held idea and a lot of people would think what was she talking about? Yeah. Some people and you know the other thing about illness and of course we want people to be you know, as healthy as they can be and live as long and productive life as they can. But illness is not always the enemy It is sometimes the teacher but we don't look at it that way.

M

Molly Knight 46:21

Now we don't we, we, we try to avoid it at all costs, and yet often it's the healer, the bug or the the illness is a way the body starts to heal. And it's not a common way that medicine looks at things.

D

Dr Catherine Fyans 46:37

Yes, I'm not saying we need to have that or have to have that but it's sometimes away

and we're in my situation. I had some cues. I was going down a track that wasn't, you know, in alignment, let's say. And, you know, I know retrospect, this was to stop me in my tracks. And I have to go through a period of convalescence and you know, I learned a lot through that period. It was a great learning time for me difficult though it was. So I'm not saying people need to be unwell, but I'm saying there there is a different side to it.. And, you know, there's this whole emphasis on, we can never heal, we will sacrifice anything to make sure we don't get ill. And that was certainly don't die. And I don't think life works that way. And I think it's a total misconception and no one can ensure someone else's safety. And on that note, you know, if we were so concerned, why do we drive a car? Why do people smoke? Why is cigarettes still being sold? And this is not to have a go at smokers? Not at all. But you know, they're inconsistent.

**M** Molly Knight 47:42

Yes, absolutely. If it's all about health and keeping people healthy. We have to have a broader look at what's going on, don't we?

**D** Dr Catherine Fyans 47:51

Yes, I mean, if we're just focused on this one area, and it's all about the virus and don't look at the whole, you know, spectrum of health and wellness. It's very unbalanced. And we know a lot of people are not going to their doctors to have the normal tests and checks because they're to scared a lot of them. A lot of doctors are not in their offices anyway and can't properly examine.

**M** Molly Knight 48:14

Yeah, and a lot of them are doing zoom consults.

**D** Dr Catherine Fyans 48:18

Yeah, I'm very old school. I actually like to have the patient in front of me.

**M** Molly Knight 48:23

Well, on that note, where do you practice someone's asked?

**D** Dr Catherine Fyans 48:28

It's in flux at the moment, as I said, I came back from overseas and I'm changing so it's

probably best. Don't advertise myself. Thanks for the question.

M

Molly Knight 48:37

Well, we could always check out your web page, you do have a web page. Um, okay, so the, I guess what I'm hearing is that one, no, we're not being told everything that we can do to help ourselves. Only a few of what external things that we feel will protect us, but in fact, probably isn't protecting us very well at all. And the things that really will sustain our immune system and our health is not being mentioned.

D

Dr Catherine Fyans 49:17

No worries. It's also intriguing On that note, I'm not allowed to sit on the beach for 10 minutes to get some sun for my vitamin D. And not that we want to in winter I'm on it. But that that's just a simple thing that is very helpful. Now, for some reason. That's not allowed in Victoria anyway, right now, we can't actually come back. And you know, I think we can social distance on the beach as much as we can in bonding. So the liquor store,

M

Molly Knight 49:45

hmm. The essential.

D

Dr Catherine Fyans 49:49

So, you know, there are those inconsistencies. And, you know, Molly, I also think quality of life is important. It's not just about you know, we're not allowed to say that but quality of life is important. And as I've seen before, there's two camps, I will do anything for my survival. Lock me up, take this freedom, take that. And some people are happy to live like that the other group at the other end of the spectrum and there's a whole lot of people in between saying, No, I will do anything for my freedom. This is what the mask issue is about. It's not

M

Molly Knight 50:28

it's broken, breaking up again, How

D

Dr Catherine Fyans 50:32

interesting. It is when I talked about this before.



Molly Knight 50:35

I know, I know, it's funny how things break up when you're saying something pretty amazing. Okay, so to finish up, Catherine, how important and I think it's important but I really like your perspective on it is the integration of what we physically do. With what we think about. So how do we overcome all the fear? Because people are enormously fearful? As you say, they'll do anything. Yes. not feel that fear.



Dr Catherine Fyans 51:16

Yeah. Now anxiety is very uncomfortable. It's not a pleasant state to be in. And we know it lowers our immune system, we're not meant to be in that sustained fear for months. It's not designed that way. You know, we're also very resilient so we can I don't want people to be afraid of the fear, if you know what I mean, we can bounce back given the right circumstances.



Molly Knight 51:34

Absolutely.



Dr Catherine Fyans 51:37

So



Molly Knight 51:38

What's a couple of suggestions that you can make,



Dr Catherine Fyans 51:43

What can I suggest that we can actually do? Yeah, there's a nerve called the vagal nerve. And we haven't talked much about the autonomic nervous system, but we know that the sympathetic system is puts us into fight or flight to cope with challenges. The other side of the autonomic nervous system of parasympathetic nervous system is for rest, repair, recovery, and maintenance of our organs and physiological systems, ie we need it for health to keep the body in homeostasis. So what we're finding now is a real imbalance of sympathetic nervous system for many people, not all, overdrive, and the parasympathetic is underactive, we need that to come up to maintain some balance and for our system for the sake of homeostasis, and a big part of the parasympathetic nervous system is the vagal nerve. But then we we hear a lot about the vagal nerve now. And there are methods

to help calm or let's say tone the vagal nerve which will have performances and also help our immune system so that includes things like the problem here, Molly is a lot of things we would normally do to kind of calm down we can't do it. We can't go the movies, we can't have dinner with family. We can't go to cafes with friends. We, we have to wear a mask if we go outside, but the things we can do, and you know things like meditation, mindfulness, definitely.

**M** Molly Knight 53:25  
Okay, we're frozen again. So meditate. Yes.

**D** Dr Catherine Fyans 53:32  
Yeah. Meditation, mindfulness.

**M** Molly Knight 53:35  
Mindfulness. Yep. Yeah. Yeah, and positive thinking, you know, maybe think about something other than the virus for a while,

**D** Dr Catherine Fyans 53:45  
you know, I would say turn off the mainstream media.

**M** Molly Knight 53:48  
Yep. Agree.

**D** Dr Catherine Fyans 53:52  
It's alarming. I don't watch it but if I accidentally turned onto it, it's like, oh my goodness, you know, 500 and something more cases in Victoria, then I broke it down and thought. Oh, it's actually not so bad. Maybe we need to hear the good news that most people recover from this very well hardly affects young people, they will always be exceptions to the rule or someone will always know a young person but its had very little affect on people, but it's turned their lives around. I'm very concerned about that group, particularly the teenagers. They need to be out with your friends socializing. So we need to hear good news. You know, the crises have a meaning crises are to break down old ways of being and old structures that do not serve us well. And it's messy and it's chaotic. But there is the potential for a better way to come out of it and I hope and pray that will be the case. So

we need to find some meaning from our experiences and many people have heard of Viktor Frankl who, you know, he was in the he lived through the Holocaust and he was in a ghetto, but he got through it. He found some meaning he found some mean what does it mean? How can we increase our wisdom, our compassion, our empathy? You know, gratitude. That is one of the good things to calm us down and increase the tone of the vagal nerve in the parasympathetic system. Gratitude, no matter how dark things are, you know, there's always something good there's always a silver lining something good that comes out of these situations, crises have a function, they're deeply uncomfortable, but there's always a potential for good things. We, you know, we're going through a massive dark night of the soul then collectively and individually and it's a big deal. It's a big deal. This is this is hard.

**M** Molly Knight 55:45  
Yes, it's very hard. It is very hard.

**D** Dr Catherine Fyans 55:48  
Find ways to bond with people like you know if we can't see them. That is definitely preferred. But you know, get onto some meetup groups hey, we need human contact. That's essential reading

**M** Molly Knight 56:08  
inspirational books is that what you were going to say, Catherine, it's frozen again?

**D** Dr Catherine Fyans 56:14  
inspirational literature. And look at what humanity has been through. But this is on a much more global scale. But you know, people have been through huge challenges and dramas and we want that to make us more courageous, not fear based and constricted and separated and fighting each other even during wars people on the same side, they bonded together. The pressure actually went down in many of them and this has not happening here.

**M** Molly Knight 56:43  
Quite the opposite, isn't it? really what's happening is there's more division and almost hatred building.

**D** Dr Catherine Fyans 56:50  
Yeah, so we'll only survive this if we come together as a community. And you know, part of my concern about the isolation separation is it's making it harder

**M** Molly Knight 57:03  
Okay, so on that note, I thank you for joining us, I think some really good suggestions as in the positive things, getting to a point where people actually, perhaps question what's happening and look at a bit of a broader picture and how they can make things work for them. I guess I don't know what else you can do in a situation where everyone's locked down, except question it, question question, question, because this is not great.

**D** Dr Catherine Fyans 57:48  
It's a human right to question everything. And I believe it's everyone's right any informed capable adult You have to choose what is right for them and what they put in our bodies, that is a human right, we have variously handed over for the illusion of safety, no one can promise us that we can only get that. But that's true. So I'll give up any freedom so you can save me with whatever. It's a total illusion.

**M** Molly Knight 58:20  
It is an illusion and it's it's an easy out because it means you're not responsible, somebody else is going to fix it for you

**D** Dr Catherine Fyans 58:29  
Totally

**M** Molly Knight 58:30  
And we have to change that we have to change that mentality.

**D** Dr Catherine Fyans 58:33  
I totally will, you know, was mentioned is basically edits, it comes back to the older problem, reaction solution model, you know, you have a problem or you're going to get a problem or your reaction, sometimes anger, mainly fear and solution, it will give you something to get rid of the problem. You know, I think it's good to look at other models

and I think its good to question things, why not?

**M** Molly Knight 59:03

Well, isn't that the basis of science? Question? Learn. Change where necessary?

**D** Dr Catherine Fyans 59:09

Exactly. Well, change is happening. We're in it. As I say, can just we need to be very careful of the new the new normal, we're going to agree to because there might be no turn.

**M** Molly Knight 59:26

Yes, I agree with you there. If we don't stand up now and ask the why's and get some honest answers. Then tomorrow might not be as pretty as yesterday was.

**D** Dr Catherine Fyans 59:42

Exactly.

**M** Molly Knight 59:44

All right, Catherine, on that note, we will wrap this up and I thank you very, very much for talking with us tonight.

**D** Dr Catherine Fyans 59:51

My pleasure.

**M** Molly Knight 59:53

I've learned a lot and I thank you for that. And I hope everyone out there has, has gained as much as I have. So thank you. Thank you very much for joining us Catherine

**D** Dr Catherine Fyans 60:04

Its been my pleasure.



Molly Knight 60:05

Thank you. Good night. Good night, everyone. Thank you for joining us and God bless and safe journey for those in Victoria.



Dr Catherine Fyans 60:17

Yeah, we're doing it tough.



Molly Knight 60:20

I'll say it's very difficult to do.



Dr Catherine Fyans 60:24

Thank you, good night.



Molly Knight 60:25

Good night. Good night.