Introduction and Guest Background

So welcome today to another special episode of the Peanut Healing Summit. And I have a dear old friend who is with us today. And when I knew her, she, did something very different.

And then she moved on and became an expert, an expert in EV. So without me saying much about her, then let me ask, Cassie. Doctor Cassie a kind. I call her Kasha.

How do you want to say Kasha or kasha? So I'm sure kasha is the is a Polish way to say it. That's right. All right, so, Kasha, please tell us about yourself.

So it's so good to see a doctor today. So we worked kind of together years ago, right? Years ago and eons ago. My name is kind, so I'm a doctor of clinical nutrition, and I am told I'm a global expert on Epstein-Barr virus.

There is not enough of us knowing that. That's for sure. So, and we have created amazing resources for people. So we have, kind of a hub website with resources, all evidence base for people online.

We have consumer programs, kind of, really I work really close with each student. We have practitioner trainings, we have practitioner mentorship programs.

I have the book, and, we keep going. Woodward. But I haven't finished yet. So we, you know, our goal is, I, I'm a CEO of AbbVie is, educational institute and global AbbVie, Institute.

So we hope to reach the first million people with a message of hope. And then we're going to go from there. I know you're being very modest. So Doctor Carnes, when I knew her, was not a doctor.

She she was a nutritionist and she was a superb nutritionist. So I worked with her extensively as a nutritionist. I always like to refer people to her.

That means a lot to me. She went, oh, she left the nest and went somewhere else and got her PhD. Tell us about your PhD. I was looking for a clinical, functional, nutritional PhD for many years, but, couldn't find anything that was worthwhile.

And then Doctor Liz Lipski, literally, manifested a program like that herself, and she's, a friend of mine and a mentor. And so she was in Maryland for a while.

She connected with Maryland University of Integrative Health. They made it happen. She invited me to the, forming committee. I think it was. And, you know, I just had to jump in in the first cohort, so I could not wait.

So that's what we did. I just jumped in on that. And that forced me to really focus on EBV, writing the book, doing the, the do research because otherwise, you know, when you're in clinic, you never have time.

You just you're in the trenches doing the work with patients, but you don't have the capacity to sit down and write and create protocols in a book. Well, but for your program, you you have to you have to you have to become an expert in EBV.

And I don't think that you are necessarily an expert in even before you started your PhD. Right. So what did you learn? What did they teach you about EBV that you didn't know before?

I actually was the PhD.

EBV Expertise and PhD Journey

The there was only one module on viral virology, specifically with Doctor Vazquez. And that sparked my, interest because, so that actually helped because that, that is how I, was able to start creating more protocols, but it was only like it was only a little glimpse of it.

He wasn't even focused on EBV. It wasn't enough. So basically, I was already working in the trenches with AbbVie and, trying to figure it out and getting better and better.

And, the doctoral program forced me to write. I needed to I needed to find the final project, dissertation, so to speak. So so that's where I had the assigned time to write, to go through medical literature, systematize that.

And so, so, that's the way the program helped me. And so once I had 75 pages of documentation, everybody, including my husband and Liz Lipski, was telling me, what are you going to write the book? And I said, what book?

So this is 590 pages. So that's senior cover it, show your cover. So it's called the Epstein-Barr virus solution. Yeah. So, people changed their lives with that book alone.

So it's wonderful because doctors are recommending it to patients. Patients are buying it for their doctors. So it's just wonderful. It's just starting to, you know, it has been doing its job.

And so after this book, I started to create a program on programs online to leverage and to, to, to have access to people live because, you know, book is limited and supplemental protocols in the book.

That was the scariest thing because I always worry that people will misinterpret, overdo, you know, overdose and hurt themselves. So but that I have an entire chapter on, protocols as well in the book.

Well, let's clarify something, because a lot of people surprisingly know EBV, and they don't necessarily even know what it means. That's nice. Right? Epstein-Barr virus.

It's, So I have to. Yeah, I think people know more about it now because of Covid, because what happened with Covid, even Wuhan University started to do studies on Covid patients and then testing them for Epstein-Barr virus, because it's one of those big viruses that likes to thrive when there's co-infections.

This is this is this is why, for example, I tested myself last fall when I started to notice that I probably was reactivating my only because of my repeated mold exposure, which is common in our community.

So I, you know, so, and so with Covid, it came to light. We had a big study, recent study on long haulers. And one study showed 73% of the group of long haulers actually had reactivated, and they tested properly.

We activated. And so, you know, so EBV is coming on the, in the news right now. It's interesting because there's also a scary study, a big study on Mars and EBV.

So people literally come to me, they are scared that they're going to get Ms.. If they have EBV. Well, we've had studies on the masks. They're they're in my book.

It's not something new, but I think I don't know why they're targeting this. They're scaring people. And then Moderna is coming up with a pilot study on vaccination for Eva at the same time.

So there's this climate of like that scare the people. Let's get them to, you know, plug into, one way of looking at the solutions. Well, but let's back up even more.

Okay. EBV has been around for four years. It's right. So it's not new. And, we used to call it model. Right? We still do. And so the people kids get mono.

So we say it's mono, but so people know it as mono. They don't know what has EBV. So if you had mono that basically you have EBV right. Right. And you have it for life.

Yeah. So we we most of us are born with, with the virus. It's 90, 95% of global population has the virus. And that's the common knowledge in medical literature.

And that's probably why, the researchers have been working on global vaccination for whatever. But the it's an opportunist. So you can have the virus like, I never tested until last fall.

And, you know, because and I had antibodies we we we do we carry them. But it doesn't mean much if you're functional. It's only when when you have opportunistic environments changes in your terrain, you know, infections, stress, poor diet, the specific things that can trigger it.

Yes. So let's go, let's go, let's let's go into that. So this this is a virus that ubiquitous. Right, right. As you say, we're born with it or it's called kiss the kissing disease.

Right, a kissing disease. Yes. Right. Yeah. Adolescents get it. College kids get it. High school kids get it. Yeah. And so that's how we know it. As mild.

But as you said, most of us are exposed to it, all the time. One of the problems that doctors have, and I found this myself and I started digging into it, there's very, very little literature on EBV other than acute EBV.

And so and most of the medical community ignores it. Yeah. So so it's actually not true that there's no literature. And that's why I had to write the book.

So one third of my book is is literature. That's what I pulled. And I, and I have to tell you, I had to stop looking to finish the book, because if I looked at another condition, you know, and I went the pub, man, I saw relationships.

Another condition. Very unlikely. My relationship. So at some point, I stopped doing research and published the book because the the literature is there.

What EBV Is and Why It Matters

It's just that, you know, it's somebody has to sit down closer to, systematize it and put it in the pocket and make sense of it. So, so I think the problem with medical community is, there's no time to study this.

And there is an old way of looking at it and the old way of looking at it. You have mono, you die, number one. You can't have mono again. And number two, any Medicaid medical conditions were after the mono are not related to that mono like mono is perceived as an end result and that's it.

But that's not true because if you look at literature, you have chronic mononucleosis syndrome. And if you look at the symptoms, you can almost match up with chronic fatigue syndrome.

And and like you mentioned, you know, you have you have a condition as a kid, one of my patients said, idiopathic juvenile rheumatoid arthritis. As a kid, she missed half a year of school.

That's traumatizing. She was very severely in fact, physically by it. Overmedicated. Misdiagnosed. And then she went to college, had depression and had mono.

Because then, like you said, they anticipate that this is what it is. But then by the late 40s. And I had known her before, but by the late 40s, she was almost suicidal.

She was heavily depressed and all kinds of problems. And so I asked her to immediately test for Hashimoto's. And we both were both worked on. So it's like over the progression of your life, this this little virus keeps popping up, demonstrating, you know, showing different presentations.

I mean, just keeps going deeper into different organ systems depending on how you live your life. And of course, in that case, typically of EBV, there was a tremendous amount of personal stress at work, really severe stress at work.

And that is like chemical avalanche that we'll see of the virus. So so this is kind of how it goes. The people don't realize that there's so many connections.

So one of the things I used to tell my new patients is read the book and next time we talk, we talk about your life through the eyes of the virus and inevitably say, oh my gosh, all these events that were unrelated in my medical history and my hiccups and here and there, mystery conditions, now I can track them.

This is another layer of this virus. And, so, in medical literature, researchers say if you have idiopathic condition, that doesn't mean chronic. If you have a condition that doesn't respond, you don't know where it's coming from, you need to test for chronic, activated EBV.

There's research that say if you have a patient with chronic illness and you're doing the typical protocol and it's not budging. Again, there's a just to this test to a chronic EBV chronic activity or activity.

So you know there is research and those those big mystery conditions which you and I in our clinical practice work with. Right. So there's there's this is what I realize that some of the cases that I couldn't help, they were less glaringly in my face cases of chronic immunity with complications.

So this is how I we know it's extraordinarily common. Where does it like to settle in the body? Yeah. So it's interesting. And then I don't know why. Let's say a large spleen is assessed.

Typically a typical of young boys, Hashimoto's, come on, of, middle aged women. It's not, you know, it's not not always like that, but, the autoimmune hepatitis, the liver could be ongoing.

It could be long, older. A few people will have a supply. Just some people will have the virus in the inner ear nerve. Sometimes they go almost deaf. It can get into the eye and almost cause blindness.

I mean, I see all kinds of weird presentation, some cancers. So it depends what kind of cancer tumors could be. What's the most common cancer with HBV?

What's that? What's the most common cancer from EBV? I think lymphomas. There's 10 or 15% of stomach cancer, actually. Interestingly, I mean, if you look at the literature, 60% of IBD, whether it's Crohn's or or colitis, are attributed to, to EBV as a causative factor.

Not that you can turn it around because at certain point it's too late. There's so many autoimmune disorders. That there's so many autoimmune disorders that are also connected, terribly associated with it or even black and white cause EBV, are caused by it.

So you can even have you can even have an Ms.. And so there's seven, there's seven, conditions that are directly, caused by, according to Holly study.

And that's from, I think, three years ago, it's a new study. Ms.. The step one, idiopathic juvenile rheumatoid arthritis. I'm going to miss, celiac is a big one.

That is a new one. IBD I mentioned, there was some one, rheumatoid arthritis and lupus. How about pancreatitis? I don't know. I, you know, I haven't looked at a med.

I should. Well, and the question is whether type one diabetes may be activated by EBV. Type one diabetes is the O term type one? Did I mention type one diabetes?

No. Not yet. I think it's one of them. I'm pretty sure I would think it would be one. Diabetes. Yes yes yes yes it is.

Type two of type one. No time to type one. Yes. Exactly.

That's doctor Holly. There was a specific protein from the virus that gets into the DNA in your cell that is coded for, for autoimmunity. If you have those during, you can turn all those genes.

All right. Big question. Chronic Lyme disease versus EBV. I don't know the answer. I have anecdotal stories, and I found a study, you know, I haven't looked for studies recently, but what I looked, I found, one study saying that, EBV can be misdiagnosed lines and one study that saying that, Lyme disease can be misdiagnosed IBD depending when you look, I have anecdotal studies when people would try the long term antibiotic therapy for their lyme's and they would deteriorate because that's really, you know, scary.

But then they would leave that past and go into a very different protocol. That is much closer to antiviral protocols. You know, I talked to people and that was their recovery.

That was a turnaround. So I, you know, I purposely don't work with lines. If people have lines, I think that's you have to do something on your own. I just don't want to mix the two.

So I don't know. Oh, here's, here's, here's a challenge that I have. I think that because because it is ubiquitous. If you have EBV in your system, let's talk when you're talking a second about reactivation.

But if you have EBV in your system already. Yeah. And then you get Lyme disease. You get the actual acute infection from Lyme.

Symptoms, Reactivation, and Organ Involvement

You have the bullseye rash. Then the infection from the from the Lyme causes all kinds of havoc with the immune system. Right. And then what what acute Lyme becomes chronic Lyme.

And this is where I've seen people have antibiotics for months and months i.v antibiotics for months and months and months. No benefit. Correct. Right.

Because they're dealing with the wrong organism. They're dealing with the wrong illness. And EBV is very common. Yeah. You know the viruses as well. Yeah.

So EBV taps into a couple of levels of, of a person. The physical level also the emotional level. So and people are terrified of lines. They have this level of anxiety.

And so that's a perfect storm for EBV also also to reactivate you know, when we're stressed out we don't it very well. And we have very, very clear studies.

It's your nutritional status drops, your virus becomes more virulent. Junk food also means and if Kappa B and and if Kappa B is one of those proteins that the virus likes to use to replicate.

So we have direct studies like showing these. So it's like mapping out where the person with chronic illness is emotionally, physically in their kitchen.

You know, sleep pattern all this kind of their immune their immune function. Yes. Whether yeah. Whether the virus can can turn on or not. So that like I said, I had never tested my virus because I didn't need to until I had to move again and again and again within a short period of time from one house to another because of mold.

And then I started to see some of the symptoms that were pretty indicative of EBV. And suddenly I had a little bit of it reactivated. It's such an opportunist.

So any infection that you have, if it's, pretty severe that can that can that's in literature too. It's called trans activation between species. If you have, you know, but bad strep infection or H.

Pylori is common a common co-infection with EBV you can reactivate and and and another way around, if you have reactivation, you can reactivate other pathogens that you may have there.

Do you have, a typology of the, the progression of EBV. Can you talk about the progression of EBV? Yeah, there there's some, there's some hypotheses. There's one on autoimmunity and how it is involved in.

I have it in the book. I say that I've seen all kinds of patterns in and it's mostly women, but I've seen all kinds of patterns. It really depends on life, on stress management or what happens in people's lives.

And, and really, I think on the The Weakest Link, because there's some people believe that, you know, the organs are according to your, your age. If you're younger, it's maybe spleen and maybe then liver and then eventually thyroid if it's true. I'm not sure.

I haven't seen studies, but then again, I've stopped doing studies after the book. May maybe some new ones. Good question. Okay, so let's say they get the acute infection somewhere along the way or you inherited it.

You were born with it, right? You you end up in life with antibodies already in birth. Yeah. You can for birth. That's so that at some point you got antibodies somehow.

You got antibodies. Yeah. Now what happens? Nothing has to happen. But you have virus. The virus. We have millions of them. I think somebody said trillions of particles.

Now do you need the whole virus or can you have components or DNA? Components on DNA leaves the body with the blood. So, the the virus travels in the blood just for a short period of time during lysine.

The the goal of the virus is to leave the bloodstream and and find a condo to live in, whether it's thyroid or spleen or, you know, liver. So looking for DNA is not, not that reliable.

So I, I saw an article one time that, EBV hides out in the lymphocyte. Yes, yes, yes. That's hard to tell us about that. That's why one of the major, thing that I teach people to do is move the live, because this is often, you know, tonsils, the mouth is the entry.

So this close to the brain, of course, you have all this engagement. So for most people, this is painful and large. Sometimes you have tumor growth here that, you know, it starts going. So.

So, you know, while you can't exercise when you have, you do because that's more oxidation, oxidative stress and more EBV symptoms. We do rebounding very gentle to start moving the lymph.

Then drain, rinse, massage in some cases we have, you know, in my program we have instructions how to do and track massage. We had a massage therapist retired to mop it up for us.

So that's very important. I'll emphasize. Yeah, absolutely. This is where you're going to have so much inflammation and speculation, and that can really backfire.

So it doesn't have to rely on lymphocytes either on the lymph nodes. The spleen of course is a major reservoir. The liver is a major reservoir. The lymph nodes are a major reservoir.

But it's also it also lives on the lymphocyte. So we're talking about circulating lymphocytes that chronically have EBV mostly will be B cells and T cells okay. Well there you go.

But that's lymphocytes. Yeah. So mostly and interestingly in Japan it seems like there's more T cells. And then in here it's more B cells typically. But yeah it's it's like we have to live with it, although it likes to be latent.

And so I think the more the more what I see is the more antioxidants we have, the more we can turn them off. But, the biggest issue for me is the environmental externalities, like the pollution in the foods, but also just the

environmental issues like dioxins in the air.

There are things that directly activate the virus right there and then. And actually mold is one of them. And mold is what about the capsule in all of them?

And Wi-Fi technology is one of them. How about glyphosate? Glyphosate? I don't see the studies, but I would say not unlikely, but I know for sure if you have a combination of heavy metals, Wi-Fi technology, molds and dioxins, let's say you have a, wood burning stove or we're burning fire at home.

That's like, that's really, bad, bad combination. That's why I reactivated in this house, a month after we moved in because of, the residue of smoke that my body was dealing with, but also a smart meter that the house came with.

I'm still waiting for for it to be removed. And, you know, everything was piled up in one corner of the room, and boom, I developed vertigo. I had never had vertigo in my life.

So, you know, I put myself on the protocol. 24 hours later, I was fine. My desk was fine. So you can when when you when you start to create the whole the logical map in your brain of where the virus likes to, fight you, what kind of circumstances you can expect to reactivate it.

And if you know the protocols, if you know what to do, you can you can turn it off within 24, 48 hours. That's my biggest goal for my community. Let's go through the whole education first, all the tools and then typical factors that reactivated.

So you can expect when people do what I do, you know you can feel it coming back. You already know what your symptoms are. Typically you feel it coming back.

You can zap it so it's not invincible. It's kind of predictable. And we have medical research I'm going to quote it's treatable, reversible and sometimes even rapidly.

Let's hold that thought. And we're going to circle back to it because of the rest of that. The discussion I think needs to be on treatment. But before we get to treatment, how do we know how how do we know we have it?

How do we test for it? Yeah, you need for antibodies. Typically and you don't want to skip any. So you have a context. You want all four. And then you need patients contexts like which which, which for wicked wicked.

Ibn na IgG and IDG say the last one again, I okay.

Testing and Interpreting EBV Labs

An early antigen. So what are the what's the relevance of the form? The VC, IGF we don't see it, turn on with reinfections we typically see in that. Like if you look at the literature and and also what I see it, it's more of the first time activation, which is typical for IDM, which is typical for IDM.

It can I've had a handful of cases where it constantly shows up any time they do the testing, and there's some literature saying that it's molecular mimicry or co-infection, something else going on, but typically it's expected to be normal in the chronic EBV.

You know, typically when people have first mono, they probably will end up at the doctors. And it's pretty obvious that it's the first time or mono. But the chronic one is, is f.e.

So that's probably the mono spot test, right? It's IDM. I'm not that familiar with mono, actually. I just work with the antibodies. Okay, well, amount of spot.

This is an antibody test, but that but I think it's basically it's a very quick it's a very quick swab I say. And usually kids that come in with the obvious glandular manifestation fever, you do the mono spot rather than doing blood

testing, you do mono spot and you can diagnose it right there.

So I'm presuming that that's going to be IgG. I don't know. That's a good question. You see, I don't know everything. That's why that's why I ask that question.

All right. So, so now you have IgG. You have go ahead with the other ones. So then you have the two big ones this year, IgG and I and even a IgG. These are, these are the ones that you have for life.

And so they will be elevated if you've had exposure. But if you have triple digit that's a problem. If you have more than, you know, 600 or more than the 700, right.

It's actually a problem because that can be 2000, you know, you don't know. And so so then you look okay. Is this person healthy and living their lives?

So typically with those numbers they're not doing well. So these tend to factual a little bit up and down with reactivation. And so but if you are, if you are improving so they will drop and drop and probably will never go to zero.

You always have some of them. And then the fourth one, and this is a tragedy because, there are panels that doctors use that only do three and they're miss this one.

And sometimes patients, you know, they're educated, requested, and even if they requested sometimes they miss it. So that's a tragedy of because without this you really don't know what you're looking at so early.

Antigen is the one that shows current reactivation. It doesn't have to be very high, to be positive. And you have a window of two, three weeks to capture it.

So when your cells lice, you know, you don't want to wait. So let's say because it comes up and down, so let's say I had a, I had a student once who told me I have a classic, classic chronic EBV, but her early antigen was negative.

So what do I do with this? So I said, well, when did she test? In January. So I ask when was the worst time? When she felt like, she was hit by a truck, like, when was Thanksgiving?

I was like, well, I'm glad to. So, you know, so if you really the sick, that's where you is hardest. But that's why you want to test to see that early antigen is there.

And then with the antibodies there's some irregularities like a percentage 1,015%. Do not manufacture one of these antibodies. And sometimes people have zero was like clean cleans like there's only one lab that I'm aware of.

That test, see which one is it? EB EB eBay. GM and so with that person, I tested that lab, so I had the fifth antibody, and that was the only one that was elevated.

So we would have missed that. But if I would say if you do the for oh, the puddle and it's, completely clean, then I would test total, immunoglobulin.

So I did my a, you know, and then we calculate with a calculator. Okay. If this is the range and this is so long, what would it be if she was making, so, that's kind of the story, but I would say, you know, you never you never like you're the doctor.

You know, the say you don't treat the lab, you treat the patient. So there's always that context. And the context is like, I think my book helps people because they see the context of where and how this, this virus can manifest and their stories of patients and, and so that becomes relevant.

Oh, so they can make connections about their life story and the journey where that virus was actually already impacting their health. And it's pretty empowering because, you know, these are the people like you remember,

that are so anxious about their health because they've been through the wringer.

They have millions of diagnoses. They're afraid of another, autoimmune condition, you know, like start stacking up, and so they're, if there's even, TBD on the horizon, then they're scared of cancer.

Right? So it's really important to, to see the context of story and give people a hard saying. It's it's just a virus. It can turn on, but it's predictable.

We can turn it off. There's tools. It's not it's not true that you can get rid of it. It's not true. But you can live like that. None of that is true.

It's impossible to turn it around. That's the best part of it. Now, I, routinely recommend immunoglobulin testing if you have somebody chronic conditions or chronic fatigue especially.

But just any just general chronic conditions, you have to always think that there's a problem with this immune system. So in addition to doing the EBV antibody levels, I will do other viruses to.

Right, because, because they can be there. HBV six CMV are very common co-writers, right? With EBV. So if you do a full panel, you really should do a full in and a globulin panel as well.

Because if you have low levels or low IgG levels, even though you're positive for IgG, for even A or BCA, you could still have low general levels, which means that you're basically, in some ways a sitting duck as well, right?

Right, right. That's true. So let's talk about you said you can kill the virus for me. What are the rational? What are the conventional medical therapies for?

We can turn it off. I don't really kill it. And I don't like this vocabulary because killing causes so much toxic debris like, monoclonal or siding that kills the envelop.

And that is a problem because it creates a havoc on the compromised already body. I'll repeat that. Laura Seiden and Mona Lauren. Yeah, we don't use it in the product.

I only resort to it if we have co-infections like, overgrowth, chronic overgrowth of Candida or H. Pylori. Because they deliver. So if that's worth it.

But we have to be careful. The I have it all explained in the blog because a lot of people don't tolerate it. You have to be very careful with dosing.

It can tip you all over and create a havoc with, die off and, it's it's dangerous for a person who is so sick for what the standard medical therapies.

Treatment Philosophy and Protocols

Well, medical literature says low efficacy. The doctors that I've trained, I asked them, don't work. And then the community of people are coming to me.

Didn't get better on it. So kind of consistent, you know, 95%, I would say there's 5% that can swear by it. But, that's not good enough. But why? Why don't they work?

I think, you know, if you have, one target, one pathways, what pathway? In which, pharmaceutical targets a virus. It's not enough to. I think the value in the protocol I devised is we hit the virus in different ways with different nutrients.

And at the same time, when multiple of those nutrients, they are high antioxidant. And so the virus hates they are highly anti anti-viral and they are nutrients.

So they actually start boosting your immune cells. Even immune cells also need basic nutrients. And there are certain things that the virus targets, you know targets mitochondria.

You need maybe more magnesium. But when you're targeted this way and look at the environmental, you know, impact, you know, you don't you don't inhale fireworks, you don't inhale the fire burning forest when you start orienting yourself and you have the right tools.

It's very different from one medication. It just can't do it. Just not possible for one meditation medication to do that. When the virus is so insidious.

Well, in fact, actually that's an important point, because what we see with HFC and what we see with HIV is that we have cocktails of antivirals, and those antivirals are biocidal.

What's the most common antiviral we use for EBV and not medication? You mean the medication you're asking me? Yeah, medications are not my forte. Okay. But but they're the most common medication.

The same one that we use for shingles. It's not by recital. It's virus static. Just like we have viruses. Our viruses, bacteria cycle antibiotics for bacteria, we have backdoor static antibiotics for bacteria.

That's interesting. So all the doctor statics do is they stop the progression of the growth of the bacteria. They don't kill the bacteria. They stop it from multiplying.

Right. And we do the same thing with, with with shingles virus. Yeah. Ribavirin. So what happens then is that we don't have our cells. We're not killing the virus.

All we're doing is suppressing the growth of it. So you're not going to be able to deal with if you have an active, escape of the virus and it's growing rapidly, then a virus, a common virus, can potentially help somewhat.

But it's not going to do it's not going to finish the job. Right. Because, you know, they're just they're just going to whatever you don't kill, they're just going to travel into your cells and it could become even more chronic and become buried even more right buried in the cells.

Yeah, yeah. So talk more about your protocol. What's your favorite protocol? What do you recommend as a baseline? I know it's in your book, but let's let's talk about it.

So the and the if it's just CBD it's it's pretty straightforward. If you if you had those components of your life plus the supplements diet, sleep and stress and all that and environmental toxins, what is an issue is that it often comes in a bucket with a friends.

So there's complications. And so really in order to understand how much of what happens to the person that has chronic issues, how much of it is CBD. I created in, in, preliminary protocol and we focus on that alone in the first 3 or 4 weeks.

It's heavy duty, it's aggressive. It's seven supplements plus vitamin D that goes without saying. And and we watch because it's predictable. It's evidence based. It works. It's pretty aggressive.

So you start seeing some things starting to shift and the needle starts to move. So people are more stable, less brain fog, less fatigue. Start thinking properly.

You know, sometimes people ask me, is there a placebo effect? Because I can be feeling so much better so fast. So it's like expected that this will deliver.

And if it does and like if you are on it for 2 or 3 months and you only like 50% better, 40% better, then we look deeper, like we look okay, where is that mode or where is what else is going on.

Yeah. So we have these layers. That's how I design the program. So we just we can learn once about your life and your body. So the initial protocol we call it the Jumpstart bundle.

You will have aggressive doses of NAC, selenium, lysine. You have some zinc, vitamin E, vitamin E, vitamin C, and the only herbal botanical that I use at that point is licorice.

If people cannot handle it. And so, but we have aggressive doses like selenium, we drive it up to 800 micrograms depending. And, you know, and I see is safe, medically safe, up to 4500.

We don't go quite as high. But I want to push it. And so, you know, people people with chronic kidney sometimes have multiple sensitivities to any supplements.

And sometimes it takes them a while to take one, two cups or three cups, build it up to the highest that they can tolerate. And so we stack it up. Once you have that and then you run it for three weeks, and then that's you start seeing things happen.

And then we built up a full AI protocol. And we are the diet. We are all kinds of components. No. And then so that's pretty straightforward. And really it's just evidence based.

And then I, I kept tweaking it in my practice and, and saw consistent, consistent, progress and recovery. So it's a, it's a robust process because you want to look at environmental toxins.

You want to look at the air quality, the water quality, you know, EMF, you you have to learn these things. I mean, it's that's such an opportunist. Do you add these other factors after you start your initial protocol, or do you try to do as much as you can at the beginning?

I do have a little EMF challenge. I have, like a booklet of ten things to turn down the volume on Wi-Fi that is simple for people just to, you know, it's like, where do you start?

We have such an unhealthy lifestyle. Where do you start? But there's the people that come to me. They've tried everything, like me, you know, not for the lack of trying.

So they're really motivated and they do the work. And when they do the work, they can really, create a life. And then I support them with spiritual growth and more tapping into the joy, you know, moving them towards a life that is meaningful has powerful, service to this planet.

So people are really fulfilled. It's not just about getting healthy physically. That's not what I do like. That's I can surface part. But the the secret is really to move people to the spiritual empowerment and that, finding the dreams and following them and being of service.

And those are fundamentals. So what's your what's your what's your thinking about Pmfs since this is a PMF summit? Yeah, I don't know much about it. I don't use it.

I don't think I've used it. You know, some of my students will experiment with different therapies like that and ask me questions. I think I think it has so many opportunities.

I just haven't had the tools, so I haven't, like, I haven't physically, tried them. I used to see your machine. You had some tools in the clinic, remember?

Right? Right. But I never used it on me. So. So let's put it into context. We don't know whether Pmfs will kill virus or not. And maps are basically supportive to the whole body in general, right?

Right. So they. But then one of the most important things that pmfs do in conjunction with whatever else you're doing, is if you can make a the same thing applies to Wi-Fi.

You can't necessarily get rid of all this stuff, but what you do is you make the body healthier and the body becomes more resistant. Yeah. So if you can increase ATP in the cells, if decrease inflammation in the body, in general, right, then the the opportunists don't have a garden to grow in.

It's a terrain. Yeah. So it's a little bit like vibrational frequency.

Environmental Triggers, PMFs, and Hope

Not necessarily. So what happens there are you can configure Pmfs that way. But most of my perspective has, is based on the fact that what you try to do is to increase the energy in the cell.

If you increase the energy in the cell, the cell has more vitality of the cell has more vitality, it's more resistant. So not only is it more resistant, but also becomes more regenerative.

So I would definitely that would definitely work for somebody with chronic EBV. Definitely I would I would think so with not only continuity but basically almost any chronic illness illness. Yes.

And any here being the biggest opportunist. So anybody who's doing a lot of EBV work and I would say that probably your population, if they are if they've tried what you do and they're still struggling and they're still relapsing or going back and forth, back and forth, that they probably need to add something in the background that basically supports the whole body, create a different baseline for the cells.

Yeah. And it helps the cells actually to absorb and use nutrients better. That's perfect because that just that's the answer right there. Probably right.

That's that's so pretty much there's so many things. And in my books I supercharge your health with my therapy. We talk about adding PML therapy to other protocols.

PNAS don't work entirely on their own. They need that nutritional support. They need all the other lifestyle factors that you need to be healthy. Yeah, right.

You can report gasoline on the fire, as I say, you know, and then do magnetic field therapy hoping it it's going to put out the fire. Right. It's in the context, but it's it's a beautiful adjunct now.

Definitely. So I do need to read your book. Yes you do. I will, have to make sure that you, you get it. I do have it. And I will read it, because it would be amazing for our community.

Definitely. I would like to hear, some really good reports from your community and using it. And you personally. Yeah. And actually, they're pretty. Yeah, they're pretty vocal.

Yeah. I would like to test it too. Absolutely. We're out to talk about it. So I have to talk about I know you have to go. I know you have another appointment.

Do you have any parting thoughts or comments or suggestions? I very ironic, ironic statement that I've heard before from our community, is that in some cases, it is the biggest teacher because basically, if you have balanced body, spirit body, you know, physiologically, physically, mentally, emotionally, it's very hard for that virus to do the damage to lies to, you know, to trickle into medical conditions.

And so in a way, we have so much toxicity. We are so out of sync with our dreams, who we are, what we represent, you know, the relationships we have, the jobs we have 80%.

People in the States hate their jobs. That's awful. We're designed to do what we love, be in full integrity and be of service. So, I mean, I think we have so much toxicity.

So all these layers and MF now and mold now because of how we build the houses. So so we're we are pretty

insulted and I think and when, when people tell me I was my biggest teacher, it's a hard pill to swallow for somebody who has grown to give you right now because it's so tragic, it's disabling.

But in a way, if you can get over it, it means that you take the journey of self-love ultimately. And there's things that need to be changed because of our environment, because of our lifestyle that is not sustainable.

So that would be my message and message of hope and the fact that it's, you know, you, you we get so many resources. You can start on the journey, you can get better.

And you have, you know, your resources are amazing. Those are not joked about which is fantastic. Also, self-love. Just self-love. You pick it, you use it because you're worth it.

And then just addressing what's what's not, synchronized with who you are in your life. Can you can you step in and show up for yourself and say, you know, this is what I need to do?

So that's another factor. It's like bad nutrition. So bad, bad bad ideas, bad bad feelings. Right. That's a that's a you know, it's ecology. Thoughts come from nutrients to we when we are stressed, we eat poorly.

I mean, that's just because the allergy you have different chemicals screaming sugar and the medication, the quick fix. Right? Yeah. Yeah. That's just, you know, it's a it's a difficult time.

We live in, as a human species. It's very demanding. And we don't have a tribe. We don't have support. So especially for women. So. Yeah. So something has to give.

And I think the virus is a good indication that that that's happening in somebody's life. Well, that's what we're seeing through this summit. There are many ways that you can become activated.

There are many ways like cancer for example, or autoimmune diseases, right way, many ways of becoming activated. Once you become activated, then you have to step outside the conventional medical system because its job is very limited and you're not going to become self-actualized.

You're not going to become sort of independent in your own ability to take care of yourself. Relying on that system. Now, it has its place, of course. Right.

Yeah. Why don't you become activated with anything, including EBV, that you have to start on that journey? Yeah, it's a journey, definitely. You know, better get ready while we're getting ready.

And thanks to you, we're going to be able to move down that road much better. Oh my gosh. Your work is amazing. I'm just honored to be here. Well, thank you for being here and I'm honored as well.

It's great to see you again. Clearly, it's wonderful.