Lyme - Using All The Tools - Cowden Lyme Protocol Transcript

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Welcome back to another amazing guest, an interview with one of I consider the greatest practitioners in life disease and loan research. From the beginning.

To me, this is doctor Lee Cowden I'm talking about. And doctor Lee count and I was thinking about some words, that would describe him because we have had a friendship, many years ago, maybe as much as ten years ago.

I was fortunate to have met Doctor Cowden through another friend. And he allowed me to present in front of, his academy, and he asked me to join and be part of his, his team or his group, and which I feel so honored for.

And I'm really honored that you took the time, Lee, to come today to join us. So I was thinking of words to describe you. And the first thing that came to mind, the first word was unwavering.

And so when I think of that word, it's like the dedication of somebody that will leave his family, leave his home, go to the Amazon, roll up his pants, sleeves and boots, put on his boots, walk among the snakes just to extract, certain earth elements or plant, related farm plants to the US.

So that you could get the vibrational energies and the bring back to the US and or to to the world certain the medicinal aspects of the plant kingdom and and the frequencies that are around that.

The other word that came to mind was educator to me. Certainly you were my mentor, but you've mentored so many people in your career and in your life.

You're a family man. You're a man of faith, and deep spirituality. And I think that you need a lot of those kinds of qualities just in general, to be a complete person as well, in what I call Earth camp these days.

You're you practice even though you're qualified. And I'd like to have you tell us a little bit about of the backdrop, a little bit about your education or at least the things you focused on in your medical career.

But even even though you are certified and qualified as a cardiologist, you really took a little turn on that and started what I think was one of the few guys in the beginning, by definition, was really alternative, integrated and functional in terms of medicine and and your applications.

And I'd love for you to just spend a few minutes after we talk about your background backdrop or your background, just to hear what your definition of functional or integrative medicine is.

You know, from your mouth, you're my friend. And certainly in terms of, Lyme disease, one of the greatest guys in Lyme. You've written and coauthored dozens of books on the topic and related topics. And, to me, you're almost synonymous with Lyme disease.

So there is the the current protocol. When my daughter was, contracted Lyme disease about 25 plus years ago, that was the only protocol that when we were researching, that was the only one that we could find.

I mean, that's how far back it goes. And I'm sure maybe it even was earlier than that. So with that doctor, the out and please welcome to healing from Lyme Naturally Summit.

Thank you for joining us and taking the time today. Yes. Thank you, Robbie, for that introduction. I, I took a turn from, telepathic medicine fairly early in my career.

I lived in arid West Texas, when I was growing up. And I got accepted to medical school in Houston, and I never lived in, in a hot, humid environment.

And so I moved to Houston, and very soon after I moved there, I experienced all of the grass and the weeds and the trees and the mold and the fungus and everything else that's in that humid environment.

And I developed allergic rhinitis, and then I developed allergic sinusitis. And then I developed, infective sinusitis. Then I developed bronchitis, and then I developed pneumonia.

And all this time I'm following the direction of the chairman of three different medical school departments, the the chairman of your nose and throat, the chairman of allergy and immunology, the chairman of medicine, following their instructions explicitly taking the drugs that they recommended and getting progressively worse.

And so, thank goodness my wife's grandmother came to visit us in Houston. You know, she was a schoolteacher and a self-taught nutritionist, not a doctor.

And, she saw what I was going through, and she had pity on me. So she took me down to the local health food store and got me on some vitamins, minerals and herbs.

And I got, well, completely in about a month. And I thought, my goodness, I need to learn with this woman those and I need to take with a grain of salt everything that I learned in the training institution.

After this. So, so that was, that was in the first two months or three months of medical school. And, so after that, you know what? Finished medical school.

Then I went off to Saint Louis to do internship and residency, in internal medicine. And then I did two, took fellowships, went to critical care medicine, went to cardiology.

I actually did as a conjoined fellowship, first one in the United States and then, after that, a practice for a year doing ethnic medicine. And it was an exciting year.

You know, the fellow that I went through the training program with, join me in, in a in a partnership practice, practice. And we were on staff at seven hospitals, and we rounded ends in 11 intensive care units twice a day, every day.

And, we were on call every other week. Night and every other weekend between the two of us. And, if you were on call, you had a 50% chance of spending the entire night in an in intensive care unit somewhere.

And, at the end of that year, I figured out 2 or 3 things. I figured out that if I continued that I would die prematurely. I, I would lose my marriage and my relationship with my children.

And I would, eventually, you know, burnout if I didn't die, and I would be miserable. And I thought, you know, I don't I don't really enjoy this. I want to do something else.

So that's when I switched to taking the approach of integrative medicine. Now, integrative medicine uses, the best it can find anywhere on the planet.

It doesn't have to come from a from a allopathic university hospital in the United States for it to be valid. What I, what I tell, patients is that, you know, a good allopathic doctor hops through life on one foot, and a good alternative medicine doctor hops through life on the other foot.

But a good, integrative doctor walks through life on both feet and runs if he has to. Because a lot of times there's tigers chasing. Yeah, we all know about those.

You know the those those tigers are usually the FDA, the FTC and the licensing boards. Right. The agencies that are supposed to be protecting us. Right? Right.

Yeah. Yeah, they they were designed for that purpose. But, they've become captured agencies, unfortunately.

Yeah. It is. Yeah. So anyway, I, I didn't know anything at all about Lyme disease until 2002, and I was, hosting an international cancer conference in Fort Worth and a naturopathic doctor that I knew came to the conference and met me in the, exhibit hall with her grandson.

And she her grandson was 17 years old. She said, he was an ace student and an avid athlete, and he, we later learned, developed, Lyme disease, you know, contracted Lyme disease.

And, and his grades went down to D's and F's, and he couldn't even get out of bed, much less participate in sports. So we took him to the Lyme literate physician, and they had a doctor who put him on a bunch of antibiotics, and it got progressively worse rather than better.

And so I'm coming to you to see if you have any other ideas. And I happen to be standing by the new dramatics booth, and, they had this, Peruvian cat's claw.

It's a very, you know, well known herbal antimicrobial been used in the Peruvian jungle for hundreds of years. And, so I said, well, this muscle tests this on him.

And so we did a muscle test, a really great. And his, his grandmother knew how to do muscle tests, and she tested and she found the same thing. I said, well, I think you ought to do is go, go talk to his line literate physician and, and, you know, get permission to stop all the pharmaceutical drugs and start, you know, this herbal and microbial and whatever other natural things you think would benefit and see how he does.

So, they left the conference and I later learned that the young man was taken home by his grandmother, and he didn't tell his grandmother who was going to do it, and he didn't tell his parents what he was going to do, but he stopped all the pharmaceutical drugs on his own and started this, herbal extract from the new tobacco company.

And in two months time, he was completely well. And his grandmother was shocked. She didn't expect that rapid recovery since he had been, you know, ill for many months.

So she went back to the physician. She said, I'm pretty sure it's this, some menthol stuff that got him. Well, and, the one later, doctor said, no, there's no way in the world, you know, nothing as strong as pharmaceutical antibiotics I've already given.

And that was just a miraculous spontaneous remission. Oh, okay. There must be some great acronym for that. We'll have to figure that one out. Like, okay.

Okay. So. Yeah, so, so, she said no, I'm pretty sure it was this, cement though. That was, that was the biggest, key in him getting. Well, because that's he wasn't doing hardly anything else.

And, the doc said, well, I'll prove it to you. I'll give you I'll send you some of the patients that are not responding well to pharmaceutical therapy, and you can put them on your stupid IRB and see whether it works or not.

So, he sent her about 50 patients, that were failing his pharmaceutical treatment, and she put all of them on the cement, throwing in a few other drainage remedies and whatnot.

And, over the next, oh, 2 to 3 months, there was about a 50% improvement in every patient, 50% symptom improvement in every patient, not not just some of them.

All of them had about a 50% improvement. And so she went back to the line with precision. And she said, no, I'm pretty sure this this this is the mental, and she said, would you, refer us some, some more patients that have failed antibiotic therapy so we can put, you know, some patients on this in a controlled fashion, have some controls, have some, you know, patients that are under treatment.

So we can possibly eventually write this up. And he said yeah I'll do that. So he's he referred her 14 pairs of patients, you know, 28 patients. And they were paired by, you know, degree of, illness by, you know, smoking

history by age, by, you know, blood type, by a lot of things.

And, so, you know, you know, it was a is a random thing that have, came into the treatment group. The other half continue to follow his care, whatever, whatever he wanted to give them.

We said just, you know, treat them the best you can. And at this, you know, we'll figure out later what works, but, treat them the best you can. And so we did, you know, some laboratory testing and some, muscle testing and some trial microscopy on a treatment group.

And, we found that, that they just had swarms of bugs in their blood on the dart framework escapade on the first visit. And so we started the cement of the saw that a lot of them got really severe heart reactions.

So we gave them drainage derivatives. And then, you know, once they got over the drainage room that they resumed the, the cement, though. And then after two weeks, we redid their dark field microscopy and there was a whole lot less bugs just in two weeks time, I thought, I didn't expect that.

So I would take longer. So anyway, so back at two weeks after that, very few bugs. And two weeks after that, no bugs. Almost there. You know, all the bugs were gone, but, we we did use a paper clip to rub across the cover slip to, to basically rupture red blood cells under the, under the microscope and looked again.

And we saw all kinds of bugs coming out of these ruptured red cells. So it killed the bugs in the serum, but not inside the red cells. So two weeks after that, we ruptured the red cells and saw a few bugs coming out.

Two weeks after that, we rupture the red cells and couldn't find any bugs coming out. So in ten weeks time, it went from massive amounts of bugs to no bugs in the cell or in the inside of the red blood cells.

But they, you know, they were still having some symptoms. So I said, well, it probably takes longer than that to get rid of the bugs inside the brain, inside the joints and some of the other places.

So we just kept it up and and at the end of 18 weeks, there was a 90% average improvement in our treatment group and a 5% improvement in the control group.

So we said, I don't think we need to do statistical analysis on this. But then I got, you know, caught off on another project and, you know, didn't have time to do it, to do a write up in a publication.

So the NIH bound, you know, did her best to just write up what she, what we observed. And she said that to the to the company that had provided the product free for the patients.

And they said they called her back and said, can we publish this on our website down. And, or can the people that sell our product then and then, you know, down in, Ecuador, down in Ecuador, put this on their website.

She said, yeah, I don't think that'll get me in trouble if you do that. So. So they did that. They published they allowed the, the distributor of the product in the Ecuador who was a, you know, different company, different individual to do that.

And within within a week, my phone was ringing off the hook because my name was in the paper that she submitted. I say, okay. And so I started getting referrals from all over the globe for people with chronic Lyme disease wanted to come get treated.

And so I got a lot of experience there in the next couple years. Treating Lyme disease and refined the protocol and got got it better and better. And then in 2006, Doctor Richard Horowitz contacted me from New York State and he said, I've got 5000 Lyme patients in my practice and 500 are doing poorly.

Do you have any ideas what I can do for those 500? I said, as a matter of fact, I think I might because I've refined the program quite a well, quite a lot by then.

And so I sent him the, the written protocol, and he purchased the products, some of them from Nuremberg, some from other companies, but most of them from the medics.

And he put those patients on those on those products and, call me after six months and said, you know, 70% of the patients got markedly better. All of them are somewhat better.

But, but 70% got markedly better. I said, well, that's good. I said, but but what about the 30%? What are you going to do about them? He said, what do you suggest?

I said, well, if you'll gather about a dozen of them together, I'll come to your office and evaluate those energetically and see if we can come up with something else that'll help them.

So when I went to his office, I found that those that were, you know, having, you know, struggling still were eating lots of sugar, you know, drinking soda and, and, coffee and calling that hydration.

They were, most of them had mercury amalgams in their teeth. Most of them had mold or fungus in the air of their health that they were breathing. And, you know, it was a lot of environmental stuff, basically.

So I said, well, you know, there's a there's a few resistant bugs here. Maybe we can come up with some different herbals to deal with those. So I went back to the drawing board and, and redefined the program and sent him the modified program.

And, he put another hundred patients on that program, and, and they had an 80%, 80% of the patients markedly improved in that. So it was still 20%, which was not great.

But, but not too bad for an empiric program. So, you know, after that, you know, the, the, the word got out that he had done that because he presented that information at the International Lyme and Associated Disease Conference.

So then there was all kinds of doctors from all over the globe starting to order the products from, new dramatics and, and again, the to company asked the person in, in Ecuador if they, you know, were interested in having the written protocol on there.

So they did that and, you know, so you can still find the, written protocol, down there on, new traumatic stack. Mr. bio, now, this website. Anyway, it's, I learned, the way I learned most of integrative medicine, which was which was called the University of OJT on the job training.

You know, actually, let me stop here for one second, but I was just trying to thought, you know, that was one of the things I wanted to bring out that I completely admire you for.

And it's an all of the greats of the greats that I've ever known to come and contact seemed to have the same quality, which is you hear in some long distance message somehow, probably a smoke signal.

That's how distant it is. So there is someone doing something unusual in, a practice that's getting a result with some exotic disease or symptom, and then you you take yourself up, you you first of all, you make the call.

And I've heard you've done this. Is this true? Yes. Can I can I talk with you a little bit? Can I come over and visit? Can I come over and camp out in your living room and spend days and weeks on end just to glean some information that you can bring back and add to your sort of toolbox.

Right. Of methods. So it's not quite the school of hard knocks. It's part of what I said earlier about unwavering being so focused on and determined to get to the bottom of something, or come up with what you feel would be the best application to improve health and wellness.

And I, I can't tell you how much I appreciate that as a quality and in in someone. So now back to you. Sorry. Yeah,

yeah. Thank you for saying that. Anyway, Lyme disease is a, is an epidemic worldwide.

You know, we're we're we're talking about pandemics, but, you know, Lyme disease, I'm convinced kills a lot more people than, than this pandemic that the government's, labeled recently.

So, you know, a lot of people think that Lyme disease only exists in Lyme, Connecticut, you know, but it didn't. So, you know, we find it in every state of the United States, and we find it in essentially every country except possibly Antarctica.

And, you know, if people that were in Antarctica, were in another country before they go to Antarctica, it's in Antarctica, too, you know, if they have if they have life in Antarctica, then they're, you know, transmitting it from, you know, one person to another via lice bites.

A lot of people think that, Lyme disease is transmitted only by, tick bites, but, but it just isn't so that's where it was initially discovered by Doctor Bergdorf.

Her. But, but we know that it's in the southern United States is transmitted much more commonly by mosquito bites, and it is by tick bites, and but it can also be transmitted by fleas and lice and mites and scabies and other biting creatures, and also by, sexual intercourse and by, French kissing and by, trans placental transfer from the mom through the placenta to the baby.

So the baby's born with it. So it's, it's a big problem. We know that there's at least 3 or 400,000 new cases in the United States every year, but that's a bunch.

There's at least 100 to 200,000 new cases in Germany every year, you know, so we're talking about billions and millions of people because this has been going on for decades.

Yes. And, you coined it. I mean, I knew that it mimicked neurological challenges like M. S. and BD and things like that, particularly if the spirit migrates into your brain.

But you've said that it could mimic so it can be misdiagnosed for more than 400 different kinds of conditions out there. Exactly. Yeah. Yeah, it's, you know, for anybody that's really interested in seeing what those 425 conditions are, they can go to new traumatic start easy.

And on the top, bar on the first page it says 425 conditions. So they click on that, it takes them to a page where it's got the different conditions listed alphabetically.

And if you click on any one of those, it takes you to the website where you can read the article where that finding occurred. You know. So you know, we know that Lyme disease is is the second great imitator.

The first great imitator was with, tripping him a pair of them or syphilis. But, you know, they're both spark beautiful shaped bacteria. Spark, you know, spiral shape bacteria.

And, you know, if you if you, you know, know that Berlioz's can mimic almost anything that you can imagine, you know, neurological diseases, psychiatric diseases, or arthritic diseases, cardiovascular diseases, you know, gastrointestinal diseases and so on.

You know, you name it, it can it can cause it it can it can be a mimic or of it or or cause of it. So, so you don't have to live in ground zero like Lyme, Connecticut or the tri state area around that part of the northeast.

It just seem to be where you know that you mentioned it earlier, the practitioner had discovered it, and then they felt that was the genesis. And for the longest time, by the way, I was thinking while you were talking, we should change the name of this Islam.

Later doctors, particularly ones that aren't open to other views as Lyme bill literate because they seem to not be

open to some of the other possibilities that are available to actually help patients, which I believe that is why they are.

They're not that they're not trying. Sometimes they're confined just by their their, credential. Right. Because certain credentials only allow them to do certain things.

But you've taken that more integrated, more functional, more broad approach, which really seems to be more appropriate because Lyme is complex and the body is complex, and the answers and the tools that you need are very individual, individualistic because everybody expresses their symptoms differently at different times, you know?

So that's what makes this whole discussion so important. And for people to understand because the line patient, you know, first off, why me? Right. No.

And then you and I can be in the same room and I might become symptomatic and you're not. And why me? And then why now? Right. So all of this stuff, it gets pretty complicated.

Plus, there's a whole emotional component besides the physical component that oftentimes is forgotten. And I don't really believe that you can heal completely unless you deal with all, all parts of that.

Yeah, that's that's what I found. Also, you know, that, that the that the body tends to hold on to unresolved emotions and specific locations. For example, the emotion of anger, frustration, bitterness, resentment, rage, hell itself in the liver, in the gallbladder, the bile ducts.

And if you don't resolve the emotion of anger and its related nomenclature, then, you're going to end up with, physical toxins accumulating in the liver.

And then after enough physical toxins accumulate there, then microbes accumulate there, and after microbes accumulate there, white cells accumulate there, and they release cytokines and cytokines, cause inflammation and inflammation causes symptoms.

So, you know, most doctors are looking at the very far end of that, you know, sequence. They're looking at the symptoms. And in most cases, unfortunately, a lot of the doctors just try to find a drug that will cover up that symptom.

They don't try to find out what the cause is. And, you know, that's I think the main distinguishing factor. And good integrative medicine, and I think most is we're always looking for the cause, the root cause.

They want it, the fact that they want to actually carve it out and just say, that's the enemy. And, you know, go after that when there's really a complete story going on and they're just looking at one small piece of the puzzle.

Exactly. You know, but, you know, if if you think about the fact that, Lyme disease can mimic 400, at least 425 different conditions, most help doctors are treating those conditions as if those are the conditions and the Lyme disease had anything to do with it, and they've never done a test for Lyme disease.

So they don't have a clue that they're actually treating the patient that has Lyme disease as if they have something else. So that's a big problem. So a lot of, you know, a lot of patients go undiagnosed and untreated, properly for decades, not just years but decades.

And then when they finally do, figure out, oh, you got Lyme disease, we probably ought to treat that. Then they give them one month of antibiotic therapy and call them.

Call them. Well, because the Infectious Disease Society of America wrote an article that said you should be. Well, after four weeks of antibiotic therapy, and it's just not true.

You know, I've got, articles, you know, from, 1989 up to 2012 and there's probably other sense in showing how, Borrelia can be cultured, cultured from the body of rice, mice, rats, rhesus monkeys, etc.

here, after they've had the same treatment, pharmaceutical antibiotic treatment that's recommended by the Infectious Disease Society of America. So how in the world can IDSA continue to promote that Lyme, the the, attorney general for the state of Connecticut, who's now actually a senator in, Washington, DC, Blue Blumenthal, I think, is his name.

Brought legal action against the IDSA for promoting that line in their in their peer reviewed article. And, and in court, he won, you know, the attorney general won and the IDSA lost the case.

And the judge said to the IDSA, you must go repeat the research and republish a correct or a corrected article. And that was five years ago. They still haven't.

Okay, okay. So there so they're above the law. There's we can spend a ten interviews on that topic. But yeah, it's really a problem and it's and it's endemic.

But you know, you did bring up a point because if Lyme mimics 425 that we know about, so then, you know, a normal telepathic doctor, they'll see a patient, they come in their symptomatic, they go through their checklist and you present as you have Ms.

or something, or maybe Parkinson's disease, they immediately give you the diagnosis. They're not even thinking about anything else on the list. Maybe they're not even Lyme literate.

So it's not even in their universe to think that it could be Lyme. So now the patient is labeled with Ms. and that chart, that patient chart goes from doctor a doctor.

Because as many viewers here in many Lyme patients, they see multiple doctors. Our daughter with our experience, we've seen we saw more than 25 different Lyme doctors.

And in the span of time. So so that diagnosis is carried from doctor to doctor, patient. The patient carries that file. And so the next doctor, if they're lazy they go, well I'm not going to do my own, diagnosis.

I already got one here. So I'm going to treat you, but I'm going to do a little different protocol. Right. So now you got the worst combination because they're not they're treating you for something you don't have and they're not treating you for something you do have.

So it's just like mind boggling the recombinant, of how that affects the, the line, the patient, the family, the surrounding families. It's just it goes on and on and on.

Yeah, yeah. I think that there's, silver lining, you know, when the allopathic doctor doesn't recognize that Lyme disease is likely there and therefore doesn't give the patient, a month's worth of antibiotics, at least the patient's, gut flora is preserved.

Yeah. You really good. Silver lining. So I appreciate. Okay. Because, of course, the hand it. But I gotta go destroy that balance in your gut, which is so important to maintain a a strong immune system, which would be your natural way to fight off any kind of invader.

Lyme, the co-infections, the whole list. Right? So, yeah, in, in, 2011, I think it was 2010 or 2011. I read an article, that was written by Doctor Paolo Zamboni from Italy.

And, the story is that Zamboni, was an imaging physician in one of the hospitals there in Italy, and his wife developed M. S. so he, being an imaging physician, started doing imaging procedures on her.

And when he did the V Nagra fee of her neck vessels, he found that she had a really tight narrowing, a tight

stenosis in their jugular vein. I can't remember is one side or both sides.

But anyway, he thought, well, that could not be normal. So he, he got out of, of a specialized balloon, the, catheter and threaded that up into that narrowed area and blew up the balloon.

It dilated the vein and her arms went away and never came back. And so the next 65 patients that came in with the mouse, he talked into doing a scenography, and all of them had a stenosis of the jugular vein.

Are there as a ghost vein going, you know, draining blood out of their head now? Doctor Zamboni did balloon angioplasty on some of some, some of those additional 65.

But, even if they got improvement initially, all of them had recurrence of symptoms after a few weeks or months. So he got frustrated and moved on to other things. But, what, what I discovered and what the doctor, doctor Clay heart discovered was that there's these patients that have these sinuses, have energetic evidence of Borrelia and other Lyme co-infections, in particular veins.

So what, what I decided that we should do, is to do a little study, an unofficial, you know, kind of a pilot study in Dallas. So we did that on some patients that had, you know, had very early Ms.

like symptoms. And, and so, we proved with the ultrasound, Doppler duplex imaging that Doctor Zamboni had developed that they, that they had all indeed had narrowed jugular veins.

And we also came up with the idea of doing infrared imaging, thermography, which showed, bright red jugular veins, which means they were, you know, severely inflamed.

And and so we put the patients on, enzymes, proteolytic enzymes, tribunal lytic enzymes, 30 minutes before food, 2 or 3 times a day. And we gave them herbal antimicrobials and tincture form, you know, a couple of times a day.

And after, after four months, we're evaluated them. The symptoms were gone. The red streak on their neck was gone. The abnormal ultrasound, Doppler duplex imaging was now normal.

And so we proved that you can reverse. It leads to less severe in most patients just with enzymes and herbals. So anyway, it, it's a, it's a, it's a shame that, that a lot of these things are not known by the, the, the, the multiple sclerosis community because, you know, they could get treated probably.

And a lot of them get markedly improved with very little experience or, and no invasiveness and just and extended challenges and, and financial, you know, disaster stories as we all know.

I mean the impact. Yeah. You know, and so, we did a little digging and found that there was a German pathologist who figured this out in 1863. Wow. Okay.

Well, I guess it never made it to the newspapers and mainstream, you know, didn't make it to mainstream, but, but anyway, he he proved that the the the veins that that broke in the brain of patients that died with the mouth were the the the hemorrhages were immediately around clusters of veins in the brain.

Okay. So they have an increased pressure in the venous system because of the back pressure from the narrow jugular vein. Anyway, oh. Pretty all pretty interesting stuff.

Doctor Ellen McDonald, did some very interesting research with most patients also. He got, samples of brain tissue from, patients that had died of M. S.

and got samples of the cerebral spinal fluid. And when he examined their brains, he could find worms in their brains. Little tiny roundworms in their brains.

But only when he examined at least 100 slices of brain. So that was very meticulous. But he found the little

roundworms in the cerebral spinal fluid in 100% of the samples.

Okay. Ten out of ten samples had had little roundworms in them. And so when he, when he dissected, did micro dissection of these little worms he found inside the bodies of the worms Borrelia, Bartonella and a lot of other lab related creatures.

And so what he concluded was that patients that have have, multiple sclerosis have the primary cause is the little roundworms, which how's the Lyme related creatures?

And you're not going to get rid of the limb related creatures no matter how many antibiotics or anything else you give, until you get rid of the little roundworms.

So. So I, tested out that hypothesis, and he was right. That more than became kind of like a bullet train or a transport system to bring the, the co-infections and or even the Lyme into the pet passed the brain barrier, and then it was warehouse in there.

I heard or I saw read some similar about Alzheimer's, the forensic work in Alzheimer's. There's they're suggesting that many of those patients have really high number.

I think it was greater than 90% are also exhibiting when they did the, cross sections that they had actually the co-infections and or Lyme in their brain.

And so, you know, they're drawing that connection between these neurological expression and the impact that mine has. And that's part back to our initial discussion about how many diseases that, line mimics.

You know, really how it travels pervasively throughout the body. Yeah, yeah. Ellen McDonnell actually was was one of the doctors that, made that discovery about the, Sparky's in the brain, and, and it was, also confirmed by Doctor Judith McCloskey in Switzerland.

And she published an article about that. But, you know, if if McDonald is right. Oh. And by the way, when McDonald did his, study of the, of the autopsies, five of the autopsies that he received were patients that died with Alzheimer's, dementia.

And he failed. He failed little roundworms and five out of five cerebral spinal fluids of patients with Alzheimer's, dementia and variance. So, so, so how many chronic neurodegenerative diseases are actually caused by the combination of the little roundworms and the Sparky's and the other co-infections?

Maybe most of them, we don't know. We're still early in the in the evaluation process. But that's that's one of the projects I've been interested in recently.

And, you know, trying to encourage other doctors that are still active in practice to pursue that. A failed a, pathologist in Scottsdale, Arizona, who's willing to do to examine the cerebral spinal fluid of patients that have Mr..

Alzheimer's for the little spark, for the little roundworms. If somebody is willing to send it to him. Doctor Omar, I mean, am I in from, parasite testing.com?

And, you know, he didn't tell his staff that he was going to do that. So if you call the staff, he'll say, I don't know what the heck you're talking about.

So you actually have to communicate directly with the pathologist to, to get to get it to happen. But, I hope some of the, you know, people that watch this training or this, you know, interview, we'll we'll take that, take that task on to try to get some cerebral spinal fluids from patients with M. S., in patients with Alzheimer's dementia and patients with other neurodegenerative diseases.

Energetically it's it's president in a lot of patients with ALS. The little roundworms are showing up energetically. So

you know, earlier you made a mention, you just sort of touched on it about testing.

And that's always been a challenge. I mean, way back when they're 25, 30 years ago when we worked with all the only tests that was available was the HMX, test.

And now we've come out with or there's been many other testing services and, and there is that challenge between the acute phase and the chronic phase.

And when there's the transfer, of the circuit or the co-infections from the ceremony or blood into the actual cell or your tissue. So or can you just spend a minute or two and talk to us in the community about what do you think are some of the better testing ways and, you know, more modern approaches to the testing and diagnosis part?

Yeah. The the best test that I've found recently is, is for vibrant wellness. And it's a, it's a combination of Igen and PCR for a variety of different species of Borrelia.

Now, a lot of people think that it's that they only need to look for Borrelia burgdorferi, but there's over 30 species of Borrelia that are pathological in humans, four of them very strongly so.

And, so if you're just looking for really radar for alone, you're going to miss a significant number of people that are affected by Borrelia species. And then also test for IgG and yttrium for and, and PCR for, several of the, of the BBC and Bartonella species as well as an, a plasma or cure and and Coxsackie virus, Mycoplasma.

It's a it's a very comprehensive test. And if I'm not mistaken, it's it's, about $700, you know, so for what it does, it's it's actually a much better test than the I genex, test.

And, the other test that I've used, is, is the one from, that, Doctor Huggins developed at, DNA connections.com DNA co in an x I o Eoin s you know, connections.com in, Colorado Springs.

So I've used, that test, in patients that wanted to know, you know, whether they had Lyme related creatures present or not. And I could do that with a urine sample.

So that's, that's a handy thing. The, wellness, vibrate wellness has to have a blood sample, but, the other the other lab that's on the horizon that I think may be better than than either one of those is, is, genetics first, which is, a lab, out in, in the Phoenix Valley area, that was developed by, by my friend, Dino Prieto.

And, he's a naturopathic practitioner out there, has a big clinic and also a big custom compounding pharmacy. And I think that that, you know, that, I've had one test through there, just as, part of their testing, validation process.

And, you know, it found quite a few things that, that I didn't know I had. So I think it's going to be a good test as well. You know, my son is an organic farmer in Michigan, and, I think it was the middle of last year during the summer.

He, he came down to Florida to visit. And he announced during dinner that last week he pulled a tick off of his body, you know, and so being out on the farm, in the fields and I and my wife and I, Melody, you know, we kind of looked at each other, you know, our hearts went right to our stomachs or somewhere else.

It definitely left our chest. And, and I said, okay. So the first thought that came to my mind was, are there any good ticks out there anymore? No. You know, I always hear and and you may have heard because you've seen thousands of Lyme patients, but like they all say, well, I'm going to grab if they're lucky enough to find the tick, if they're lucky enough to get a bullseye rash, maybe they and they're cognizant that that are those are signs, you know, ways that you can see that your body's reacted well, great.

But, you know, ticks, they find the warm places that go into your scalp or onto your armpit or the crotch of all different areas. Right. And so oftentimes they don't get it.

So, so my son said, well, I'm just going to grab a, grab the tag tick. I'm going to put it inside of a little Ziploc bag, send it off to a lab to be to be tested, you know, and so I'm just kind of circling back on the whole testing process because you have a small window of time when you.

I think you can use Amantha about a kind of regimen and actually address the Lyme and or the co-infections, like out of the gate. By the time even the conventional tests, Western blot or other ones that, you know, people are, you know, aware of by the time it shows up that you're positively testing, it's already you've already shifted from the acute stage when you can address it with an antibiotic to the chronic stage.

So some of the tests that you are pointing us to are they're going to catch it a little earlier, maybe in the first week or two of when you think you might have been exposed.

Yeah. Yeah. I think that, you know, when you're testing IgG, M and IgG, both, OGM is an acute antibody, for, you know, the, the bug that you're testing and and the PCR, sometimes will be, you know, elevated early on as well.

Sometimes it takes a few weeks for the IG to become positive. So you don't want to rely as much on that. But, that's another thing about the lab or wilderness that I has to agree on.

And PCR all three, four of several different species, really, and several other species of co-infections. Well, and I think it was about, ten years ago now, I was asked by a group down in Australia to come give a talk down there about Lyme disease.

And so I said, oh, you'll be glad to. It's been a while since I've been in Australia, so I, I flew down there to, it was Sydney and, and the before, just before I left to come down there, they said, we want you to come and we want you to talk, but you can't talk about Lyme disease.

I said, okay, now you want me to talk, but you don't want me to talk about Lyme disease. Why don't you want me to talk about lenses? I said, well, we have an entomologist here in Australia who's analyzed the, 5000 ticks, and he didn't find Borrelia in any of them.

So we don't have Lyme disease down here. Oh, okay. So you say that nobody in your country ever goes to the United States or any other countries where Lyme is endemic?

Yes. So you have Lyme disease in Australia. So, so I thought I thought about for a bit, I thought, well, actually this is a great opportunity. So I decided to go give a talk about multi-system multi microbial inflammation.

Okay. I didn't talk about Lyme at all. But I said you know, Borrelia and Bartonella and some of these other things that we find in United States as co-infections for, for a lot of these are, all capable of causing multi symptom multimodal global inflammation.

But it might not be those at all. It might be, you know, something else, you know, might be, your senior might be, you know, some other creature. Leptospirosis. Whatever.

And so they said yeah, that'd be fine. So, so that's, that's the first that I, gave a talk, and I thought I really should be giving this talk exclusively instead of talking about Lyme disease, because very often when you talk about Lyme disease, the doctor goes down a rabbit hole, you know, doing testing, sometimes, which the test is negative and it tells the patient that they don't have Lyme disease when they actually do have lyme's these.

But the test was just negative. Falsely negative. Are they are they find the Lyme disease by blood test, and then they put them on antibiotics, which, doesn't kill the Lyme disease because they've already had the Lyme disease for several months or years.

And antibiotics don't usually work when they've had the disease for months or years. And they, they end up causing a as a, as we said before, a severe disruption of their gut flora and messing up their immune system.

It makes it harder and harder to get rid of the Lyme disease. Anyway, so what I what I said after after that trip to Australia, I said, to doctors, I strongly urge you not to look for Lyme disease, not look for Lyme disease.

If they have all these symptoms, then give them a natural empiric program. And if the symptoms go away, you say they had multicenter multi microbial inflammation.

And you'll have to know with a you don't have to know what the label was. And so a lot of a lot of doctors started doing that. And interestingly they didn't continue to come under attack from their licensing boards because they weren't using antibiotics for a year or two years or three years, like a lot of them were.

And, so they were actually saving their license and saving the patients at the same time. So it's a win win situation. Very interesting. Right. The blessing in the curse.

You know, you introduced me through your academy, doctor named Doctor Steven Hines, who was also in Texas, not too far from you, but we had discussions not too long ago.

And he said, you know, oftentimes even before he does the normal organized test, anything like you suggested, that sometimes he offers like cement or a natural homeopath or tincture, you know, it'll start low dosing and then increasing dosing over the first week or so.

And then basically if you get a, die off or a reaction or some, some sign that signals symptom that there is actually that that remedy is actually creating a reaction in your body, then that might be the first simple, inexpensive way for you to even know before all the exhausting testing that you you might have a challenge.

And I when he said that to me, I said, oh, this is a page out of Doctor Accountant's book. If I'm it. So, yeah, yeah, I call it I call that the empiric testing.

Okay. So so you're not doing the actual test. You're, you're, you're doing a trial. You know, oftentimes aliphatic doctors have a patient come into their office that's, coughing out the green phlegm, and they say, oh, you've got a bronchitis.

Here, take this, take this antibiotic. And, if it goes away, then we'll know that you had, you know, bacterial bronchitis. And so that's an empiric test.

You know, they didn't they didn't get a sample of the sputum, send it off to the laboratory culture. It, do sensitivity testing for different types of antibiotic.

They just gave them an empiric treatment. And, you know, why don't we do that for Lyme disease as well? You know, don't have to label it Lyme disease.

Label it multi symptom multi microbial information. And you know give them some some anti-inflammatory herbals that they if all you know they get a Horkheimer reaction initially and then they take some some of the remedies that are that are good.

They get rid of that and then they you know, continue to get better and better and better as time goes on. You say, well, yep, they probably had a multi microbial inflammation, which actually gets the patient better and completely sidesteps all the politics involved in the diagnosis, the labeling.

And and everybody's right. The world is right again right through all that. It's very interesting. Yeah. I think, practitioner would be wise to try to, avoid that.

The politics of making a diagnosis and treating with standard pharmaceutical antibiotics. So, there's some theory that basically most people are symptomatic because they're they've got high levels of toxicity and high levels of inflammation that follow that, or they travel together on the same highway, so to speak.

So do you think that it makes sense to just do a sort of a general detox protocol, maybe use binders just to get clean up some of the marketing markets and use serum?

Before you actually go and start a protocol, there might be going after the root cause just to kind of lower their toxic burden and maybe lower inflammation.

Maybe actually abate some of the, symptoms that the patient is expressing. So the patient, particularly if they're chronic, they get a little bit of their life back and it buys a lot of time for the practitioner in the process because everybody's so anxious.

Most people that are chronic, they're so sick of being sick. They're so sick and tired of being sick and tired. Right. That, that once they get something that starts to work, they start to overdo it a little bit.

Do you think that that might be a preempting type of, way to look at this whole equation in a sense. Yeah, yeah, yeah, there's, there's a lot of benefit, I think, in, in detoxifying, you know, when you have a, a suspected chronic infectious process because we know that the toxins create the environment that makes it easy for the bugs to grow and hard for the white cells to to be able to combat the bugs.

You know that doctor? Antoine Beauchamp, who was a contemporary, Louis Pasteur, said the terrain. Is everything okay? He said, you know, the the internal terrain of the body, how how toxic are will determine whether you're going to get sick from a bug or whether you're not going to get sick from a bug.

And, Pasteur said, no, the bugs are everything. The terrain has nothing to do with it. But but on, on on the pastor's deathbed, he finally said, literally, I say to you wanted to exonerate himself.

You know that. Yes, Beauchamp was right, I was wrong. But, you know, by that time, you know, all of Hester's stuff had been you know, it, you know, put it into the medical texts at the time and in the in the training institutions and so on.

So it was way too far downstream for, for that boat to turn back. Right. And it was still pasteurized, everything. So basically taking all of the potential of the, the beauty of nature, we're killing that.

Yes, we're drinking milk and dairy products and whatever. If you if you do do that. But really the thing the elements of that, of that journey go to that food source.

Most of the ones that really are important for our life source. Heavily involved the process of. Yeah. No. Yeah. If you if you, if you get your milk from a cow who is raised in grassland that's not sprayed with pesticides or herbicides, and they don't take any, taking any grains as part of their feed.

You know, that milk won't have any pathological microbes in it. It'll only have beneficial microbes in it. And, so, so there's where the problem arises is your, your you're not paying attention to the environment of the cow is producing the milk that you're going to drink.

Well, I asked this question of anybody but you, which basically is it's it's, what do they call a it's a, some kind of question like the one that you can't answer right away.

But is there a place on earth now, these days, and our Earth and our planet, that there is such an animal is such a cow that has a and I'm sure that there is.

And I'm sure that whatever it is, you'll know that place, because you've probably been there. But in most modern, you know, cities and urban, dwellings, you know, it doesn't exist in the United States anywhere that I'm aware of.

You know, we know that the last year there was more than 1 billion pounds of roundup sprayed in the United States. And we know, statistically speaking, if it rained, there was a 70% chance there was roundup in the rain.

So any place in the United States is getting doused with roundup. You know, if you're out in the in the Brazilian or, you know, Peruvian jungle, you probably can find such a place, but, you know, where you don't have the pesticides and herbicides and, you know, all the other, you know, pollutants.

That man is, added to the planet. But, but there aren't very many places. So the rest of the people, rest of us just need to detoxify regularly because, my cell phone work, by the way, in that place you just described.

Just curious. So that's not what that was. You have a satellite phone? Let's talk about that just for one second. But we're running really late. And I know your time is, amazingly, you know, so precious.

Let's just talk about exaggerates frequencies, EMF, and how EMF, which I believe is another big stressor, a modern stressor, how that might come into the equation with a limitation, because many of these lab patients, they've got these devices, they keep their cell phones next to their bed, they've got Bluetooth and wireless everything and might be driving Tesla cars or battery operated cars, but, you know, devices, lifestyle choice.

I mean, I have my wife bought a coffee pot that is tied to my network in my house so that it can know exactly what time to bring my coffee in the morning.

Like, really? I don't know how to, I'm turning things off as quick as things. The technology is being turned on, so. So how, in your opinion, is the EMF something that a patient needs to be concerned about?

Absolutely. Not just a little bit, but a lot. It's my opinion that in the United States, a greater number of, damages to the cell occur as a result of EMF than from all the other manmade chemical toxins.

Collectively. Wow. Okay. It's a huge thing, and we haven't seen anything yet. Wait till they get the 5G fully rolled out. The, FCC and the Federal Communications Commission has now approved, thousands and thousands of satellites in the United States worldwide, there have been 441,000 satellites approved to be put into the into the low Earth orbit.

You know, as of a year or two ago, there was 2000 collectively in the orbit. All of the satellite collectively, we're only about 2000, and we're talking about having 441,000.

There'll be more satellites in the sky at night. When you look up in stars. Okay. So everybody's concerned about this, the the telephone pole or the power pole that's somewhere located in your area.

And by the way, there is a zip code you can or a website, you can plug in your zip code and it will tell you how many satellite towers or poles are somewhere within four miles of that zip code, which I found interesting because when I walk outside my house, I can see four, but when I put in my my zip code, there's 43 towers within four miles of where I live right now.

Normally when you look for a house, you wouldn't necessarily buy a house that you had a choice under, you know, telephone poles and big high wires. Because of all of that electromagnetic fields and those energies.

And now we're talking about these are the things we can see. What about the stuff in the sky, like you're talking about that you can't see? This is just crazy.

So, you know, antenna search.com or.org is the, when you're is a site you're talking about and, and that's a scary thing to go do that sometime. You know, there are so many other sources of EMF besides the cell towers.

You know, a lot of people, say nothing about it leaving the Wi-Fi or all that, even though nobody's using it. Why in the world would you leave your Wi-Fi on, zap yourself all night long when nobody's using it?

It's not logical. Okay. In my opinion, Wi-Fi ought to be turned off 100% of the time, except maybe when you're going to have a dinner party and people come over and they want to show you something on their cell phone, and they have to hook up to the internet in order to show you.

So you turn it on for the for the dinner party period. You never, never turned on any other time. You know, I don't even have Wi-Fi capability in my house.

I live 25 miles from town for a purpose so that I don't have to deal with somebody else's Wi-Fi. You know, I don't have to deal with somebody else's electric smart meter.

Somebody else's, radio frequency burglar alarm system. You know, all those things are zapping us and and increasing, the the disruption of the blood brain barrier.

So it makes it easier for chemical toxins that are in our bloodstream to go across the blood brain barrier that's now disrupted and straight into our brain and poison our brain.

And we wonder why so many people are having brain fog and early dementia, you know, and it's also disrupting the gut barrier. So you, you have, you know, your gut leaking, you know, bio toxins and all kinds of stuff into your bloodstream, poisoning your system all the time.

And you talk that they haven't even flipped the switch. And on 5G completely, they're still putting the towers on the ground. And I've read that the military and the government, even though those polls are three four and 5G, they're mounting seven and ten G, frequency transmitters on the same cell tower for their purposes, so that they can actually have a frequency that's above the other frequencies that people are using for their phones.

It's just endless without any, limiting factor. Because, like you said, the FTC and the FCC are the ones that are in control of whatever they're to determine how many and what kinds of frequencies are allowed.

And from my, from my, studies, there aren't any health minded people that are even on the committees of those agencies that are making these determinations.

It's it's remarkable if everybody just about everybody that's in one of the governmental agencies that regulates those, electronic commission, communications or from the communications industry.

Okay. So they previously were, you know, an employee of a big communications company. And, you know, they're going to have completely unbiased, open minded attitude about what they should and shouldn't do.

Right? Right. Plus, they're not concerned unless they were personally, influenced, like a family member that was sick. They're just going sort of where the money is.

They hate to be worried about it, but the money seems to be in faster surfing and faster gaming and and wireless everything, because the conveniences without any look back at what might be, might be harmful for the body.

But like you say, the blessing. There's now this whole new power industry called building biologists that go out there and try to clean up the mess or offer some education and awareness.

Those the kinds of things you can do to try to protect yourself. Yeah. I believe that, if you live in a, in a big city is really, really, really, really, really hard, to protect yourself from your mouth.

You know, maybe it can be done to a degree, but, you know, you're probably going to stay inside your home, and you probably have to have all your walls painted with, wash your paint, and you're going to have to have all your windows with, you know, EMF shielded film on them.

Otherwise you're going to get zapped. Yeah, and sleep in a Faraday cage. And, I mean, you know, we're talking about a bubble now, you know, this is before the big rage and this big push when I think we were around three GS, and that was probably maybe ten years ago or more, but I was doing a lot more land traveling and going to the airports, and I kind of watch people.

And I was noticing a shift from in my day, that, you know, if you had a child or two, they were on a little chart. They

were you had a little carrier or whatever you strolling along and then and that communicated to having some help when you go on holiday.

So I'd see these young families that have they'd have like a au pair or someone to help the kids and they would show along. And then all of a sudden, those old pairs that help started disappear.

And these little kids zero like one year old, two year old, they're sitting in their, their little carriages and they're just surfing. They're playing with these tablets and using these devices.

And I thought, you know, neurologically until you would know this statistic better than me, but probably until you're late teens and maybe late teens, maybe early 20s, your your neurological system isn't really, truly all those dots aren't really connected yet.

And now we've got these exogenous frequencies that are sending out signals that electrically, your body is responding to, including your brain. And so I always thought, well, maybe that's another contributing factor.

Why we see so many high rates of autism and and neurological challenges, especially in the adolescent and, the pediatric world. And so this is really a big problem.

And then another one that we have to be concerned about, and particularly a lot of patients need to know about it. Right. You know, it's a it's a huge problem.

And, you know, we're basically poisoning ourselves. And we just need to, do the best we can do with our circumstances. We live in an imperfect world, and we just need to clean it up the best we can, where we happen to be.

You know, if you have a job in the city, it's not going to be terribly practical to live 50 miles away from the city and travel in and travel out every day, both direction.

So, you know, you have to clean up your environment inside the city so that you can survive there and it won't be a thriving. I believe it'll only be a throw of, you know, survival infrastructure.

Okay, so we're coming to an end. I really hate to go because I love you. And I love everything that you've done to help people, you know, throughout the world, particularly in, in the health care area.

And certainly as it comes to Lyme disease, could you offer maybe 1 or 2 tips that a Lyme patient that not feeling so good or even alone patient that feels good but wants to stay feeling good?

Could you offer something that to to us that maybe I could integrate into my life as quick as tomorrow that might make a shift or a change and get me on that positive.

Yeah. Diet is huge. And, you know, if, they have what we call fast foods, they call them fast foods because they speed you to your grave. Okay, so, so, so you want to get rid of all the fast foods in your, in your diet?

You know, if you have limited resources, don't buy organic everything. Buy organic meats if you're going to eat meats because meats have five times the number of pesticides is non organic vegetables okay.

So so you know especially butter. Butter has 20 times the amount of pesticides not organic butter has 20 times the amount of pesticides as non organic vegetables.

So you know if you're going to do butter at all try to get it from a place that doesn't doesn't use pesticides. We get our our butter from Finland. But anyway, you know, you can use coconut oil or palm kernel oil, to cook things with instead of butter and reduce your pesticide intake quite a bit.

You know, you know, get get enough water every day and get the cleanest water you can, you know, the the tap

water, unfortunately, is very polluted. It's got not just chlorine and fluoride which, which are continually added, but it has pesticides and herbicides and solvents and, you know, a variety of pharmaceuticals.

I studied a study in 2008 show that, in in the 40 largest cities, United States, there was an average of 40 different pharmaceuticals in each water supply.

And they were different in different, different cities. But, you know, usually the most commonly prescribed drugs or the ones that you're going to find in the water supply, they're they're reclaiming the water and, you know, adding, you know, filtering of the, the feces out of it and, adding some chlorine and putting it back into the water supply.

So, it really makes you want to drink a lot of tap water, right? And then, you know, try to try to do what you can about the amount of get, you know, get turn off the Wi-Fi at night.

Don't let the, you know, don't charge the the phone beside the bed, put the phone at least 20ft away from the bed. Charging. Put it in airplane mode, preferably, if you have a smart meter, make sure that your bed is at least 30ft away from it.

Or get the smart meter taken off your house and put on an analog meter. If you have a radio frequency burglar alarm system on the house, then turn it off.

If you can afford it, then put a hardwired burglar alarm system on your house, or get a big dog. Dogs. Or a better alarm system than the than the electronic ones.

Anyway, get, get a little digital recorder with the voice of a big dog and have a big microphone or speaker next to the door. Yeah. Activate the motion.

Oh, no no no, no, if you if you have if you have a big dog. Yeah. A big dog in the house and you have a 12 gauge shotgun, a pump action shotgun, you the dog barks and then you go kick.

Nobody's going to come in that house. Nobody. I love that really great. You know, years ago. Thank you for those search that that's amazing. So water EMS food, maybe some sunlight to get sunlight on on your body to use vitamin D.

Get that up a little bit. Yeah. These are all great ways. Yeah. Deep breathing. You know, you know, do a stress reduction technique for deep breathing and visualize that visualization before every meal, before every bedtime.

That was very beneficial. Yeah. Yeah. So simple things do those first. Because they can make a big difference. I like the meditation part in the emotional piece where you can also do, you know, say a prayer like many people do, or do guided meditation to kind of shift you from being stressed out and sympathetic dominance to that parasympathetic where you're calm or you have a better night's sleep.

Many line patients can experience circadian rhythm shifts, and they're not. Their clocks aren't right and they're not getting good sleep. And that's certainly not helping them.

RESTful sleep. Right. So just helping them, you know, be strong enough and, you know, gives the body the energy it needs to, to actually have a booster immune system.

So all of these are they're really just everything that our grandparents and their grandparents knew. But we seem to have forgotten, those stories because we're too busy serving and doing a lot of the more modern things.

And so thank you for bringing us back. These are all words of great wisdom and, Doctor Cowden, you know, we we so enjoyed your, your all of your references.

But, how do people, like, get Ahold of you or get in touch with some of the great work that you've done in the academy that I mentioned earlier when we brought you on?

It’s called the Academy of Comprehensive Integrative Medicine, which the acronym is ACIM, and you did a three year, you dedicated three years of your life, and you interviewed that hundreds of practitioners with different kinds of bodies of work, and you have all of that cataloged on your site on this website.

ACIM and so what if that’s one way? But what where do you want to direct people? Where do you want to direct the love and the energy and all the efforts that you put into your work?

How do people find you? Well, yeah. I think the, people would benefit most by going to ACIM connect.com. Okay. And once they get to that site, you know, type into the search window, something that they’re interested in and see if something comes up.

You know, a course about that? The courses range anywhere from one hour to, to 13 hours. So, you know, there’s short ones along with. But, you know what?

When you find something that you have an interest in and it’s not terribly expensive, then, you know, purchase that course, you know, review the information, apply that information in your life and see if it made a difference.

If it made a difference, you say, I should probably go back there and look at another course. Yeah. And tell a friend about it. Right. Yeah. Yeah, exactly.

And then, you know, we we created a, an online and, wellness coach program and 70 hours of training and, so, I think they still have that priced at around $1,000, which is a huge bargain.

And you know what? You go through that, you can actually help a lot of people, you know, you put that on a card, and I see I’m trying to well, as a coach and help a lot of people.

And even if you only use it to help your family and your friends, it’s still beneficial. You know, as you said, we have the 300 hour, you know, fellowship training that, practitioners could use if they choose to, and the best way to go through that, my opinion is, is one level at a time.

Each level is 30 hours. So you commit to 30 hours, you review that 30 hours. You make sure that you understand that, apply that in your life and in your practice that if you get a benefit, you say, I need to go the second level and just work your way through those levels.

So there’s there’s different ways to go about, you know, gain, you know, getting benefit from the material that’s on the HCM connect.com website. Super.

Well, you know how just what is it. The journey of a thousand miles starts with one step and just one tip. Just one of the things that you mentioned today on this interview can change.

You know, that person’s life, which might affect the next generation below them. And so it goes on and on and on. And so we talked about the negative spiral and the challenges we’re having out here in the world and among ourselves with disease and the environment.

The way to correct that is could be as simply as checking into the ACIM. Website, finding something that interests you, learning something, changing your life and passing that on to your kids or to your friends and so on.

And so forth. And I know, I mean, you dedicate so much of your time in your life to this program and organizing it. The site is really comprehensive. There’s something there for everyone, particularly if you’re listening.

And you have Lyme disease. You need to know more about what Doctor Cowan has done is dedicated his life to this, not just about the Cowden protocol that you can find on that online.

But if you really want to get inside the head of doctor Lee Cowden, which is a full time job, I suggest you check out ACIM, learn more about what the Academy has done and the collective people that he’s surrounded himself with,

that have really made made a difference to many, many people out there.

Yeah. And always pay it forward. So I really appreciate you carving out the time you did today to be with us and share these words and give us some guidance and direction and, and, you're amazing and we appreciate you and keep, keep on keeping on.

So thank you so much for your time. We really appreciate you joining the summit and looking forward to being with you again in the future. Yeah, I'm glad you're putting the summit together.

I think it'll help a lot of people. For everybody, it's probably best not. Thanks so much for joining us today. Please share this content with anyone that you think might benefit from it.

And we're looking forward to having you with us tomorrow for another great interview.