Epstein-Barr Virus: Exploring PEMF's Role in Immune and Recovery Support Transcript

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Introduction to EBV and patient patterns

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 we 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 a chronic idiopathic condition that doesn't respond, you don't know where it's coming from.

You need to test for chronic activated EBV. This is Doctor Talks, real talk from real doctors on the issues that matter to you most. Today's episode was previously recorded on the Pain Solutions Summit that I hosted.

So welcome today to another special episode of the PNF Healing Summit. And I have a dear old friend who's 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 EBV. And so without me saying much about her, then let me ask Kasia, Dr. Kasia Kynes, I call her Kasia.

How do you want to say it? Kasia or Kasia? Kasia. Kasia is the Polish way to say it. That's right. All right, so Kasia, please tell us about yourself.

So it's so good to see you, Dr. Pollack. So we worked kind of together years ago, right? Years ago, millions ago. My name is Kasia Kainz. I'm a doctor of clinical nutrition, and I am told I'm a global expert on Epstein-Virus.

There's not enough of us doing that, that's for sure. So we have created amazing resources for people. So we have kind of a hub website with resources, all evidence-based 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.

And I have the book and we keep going. I haven't finished yet. So we, you know, our goal is I'm a CEO of EBV is the educational Institute and global EBV 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 Dr. Kynes, when I knew her, was not a doctor.

She was a nutritionist and she was a superb nutritionist. I worked with her extensively as a nutritionist. I always like to refer people to her. That means a lot to me.

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

And then Dr. Liz Lipsky 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 and that forced me to really focus on EBV, writing the book, doing the due 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 PhD program, you had to become an expert in EBV.

And I don't think that you were necessarily an expert in EBV before you started your PhD, right? So what did you learn? What did your PhD teach you about EBV that you didn't know before?

I actually was the PhD. There was only one module on virology specifically with Dr. Vasquez. And that sparked my interest because, so that actually helped because 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 ABV.

Kasia Kynes and her EBV expertise

It wasn't enough. So basically I was already working in the trenches with ABV and I tried to figure it out and getting better and better. And the doctoral program forced me to write.

I needed to find a final project dissertation, so to speak. So that's where I had to assign time to write, to go through medical literature, systematize it.

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

And I said, what book? So this is 590 pages. So let's see your cover, show your cover. So it's called the Epstein-Barr virus solution. Yeah. So people change 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 programs online to leverage and to have access to people live because you know, a 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 might 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 right. Epstein-Barr virus. 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 why, for example, I tested myself last fall when I started to notice that I probably was reactivating my own ABG because of my repeated mold exposure, which is common in our community.

And so with COVID, it came to light. We have a big study, a recent study on long colors. And one study showed 73% of the group of long haulers actually had reactivated and they tested properly reactivated.

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 MS 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 MS. 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 EBV at the same time. So there is this climb up of let's 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. The EBV has been around for forever. It was not new. And we used to call it mono. And so the people, kids get mono.

So we say it's mono. But so people know it as mono. They don't know it as EDV. So if you had mono, that basically you have EDV. Right. Right. And you have it for life.

Yeah. So we, we, most of us are born with, with the virus. It's, uh, 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 forever, 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 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 specific things that can trigger it yes so let's go let's go into that so this this is a virus that's ubiquitous Right.

Right. As you say, we're born with it or it's called the kissing disease, right? 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 mono. 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 most of the medical community ignores it. Yeah. So it's actually not true that there's no literature. And that's why I have to write the book. So one third of my book is literature.

How the PhD shaped her EBV research

That's what I pulled. 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 to PubMed, I saw relationships.

Another condition, very unlikely, more relationships. At some point, I stopped doing research and published the book. because the literature is there.

It's just that somebody has to sit down, plow through it, systematize it, and put in a package, and make sense of it. So I think the problem with the medical community is there's no time to study this, and there's an old way of looking at it.

And the old way of looking at it, you have mono, you're done. Number one, you can't have mono again. And number two, any medical conditions 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 mononuclear syndrome.

And if you look at the symptoms, you can almost match it with chronic fatigue syndrome. And like you mentioned, you know, you have, you have a condition as a kid.

One of my patients had idiopathic juvenile rheumatoid arthritis as a kid. She missed half a year of school. That's traumatizing. She was very severely impacted physically by it.

Over-medicated, misdiagnosed. And then she went to college and 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 late 40s, she was almost suicidal. She was heavily depressed. She had all kinds of problems.

And so I asked her to immediately test for Hashimoto's and EBV. Both were on. So it's like over the progression of your lives, this little virus keeps popping up, demonstrating, you know, showing different presentations.

It 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.

That is the chemical avalanche that will feed the virus. So this is kind of how it goes. 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 a chronic idiopathic 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, their suggestion is test for chronic EBV, chronic activated.

or active EBV. So, you know, there is research and those big mystery conditions, which you and I in our clinical practice work with, right? This is what I realized that some of the cases that I couldn't help, they were just glaringly in my face, cases of chronic EBV with complications.

So, how We know it's extraordinarily common. Where does it like to settle in the body? Are you tired of living with chronic pain? Medication only masks the symptoms, but real healing starts at the cellular level.

I'm Dr. William Pollack, the leading expert on PMF therapy. Pulsed electromagnetic field therapy is a science-backed, drug-free solution that helps reduce pain, speed up recovery, and improve overall health.

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Transform your health. Visit DrPolitic.com today and let's get started on your healing journey together. Yeah, so it's interesting, and I don't know why, let's say, enlarged spleen is typical of young boys.

Hashimoto is common of middle-aged women. It's not, you know, it's not always like that, but the autoimmune hepatitis, the liver, could be younger, could be long older.

A few people will have encephalitis. 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 representations, some cancers, so it depends what kind of cancer, tumors, it could be… What's the most common cancer with EBV?

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 literature, 60% IBD, whether it's Crohn's or ulcerative colitis, are attributed to EBV as a causative factor.

EBV basics, prevalence, and reactivation

Note that you can turn it around because at certain point it's delayed. There's so many other immune disorders that are also connected to EBV, associated with it, or even black and white cause EBD, are caused by EBD.

You could even have MS. MS, so there's seven conditions that are directly caused by EBD, according to Dr. Harley's study. And that's from, I think, three years ago.

It's a new study. MS, diabetes type 1, idiopathic, juvenile rheumatoid arthritis. I'm going to miss Celiac is a big one. That is a new one. IBD I mentioned.

Maybe someone rheumatoid arthritis and lupus. How about pancreatitis? I don't know. You know, I haven't looked at PubMed. I should. Well, and the question is whether type 1 diabetes may be activated by EBV.

Type 1, yes, exactly. That's Dr. Harley. There is a specific protein from the virus that gets into the DNA in your cell that is coded for autoimmunity.

If you have those genes, you can turn on those genes. All right. Big question. Chronic Lyme disease versus EBV. Don't know the answer. I have anecdotal stories and I found a study, you know, I haven't looked for studies recently, but when I looked, I found one study saying that EBV can be misdiagnosed Lyme and one study that saying that Lyme disease can be misdiagnosed EBV, depending when you look.

I have anecdotal studies when people would try the long term antibiotic therapy for their lives, and they would deteriorate because that's really scary, but then they would leave that path and go into very different protocol that is much closer to antiviral protocols.

You know, I talked to people and that was their recovery. That was the turnaround. So I, you know, I purposely don't work with limes. If people have limes, I think that's, you have to do something on your own.

I just don't want to mix the two. Well, here's a challenge that I have because EBV is ubiquitous. If you have EBV in your system, we're talking in a second about reactivation, but if you have EBV in your system already, and then you get Lyme disease, you get the actual acute infection from Lyme, you have the bull's eye rash, then the infection from the Lyme causes all kinds of havoc with the immune system, right?

And then what acute Lyme becomes chronic Lyme. And this is what I've seen people have antibiotics for months and months, IV antibiotics for months and months and months, no benefit.

Right? Because they're dealing with the wrong organism. They're dealing with the wrong illness. And EBV is very common. EBV tops into a couple of levels of a person, the physical level, also the emotional level.

So when people are terrified of lines, they have this level of anxiety. And so that's a perfect storm for EBV also to reactivate. You know, when we're stressed out, we don't eat very well.

And we have very, very clear studies if your nutritional status drops. your virus becomes more virulent. Junk food also means NF-coppa B, and NF-coppa B is one of those proteins that the virus likes to use to replicate.

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

all this can affect their immune function. Yes, whether the virus can turn on or not. 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 short periods 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 certainly 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's illiterate too.

It's called transactivation between species. If you have a bad strep infection or H. pylori is common. a common co-

infection with EBV, you can reactivate EBV.

And another way around, if you have reactivation of EBV, you can reactivate other pathogens that you may have there. Do you have a typology of the progression of EBV?

Can you talk about the progression of EBV? There are some hypotheses. There's one on autoimmunity and how EBV is involved in it, and 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.

Really, I think the weakest link because some people believe that, you know, the organs are according to 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. There may be some new ones. Okay, so let's say that you get the acute infection somewhere along the way, or you inherited it.

You were born with it, right? You end up in life with antibodies already. In birth, yeah, you cancer birth. So at some point you got antibodies. Somehow you got antibodies.

Yeah. Now what happens? Nothing has to happen. But you have virus. We have millions of them. I think somebody said trillions. What about particles? Do you need the whole virus or can you have components or DNA?

Components on DNA leaves the blood. So the virus travels in the blood just for a short period of time during lysine. The goal of the virus is to leave the bloodstream and find a condo to live in, whether it's thyroid or spleen or liver.

So looking for DNA is not that reliable. So I saw an article one time that EBV hides out in the lymphocyte. Yes, yes, yes. Tell us about that. That's why one of the major things that I teach people to do is move the lymph because this is often tonsils, the mouth is the entry.

So this is close to the brain, of course, you'll 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, you know, while you can't exercise when you have ED because that's more oxidative stress and more EBV symptoms, we do rebounding, very gentle to start moving the lymph, lymph drainage massage in some cases.

We have, you know, in my program, we have instructions how to do lymph drainage massage.

EBV symptoms, organs, and related diseases

We had a massage therapist retired who map it out for us. So that's very important lymphocytes. Yeah, absolutely. This is where you're going to have so much inflammation and stagnation 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 also lives on the lymphocyte. So we're talking about circulating lymphocytes that chronically have EBV. Mostly will be B cells and T cells. OK, well, there you go.

But that's lymphocytes. Yeah, mostly. And interestingly, in Japan, it seems like there's more T cells. Here it's more B cells typically, but yeah, 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 external issues, like the pollution in the foods, but also just the

environmental issues like dioxins in the air.

There are things that directly reactivate the virus right there and then. And actually mold is one of them. And Wi-Fi technology is one of them. How about 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 were burning fire at home.

That's like, that's really a bad, bad combination. That's why I reactivated in this house a month after we moved in because of the residue of the mold 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 with my desk was fine so you can when when you when you start to create that whole 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 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 reactivate it. So you can expect, and people do what I do, you can feel it coming back.

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 how do we know we have it how do we test for it Yeah, you need four antibodies typically, and you don't want to skip any, so you have a context.

You want all four and then you need a patient's context. Which four? VCA-IGG, VCA-IGG, EBNA-IGG, and EA-IGG. Say the last one again. EA-IGG. Okay, EA, early antigen.

So what are the, what's the relevance of the four? VCA-IGM, we don't see it. turn on with reinfections. We typically see it in that, like, if you look at literature and also what I see, it's more of the first time activation.

Which is typical for IgM. Which is typical for IgM. 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 iffy. So that's probably the mono SPOC test, right? It's IgM. I'm not that familiar with mono actually.

I just work with the antibodies. Okay. Well, a monospot test is an antibody test, but that, but I think it's basically, it's a very quick, it's a very quick swab.

I see. And usually it's kids that come in with the obvious glandular manifestation and you do the monospot rather than doing blood testing. You do monospot and you can diagnose it right there.

So I'm presuming that that's going to be IgM. I don't know that's a good question you see I don't know everything. All right, so so now you have IgM you have go ahead with the other ones.

So then you have the two big ones VCIGG and EBNAIGG 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 700, that can be a problem because that can be 2000, you know, you don't know.

And so And 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 fluctuate a little bit up and down with reactivations, but if you are, if you are improving, so they, they will drop and drop and drop, but they 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 miss this one.

And sometimes patients, you know, they're educated, they request it. And even if they request it, sometimes they miss it. So that's a tragedy of 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 lies, you know, you don't want to wait. So let's say, cause it comes up and down. So let's say. I had a, I had a student once who told me I have a classic chronic EBV, but her early antigen was negative.

So what do I do with this? So I said, well, when did she test? Um, in January. So I asked, when was the worst time when she felt like she was hit by a truck?

Like when was Thanksgiving? I was like, wow, good luck to you. So, you know, so if you really the sickest that's where you need as hard as but that's where you want to test to see the early antigen is there.

And then with the antibodies there's some irregularities. Like a percentage 10, 15% do not manufacture one of these antibodies. And sometimes people have zero.

There's like clean, clean. It's like, there's only one lab that I'm aware of that tests CBNA, IgM. 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 it. But if, I would say if you do the four.

Testing for EBV and interpreting antibodies

with a puddle and it's all completely clean, then I would test total immunoglobulins, IgG, IgM, IgA, you know, and then recalculate with a calculator.

Okay, if this is the range and this is so long, what would it be if she was making them? So that's kind of the story, but I would say… Your body was designed to heal, but illness, chronic disease, stress, injury, and time can slow that process down.

What if you could restore your body's natural ability to recover, recharge and feel its best? The key to healing is giving your body the energy to repair itself.

PEMF therapy does exactly that. Recharging your cells, improving circulation, reducing inflammation and helping you function at your best. For decades, I've studied this technology, worked with hundreds of medical professionals and helped thousands of people reduce pain, regain energy, and take control of their health.

However, not all PMF devices are created equal. No one size fits all. We offer personalized consultations so you can find the right device for your needs, backed by real science and trusted results.

If you're ready for a real solution, let's talk. Schedule a consultation at drpauluk.com. That's P-R-P-A-W-L-U-K dot

com. Because real healing starts at the cellular level.

You know, you never, you never like, you're the doctor, you know the saying, 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, and so that becomes, 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 diagnosis. They're afraid of another autoimmune condition, you know, like stuck, stucking up. And so they're, if there's even a DVD on the horizon, then they're scared of cancer.

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

There's tools. It's not true that you can't get rid of it. It's not true that you can live like that. None of that is true. It's possible to turn it around.

That's the best part of it. Now, I routinely recommend immunoglobulin testing. If you have someone with chronic conditions, chronic fatigue especially, but just any just general chronic conditions, you have to always think that there's a problem with this immune system.

And so in addition to doing the EBV antibody levels, I will do other viruses too, right? Because they can be there. HHV6, CMV are very common co-riders, right, with EBV.

So if you do a full panel, you really should do a full immunoglobulin panel as well. Because if you have low IgM levels or low IgG levels, even though you're positive with IgG for EBNA 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. 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 a monolaurine, alluricidine that kills the envelope.

And that is a problem because you create a havoc on the compromised already body. Well, repeat that, loriceidin and monolaurin. Yeah, we don't use it in the protocol.

I only resort to it if we have co-infections like overgrowth, chronic overgrowth of candida or H. pylori because they deliver. So that's worth it, but we have to be careful.

I have it all explained in the book because a lot of people don't tolerate it. You have to be very careful with dosing. It can tip you over and create a havoc with die off.

It's dangerous for a person who's so sick. What about the standard medical therapies? Well, medical literature says low efficacy. Uh, the doctors that I've trained, I asked them don't work.

And then the community of people that come into 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 pathway in which a pharmaceutical targets a virus, it's not enough. 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, we multitask with those nutrients. There are high antioxidants with the virus hates. They are highly antiviral 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 and maybe more magnesium. When you target it this way and look at the environmental, you know, input, 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.

It's not possible for one medication to do that when the virus is so insidious. In fact, actually, that's an important point because what we see with Hep C and what we see with HIV is that we have cocktails of antivirals, and those antivirals are virucidal.

What's the most common antiviral we use for EBV? Non-medication, you mean? The medication? Medications are not my forte. Okay, but the most common medication, the same one that we use for shingles, it's not virucidal, it's virustatic.

Just like we have virucidal or bactericidal antibiotics for bacteria, we have bacterostatic antibiotics for bacteria.

Treatment approaches and protocol basics

Well, that's interesting. So all the bacteriostatics do is they stop the progression of the growth of the bacteria. They don't kill the bacteria. They stop it from multiplying.

And we do the same thing with shingle virus. So what happens then is that we don't have virus silos. 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 idle 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 if you become even more chronic it become buried even more right buried into 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 if it's just CBD it's Pretty straightforward if you add 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 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 EBD, I created it in preliminary protocol.

And we focus on that alone in the first three, four weeks. It's heavy duty. It's aggressive. It's seven supplements plus vitamin D. That goes without saying.

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? Cause I can't be feeling so much better so fast.

So it's like expected that this will deliver. And if it doesn't, like if you are on it for two, three months and you only like

50% better, 40% better than 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 designed the program. So we just, we can learn once about your life and your body.

Uh, so the initial protocol, we call it the EDD jumpstart bundle. You have aggressive doses of NIC, 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 can handle it.

And so, but we have aggressive doses like selenium, we drive it up to 800 micrograms depending. And, you know, NAC is safe, medically safe up to 4,500. We don't go quite as high, but I want to push it.

And so, you know, people, People with chronic disease 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. Then that's, you start seeing things happen. And then we built up a fuller protocol and we add the diet, we add all kinds of components, you know, and then, so that's pretty straightforward.

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

You want to look at the air quality or water quality, you know, EMF. You have to learn these things. I mean, 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 a little EMF challenge. I have like a bullet of 10 things to turn down the volume on wifi 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 the people that at least come to me, they've tried everything, like, 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 the 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 like the surface part, but the secret is really to move people to the spiritual empowerment and finding the dreams and following them and being a service.

And those are fundamentals. So what's your thinking about PEMFs? 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.

Some of my students will experiment with different therapies like that and ask me questions. I think it has so many opportunities. I just haven't had the tools, so I haven't physically tried them.

I used to see your machine. You had some tools in the clinic, remember? Right. But I never used it on me. So let's put it into context. We don't know whether PMFs will virus or not.

And PMFs 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, and the same thing applies to wifi.

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 you decrease inflammation in the body in general,

right, then the opportunists don't have a garden to grow in.

It's the terrain. Yeah. So it's a little bit like vibrational frequency. Not necessarily.

PEMFs, lifestyle support, and closing thoughts

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're trying to do is to increase the energy in the cell.

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

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

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

create a different baseline for the cells. Yeah, absolutely. And it helps the cells actually to absorb and use nutrients better. That's perfect because that just that's the answer right there for you.

So PMS do so many things and in my books, Supercharge Your Health with PMS Therapy, we talk about adding PMS therapy to other protocols. PMS 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. You can't be pouring gasoline on the fire, as I say, and then do magnetic field therapy, hoping that it's going to put out the fire.

Right. It's in the context, but it's a beautiful object. So definitely. So I do need to read your book. I think 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.

They're pretty, yeah, they're pretty vocal. Yeah. I would like to test it too. Absolutely. We'll have to talk about it. So we have to talk about it. I know you have to go.

I know you have another appointment. Do you have any parting thoughts or comments or suggestions? Very ironic. statement that I've heard before from our community.

is that in some cases EBV 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 lives, 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% of people in the States hate their jobs.

That's awful. 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 EMF now and mold now because of how we build the houses.

So So we are pretty insulted. And I think when people tell me it was my biggest teacher, it's a hard pill to swallow for somebody who has Carnegie 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, your message of hope. And the fact that it's, you know, you can, 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 as an adjunct, 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.

That's another factor. It's like bad nutrition. So bad, bad, bad ideas, bad, bad feelings, right? Thoughts come from nutrients too. We, when we are stressed, we eat poorly.

I mean, that's just physiology. You have different chemicals, screaming sugar. The quick fix, right? Yeah. Yeah. That's just, you know, it's a, It's a difficult time we live in, the 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 else to give and I think the virus is a good indication 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. There are 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?

Once you become activated with anything, including EBV, then you have to start on that journey. Yeah, it's a journey. Definitely. Better get ready. Well, 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. Thank you for tuning in to Dr. Talks. We hope today's episode has enlightened and inspired you on your path to optimal health.

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