Jesseu2019s Near-Death Health Crisis

About three years ago when I met you it was because I had gone through this incident where the two weeks of training, not getting sleep, lifting weights, you know, I mean not recovering.

And then my roommate after the 2 weeks found me unconscious downstairs, called the ambulance. I was put into an induced coma with kidney failure, liver failure brain damage as you now.

It was the closest I possibly could have gone to the edge without fault. This is Dr. Talks. Hey everybody, my name is Mike McNeil and we wanna welcome you to the Peptides and Bioregulator Summit.

And today I have the privilege of sitting with two of my favorite men on the planet. I Have Jesse Bilman here and Dr. Kent Holtorf. and We're gonna get to hear Jesse's experience as a patient all the way to being able to be my guy who I work beside, which is awesome and I really enjoy my experience with you, Jesse.

So first of all, I wanna say thank you for your service to our country. and thank you for everything you did for us. And why don't you go ahead and kick us off with what was your story and how did you come to know Dr.

Holtwerf received treatment and have this beautiful patient experience? Yeah, well, I mean, first off, how funny and full circle is this that I'm sitting right here as opposed to how long has it been?

About three years at this point, right? God, it's scary how time goes by. Yeah. So full-circle, came in as a patient. Now you're helping veterans and other patients that were going through what you were doing.

Yes. I'll just give you the whole story so you can kind of like, you know, pick it apart.

Special Operations Service and TBI

When I went into the special operations community and so I deployed to… Well, that's it? Yeah, that's it. Casually, I can't believe like they tell me like what they did.

I'm like, Oh my God. And then it gets worse. For days. It's crazy. Yeah. Sometimes like stories will come up and I forgot about that one, you know, but yeah, it was active duty six years.

Deployed to Africa, I was in Kenya, Djibouti and Teba, Uganda, basically running airfields and kind of living with the tribes, training them to fight Al-Shabaab, the terrorist organization.

So that was the first deployment. Second one was my combat deployment on an Army Special Forces team in Afghanistan. specifically Northeast Afghanistan, Kunduz.

And that's where I actually got to do the job that I went in as a kid, like seeing movies and relating that to it. To have that experience was amazing.

Even all the things that happened as far as like, most likely I got a TBI during that deployment and just didn't know. Then years later, I'm dealing with it, Was it from a back blow from?

Yeah, I remember one time we were in this building and it was that night we're sleeping. There's like maybe like 10 of us in there, right? And it's a two story building.

And a mortar came and shot and entered the roof of the second story and exploded on the floor of The Second Story because it hit a 2×4. If it didn't hit that would have gone straight through and killed us all.

So we all woke up to just like the blast of it and pressure was just unbelievable. The pressure waves are incredible. Crazy. Yeah. Funny enough, the next day I crawled up and I dug out the mortar fin and i still have it to this day.

I'll bring it in. It's a cool moment. Do you have ringing in the ears, headaches, nausea and vomiting? Not nauseam, vomiting, but definitely that ringing, that ping, which I still kind of have.

And then the biggest thing I noticed was like almost confusion when it happened. You know, it was a mild, like, I almost forgot where I was for a second.

It was really interesting experience to have. But I never… Interesting. Special forces. Very interesting. Yeah, but I never got any brain scans or anything.

It was just years later that I finally got them and turns out I have hippocampus sclerosis, which is pretty severe. I had scarring all over and that kind of explains like the memory loss and all these certain symptoms that, you know, I was always kind curious over the years as to why I Yeah, and that's the memory.

And actually, the interesting studies on TB4FRAG shown to regenerate hippocampus. One study they did, they had put rats in a box, basically. Sorry, put a cell phone in the middle and had rats, you know, just hanging around there.

Then they sacrificed them. A majority had hippo-campal degeneration. So EMFs aren't your friend, yeah. But TB4FRAG, and again, a lot of peptides will do different things, but it just happens to be what study they did, they found that it did regenerate the hippocampus.

That's amazing. Yeah, I've been taking the TB 4Frag and BPC together and they work synergistically amazing, you know, on top of many other things that I'm doing for just like bodybuilder, bodybuilding reasons, lifestyle stuff.

So you had the TBI in deployment, and then fast forward to the time you were talking about earlier, where now you're on this crazy schedule of hitting weights and your lack of sleep.

Go back, so you likely had a traumatic brain injury, which is so common, PTSD probably, right? And now were you feeling okay when you left Special Forces?

Well, dude, after that deployment I got home, within two months I was out of the military because my contract ended. So it was just like an abrupt, I'm doing all these crazy things, now I am a civilian.

Now you're in the real world. Yeah, exactly. That's tough for so many. Pretty interesting experience. Did you notice any sort of post-concussive syndrome or any neurological decline that you were aware of after that?

I mean, the biggest thing has just been memory, definitely. Short-term memory. It's almost kind of to the point of where it was embarrassing as far as my memory being so bad.

Military Injuries, Pain, and Allodynia

And that was the big thing that I noticed post military. And you started like doing things to try to make up for it. Didn't you have metal put in your leg?

Yeah, that was so I was training for my first deployment on an ATV like all train vehicle training and I fell the atv smashed my leg compound tibia fracture foot broken rotated 180 degrees in the opposite direction so the foot was broken in like three places and then i got a rod going from my knee to my ankle which that recovery in itself oh wish that on anybody So did that Elidenia?

So Elidinia, I had it when I was at Lyme. It's horrible. Your skin just hurts everywhere. You can't even put a little cloth on it or anything and it just never goes away.

Sensitivity? Yeah. Air will basically make it hurt. But so did you have that all along, even after you got out of the

military? Did that start in the army or after?

It was, yeah, in the military is when it happened. And, you know, I feel like I recovered pretty quickly from it after maybe six months to a year. But it came back when all that.

Yeah, because then you get the other stuff. Because it's all about immune modulation and allodynia. That's why people get it with Lyme because it is immune system.

So and you what they call regional pain syndrome. It's immune dysfunction. And so that's really driving, you know, the sympathetic dystrophy. It's all this, it goes along with anxiety.

Can't sleep, can't remember anything. Just that immune system, all those inflammation going on and you can fight intracellular infections. So about three years ago when I met you it was because I'd gone through this incident where the two weeks of training, not getting sleep, lifting weights, I mean not recovering.

And then my roommate after the 2 weeks found me unconscious downstairs called the ambulance. I was put into an induced coma with kidney failure, liver failure brain damage as you know.

Oh my gosh. There's so many other things. Heart failure. You had heart failure liver, failure kidney, you weren't refusing you were dead. It was the closest I possibly could have gone to the edge without falling off.

and maybe it was the the shape I was in because I wasn't in good good shape so I could have been you know like I did my cardio so i was like strong I would say you were anaerobic exactly so if I didn't do that maybe I wouldn't have in here yeah I when I tell the story I'm like yeah you they said he's not going to make it he has freaking special forces man yeah that's true yeah so obviously Yeah, so you were in the ICU and they said, you know.

Yeah. So it turns out I had a seizure, a grand all seizure. And then I was in a coma out of the hospital. Within four days, I'd another seizure and so I went back in.

It was just back and forth. When I got out, bedridden, the confusion, it was all those symptoms. Were you being seen at the VA at this point? The first time was civilian, second time is VA.

And so you had neurologists outside the VA, also inside the V. A. Yeah. And what type of treatments were they doing or? I mean, not really lots. I was doing the heart medication.

because my heart had heart failure and it wasn't functioning as well as it could have. And then I think I was doing a few other things like gabapentin for the nerve damage, maybe one or two other thing, but not a whole lot to be honest.

High tech. Yeah. But yeah, and then you just kind of like, what'd you feel like? I don't want to put words in my like a number and just like okay, come in.

Source of pain? Yeah, or pain, you can't sleep, your anxiety. Ten. And they just kind of go, okay, here's gabapentin.

Collapse, Coma, and ICU Recovery

There was at one point where it was so bad and it wasn't improving that they were like, well, we can do this implant in your spine that shuts off the nerves running down your body.

And I was like this close to doing it. I said, God, man, let me hold off and just see if I can just do something and then boom, meet you. That's a scary thing because they have like three, four things in their toolbox, right?

They can do some sort of a block, which is temporary, but for chronic anxiety, don't sleep, you don' t have a memory, they got nothing, Right? Yeah, there's so many things that it's like to address every single one independently.

It's just tough, because they don t put it together. Yeah. A puzzle really is what it was. And then the only thing I really started to get me on the path to recovery was all those things I started with you, like the localized stem cells was a big help.

I remember you came in and he had Alleghenia and it was actually a friend of your mom. Yeah. And who knew my wife, Lori, and just happened to come in.

I think it was a friend from Hawaii. Yeah, yeah. Mm-hmm. We're like, oh, my God. Denny, I remember. Then we did some IVs. Some IV peptides and stuff. They had another doctor in there and he started slapping his leg, right?

Then I'm talking to his mom and we stand up and go, what are you doing? It doesn't hurt. It wasn't anesthetic or it wasn' like ketamine or local anesthetics or anything.

Yeah, and he said, oh my gosh, his alginia is gone, algenia, it sucks. And I remember you couldn't read a book, you could not sleep. I'd watch movies and at the end of the movie I would be like…

I don't even remember what the plot of this movie was. It was pretty bad at that time. And so Jesse was the first veteran we kind of concentrated on, but then we started treating all these special forces veterans.

I thought they'd be all over the place. You have toxins and PTSD and traumatic brain injury. But all the labs were almost identical. And you had the quintessential, which is the same as chronic Lyme, neurodegenerative diseases of exceptionally age.

You guys are in great shape. But your telomeres were like the shortest that we've seen. It's like, oh my god, like 20 years older. They came back very quickly.

The immune system was the worst, toxins off the chart. And what really surprised me was that you guys all came back positive for Lyme. That's right, yeah.

And we're like… We all trained in kind of the same area, which is notorious. Yeah, where would you get the Lymes? Well, you basically laid in bushes in North Carolina, Fort Bragg, or Fort Freedom it was, I guess it's back to Fort Brag, but we were like, oh my God, But also, there's some interesting studies.

A posture neck neurologist presented a study showing that people that don't get better from traumatic brain injury think chronic Lyme. Interesting. And so it shows these completely seemingly separated things.

But yeah, so they all had the same total dysfunction of chronic lyme toxins off the chart. Your immune system was horrible. Mitochondrial function was terrible.

You made no energy. And that's like, you know, with hippocampus, the big thing is there's no mitochondria working. So you couldn't remember anything. It couldn' function and sleep.

Just everything feeds on each other. Well, my whole life changed for the worse at that time, which really makes me appreciate looking back now, like oh my goodness, I'm so glad that I was able to get through that experience and get to where I am now.

And so I remember we kind of did some IVs initially and then started on peptide protocols and a lot of different things. But it was interesting how the whole group of you guys, and we had so many combat controllers, that it like, oh my gosh, you could interchangeable lab.

Copy and paste. Yeah. And what seemed to make the big difference? I mean, everything is like 1 plus 1 equals 10. But I remember we had a lot of peptides.

I don't know if we did initially antibiotics, which we found we don t typically need so much. It's really that immune modulation that I think is the core treatment.

Yeah, it's when I started getting all those IVs because I was coming twice a week. Ozone, stem cells. And peptide and other stuff too, you know, protect the brain and bring back the mitochondria.

and so many things and I remember it wasn't you got some immediate relief which Which was unheard of right with the cream. Yeah immediate. Absolutely Yeah, and it was it's not an anesthetic cream It's a it''s a peptide exosome cream Yeah And I think you had like walk.

Finding Treatment and Early Improvements

I member where you again full circle you started helping other veterans and And he sent a little video of a guy, he said he was going to end it, because he had alladinia, and I get it.

And they said the cream… basically reversed it. He was a guy at the clinic I was over at beforehand, and same thing as me, it was like immediate relief.

And he had almost as bad, I'd say probably as badly of neuropathy as I, he was using a cane to walk and I'm like, this guy is exactly my symptoms, let me go see if this works, sure enough it did.

Yeah, I didn't know he's oh, can we have you know, so he like said it and it's like wow That was an easy fix, you kind of feel almost bad like oh I we didn' really, which is crazy How it is like that is effective and he had been dealing with that pain for so long and seeing how many neurologists exactly and that had never been brought up No, it's crazy how they just, like, tell me about the care at the VA versus the outside neurologist.

Was there a big difference or would they sit down and try to figure out what's going on or was it, okay, you get this, was anything effective, standard care?

I was seeing an outside Neurologist, I didn't want to rely on the V. A. for that big of a deal. You were allowed to go outside with some changes, right?

Yeah, absolutely. I was seeing an outside neurologist and I don't remember which one, but they were saying basically it's lifelong medication for the TBI that I got and all those symptoms.

And I had gotten off it after like a year when I started the program. It's kind of like all these meds for dementia and stuff. You can't believe it. And there's so many great med's that are stuck in phase three trials for decades because they're getting paid not to bring them out.

Like humanin. They named it human in because it made Alzheimer's patients human again. You don't see it approved. People are using it. We're using even derivatives of it that are even much more potent, but because they don' t want to basically cut into the profits of the meds that don''t work.

Exactly. Yeah. I mean, keep them sick and they keep coming back, which is unbelievable. And a lot of people would look at that and go, oh, it's probably not that bad.

That's the case for a of these medications that… It's criminal. Yeah. Dr. Hortorf, did we treat Jesse under the private membership association, the IRB?

Do we do the coordinated effort? Yeah, in order to do a lot of these treatments, we have to some maneuvering. But yeah, so we did it under what's called the Private Membership Association, Private Medical Association and Institutional Review Board where a panel of doctors and laypeople say this is fine.

They're there to make sure it's safe. and effective and informed consent. And then also we do it through our affiliate in Mexico. So that way we're allowed to utilize some therapies, very evidence-based, but that you're not allowed use here.

That's awesome. And Jesse, you shared a photo with me that was shocking because you're such a big, strong guy

now, but you look like 30, 40 pounds lighter.

I was, I went down to 175, and I weighed in at like 220 the other day. So that's, what is that, 25, 35, 45 pounds right there. Like different human being.

That's incredible. And I'm curious on your journey. Now you're on the wellness side, the health side of things. We've gone through the protocols where we maintain.

I've got to the past the point of where I was just normal and now I am on optimizing side. Let's go. Dream to not be in pain. Oh, yeah, be able to sleep.

Yeah be anxious. I was just like I just want to be normal You know, I wasn't thinking about like actually getting better But I mean and and it parallels so many patients now all these multi-system illnesses from and its multifactorial It's from all the crap in the food.

It''s from stress. Its from forever chemicals, you know And then it's a vicious cycle you get basically hyperthalamic pituitary you hormone dysfunction, cause immune dysfunction which then causes mitochondrial dysfunction and then it feeds back.

Now you get immune activation of coagulation which now your mitochondria work worse and it just everything gets worse. And worse now you got pain you've got you know and so you gotta unwind all that But they're trying to try this med.

OK, that didn't work. Try this Med. It doesn't. You've got to look at the physiology and treat all these different areas. If you treat enough of them, all of a sudden it starts working in a vicious cycle in good way, a snowball in the good.

But it's against standard medicine where it is like one disease, one treatment, and they'll put you in little box. and say, oh, you're a traumatic brain person.

Oh, we got nothing for you. Or, Oh you are a pain patient. Like, they roll their eyes when you come in, just seeking narcotics. Exactly. Yeah. And the time in which patients have to suffer and wait through that process is horrible, but that's kind of just the case now it is, unfortunately.

So now you doing all the anti-aging things, reducing your biologic age. What a different focus. That's wonderful. Big time. And I feel like it's important, not just in like the veteran community, but even in the fitness community.

From Recovery to Optimization

I felt like just because someone looks good doesn't necessarily mean what's under the hood is actually all right. And so I also find that you're a good example of that too, that it is important to build muscle, it important exercise, also come to somewhere like Holtorf Medical Group and check under-the-hood and make sure everything is good.

Because I think if you are prioritizing rest and you were doing some things you started to ignore, you may have prevented the road that you went down.

And so, yeah. As we've mentioned, the things, and I gave a talk on this recently at a conference, that what we have shown is that these treatments for acute, like, multi-system serious illness is actually, if you look at the core dysfunctions, is the same thing we do for anti-aging.

And we talked to John with cancer that he's like, oh my God, I'm anti-aging. I feel so much better. That was treating his cancer and you antiage because for instance, senolytics and mitochondrial function and basically things to affect the sleep and sirtuins and all these things are, it's amazing that people separate it so.

And it is actually the same freaking treatments. Yeah. I agree. Well, Jesse, I asked you this before on a previous five. And I'm gonna ask you again, if there's anybody out there that's listening that may be a patient or even a

practitioner, do you have any words of encouragement or inspiration for you to encourage them to maybe take the next step in their health journey, just to courage maybe even your community, the vet community to reach out to someone like Koltorf Medical Group or find the functional medicine doctor close to you and don't trust systems that are broken.

And start to you know have that that voice of hope back to a system that we're restoring with real medicine Yeah, that's the biggest thing is is having hope, you Know and having faith that you're not going to stay here you can't get better because a lot of the a Lot of community they've just You know, it's interesting because it' like we we were trained to be comfortable in a suffering state and so for the rest of our lives that's kind of like maintained, you know, like I'm comfortable being in a suffering state.

And sometimes I forget that I don't need to be here. I can like, I got to tough it out. Exactly. That's what I'd say to most of the veterans out there is that you can feel better.

You just have to take the next step. Sometimes go outside the box and do all these things that we're talking about and find out where you're at. I find it's hard to get them to come in a lot of times.

And I'll use like one case that kind of exemplifies that. So it was at this party, a cocktail party or whatever, and this guy sitting in the corner, big muscular guy.

He's just like so sad. They go, oh, he's getting divorced. He's a veteran, and I start talking to him. He goes, oh, you wouldn't understand my symptoms.

And we start to talk. I'm like, let me guess. You got that, that that. The VA told me those were, they have never seen those symptoms before. Oh my god.

It's symptoms of PTSD, traumatic brain injury. We can help. How would you know these symptoms? How do you these know symptoms, You know? And I said, we won't charge you.

Just come in. They don't come. I wonder what the reason is. Well, honestly, they probably just truly don't believe, you know, I mean, because you're one of the many guys that has probably said that to him.

But I was so surprised he said my symptoms have been told are so unique. And they weren't the quintessential symptoms of a PTSD traumatic brain injury vet.

But he was told he is unique and that's why they can't help him. But it's strange, they tend not to come in. They want to suffer through it and they could help themselves and it is sad.

One, I think that that system, like the Western medical system or even the VA, even in my case, it's like they speak a death sentence over you and they make you believe that there is no other path.

So even if someone holds out the key to open the prison door, you just shut the door and stand in prison. I can't. And what you're telling me is quackery or too much for me to handle.

They're worried about false hope. You know, don't tell me I can't. That's a good point. Yeah. But do you know if anything is not treatable? No, I've seen it.

To an extent. I mean, it is. It's just like, give me an untreatable condition and we'll show you something that's better. I think we're all three at the table, untreatable people from a Western medical standpoint.

And yet we all sit here and, you know, we have our health and our life. That's why practitioners end up in like, I would say 90 plus percent had a personal journey that they went through and said, oh my gosh, like standard medicine is failing me.

Yep. Yeah. It's funny how, yeah, all 3 of us had had pretty severe issues that Western medicine would probably say

we have to live with. That's probably why we're all so passionate about what we do because it's like we know how we changed and we want other people to believe that there is that path that you can take.

I agree.

Hope, Advocacy, and Closing Reflections

The pictures of like your mom and your dad sitting there and you got your intubated and just like, oh, he's reduced coma, his brain dead, forget it. Oh yeah?

Don't tell mama bear that. Let's go, dude. Here I am better than, I'm honestly probably better, than how I was before. So it's like, i've passed that, you know.

It's interesting too, your mom… I'll work for you for free, which of course, she did for a bit, but we paired, so they came both full circle. That's awesome.

And your dad's also too. Yeah. So Gina works with us and you work with and give them back to the same people. They just know the empathy that you know how they feel.

And people that haven't gone through it don't. Yeah, the empathy that we all have because we've experienced it. We would get people with chronic fatigue syndrome, chronic Lyme, and all these multidisciplinary illnesses and they'd start crying.

The person would be like, why? We haven't done anything. He goes, you just believe me. And stories of doctors just treating them like You know just like rolling their eyes and you know, it's massive Yeah, and in like a person the ICU is sending a site Consult because this must be psychological if the doctor can't treat it.

It's a patient's fault. Yeah. Must be Psychological. Let me I have a Basically news for you psychological or neurons firing, you never have normally so it I get so mad and then I'm like, okay, don't blame the person, blame this system, but I don' know, it's a combo.

I think people are starting to wake up to that fact. because there's so many people like us. And I foresee a pretty big wave of people going outside, modern medicine in the United States and doing the sort of treatments that we practice now we've experienced.

I do have faith in that. The problem is there is such a, basically, you got to take a lot of arrows and you've got put your neck out to get chopped off.

If you're like, oh, I'm getting these patients better or… It's a good fight. They'll come after you. Or if you send a patient back better to a doctor, you think the doctor's happy?

Jealousy. No, they call the medical board. Yeah. like you've taken away their their cash cow yeah it's unbelievable i have a lot of stories on that like oh my doctor loves me like well you're better let's see what he says yeah i agree yeah sad that's awesome but what a great story and and i remember when you first came in you know it was like and just in the pictures really And we'll do a PowerPoint.

Yeah, comparison. We'll have a short one that has pictures and just it really brings it home just how bad you were. Mm-hmm. Awesome. Well, gentlemen, I'm proud to work beside you guys and help people heal themselves and get better.

And thank you so much for joining us. Thank you. So much. I really appreciate you, Sam. You're amazing. Thank you for tuning in to Doctor Talks. We hope today's episode has enlightened and inspired you on your path to optimal health.

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