From Coma To Comeback: Rebuilding The Brain And Body After Trauma Transcript

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Introduction and Welcome

Hey, everybody. My name is Mike McNeal, and we want to welcome you to the Peptides and Bioregulators Summit. And today I have the privilege of sitting with two of my favorite men on the planet.

I have Jesse Billman here and Doctor Kent Holtorf, and we're going to 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, really enjoy my experience with you, Jesse. And so, first of all, I want to 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, doctor Holtorf receive 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 what? How long has it been but three years at this one, right?

It's a scary a time goes by. Yeah. So. Yeah. So full circle. Came in as a patient. Now you're, you're helping veterans and other other patients that were going through what you were going through. Yeah.

So I'll just give you the whole story so you can kind of like, you know, pick it apart. I went into the special operations community, and so I deployed to oh, that's it.

Military Service and Deployments

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, I guess on for days. It's crazy. Yeah.

Sometimes, like, stories will come up and I'm like, I forgot about that one, you know? But yeah, I was, active duty, six years, deployed to Africa. I was in Kenya, Djibouti, Entebbe, Uganda, basically running airfields and kind of living with the tribes, training them to fight al-Shabab, a terrorist organization.

So I was first deployment. Second one was my combat deployment on a Army special forces team in Afghanistan, specifically northeast Afghanistan, Kunduz.

And that's where, like, I actually got to do the job that I went in as a kid, like seeing movies and and relating that to it. And so I 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. And then years later, I'm dealing with it.

Was it from a back blow from a. Yeah. I remember one time we were in this building, and it was at night we were sleeping. There's like maybe like ten of us in there. Right?

And it was a two story building, and a mortar came and shot, and it entered the roof of the second story and exploded on the floor of the second story, because it hit a two by four.

If it didn't hit, that would have gone straight through and killed us all. And so I, we all woke up to just like the blast of it. And pressure was just unbelievable.

Your waves are 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. Wow. It's a cool moment.

Everyone had, like, have ringing in the ears. Headaches? Yeah. Nausea, vomiting or not? Not nausea. Involuntary, 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 like a mild, like I almost forgot where I was for a second.

It was really interesting experience to have, you know, but I never interesting. Yeah. Like, I just met Special Forces. Very interesting. Yeah. But, Yeah, I mean, I never got any brain scans or anything.

It was just years later that I finally got him and turns out to have hippocampus sclerosis, hippocampus sclerosis, which is pretty severe Ed scarring all over.

And that kind of explains like the memory loss and all these certain symptoms that, you know, I was always kind of curious over the years as to why I have it.

Yeah. And that's the memory and actually interesting, the studies on TV for frag shown to regenerate hippocampus. One study they did, they had put rats in a box basically.

Sorry. You put a cell phone in the middle and had rats, you know, just hanging around there. And then they sacrifice them. They a majority had hippocampal degeneration.

So MPs aren't aren't your friend. Yeah, but but TV4 frag and again a lot of peptides will will do different things but just happens to be what study they did.

But they found that it did regenerate the hippocampus. That's amazing. Yeah I've been taking the TV for frag BPC together and they work synergistically amazingly.

TBI, Memory Loss, and Early Symptoms

You know, on top of many other things that I'm doing for just like bodybuilder bodybuilding reasons, lifestyle stuff. So, yeah. 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 you're like, go, 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 were, when you left, Special Forces?

Well, dude, after the 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'm a civilian now. You're in the real world. Yeah, exactly. So it was. That's tough for you to experience. Did you notice any sort of, like, post concussive syndrome or any sort of, like, neurological decline that you were aware of after that?

I mean, the biggest thing is just been memory. Definitely. You know, short term memory, like it's almost kind of to the point of where it was like embarrassing, you know, as far as my memory being so bad.

And that was the biggest thing that I noticed post military. And you see, like doing things for me try to make up for it. But, didn't you have, metal put in your leg?

Yeah, that was so I was, training before my first deployment on an ATV. Like, all terrain vehicle training, and I fell that ATV smashed my leg compound tibia fracture, foot broken, rotated 180 degrees in the opposite direction.

So the foot was broken like, three places. And then I got a rod gun from my need, my ankle, which that recovery in itself. Oh, I wish that on your show.

So did that L. A. did you so L. A. yeah, I had it when I had Lyme. It's horrible. It's like you can't. Your skin just hurts everywhere. You can't even, like, put a little cloth on it or anything, and just.

And it just sensitivity. Yeah. It just, air, you know, basically it make it hurt. But so did you have that all along, even after you got out of the military, did that start in the military 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 like 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 Lydia, that's what people get it with Lyme because it's immune system.

So and you know what they call, you know, regional pain syndrome. It's immune dysfunction. And so that's really driving you this like sympathetic dystrophy.

It's all this. It goes along with the anxiety. Can't sleep, can't remember anything. Just that immune system, all this inflammation going on. And you can't fight intracellular infection.

So, about three years ago when I met you, 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 two 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, so many other things they put you through. Heart failure, liver failure, kidney failure. You weren't refusing. You were dead. Yeah. You know, it was the closest I possibly could have gone to the edge without falling off, you know?

And and, maybe it was the, the shape I was in because I was in good, good shape. So that could have been, you know, like I was doing my cardio. So I was, like, strong.

I was as you were anaerobic. Exactly. So if I didn't do that maybe I wouldn't have been here. Yeah I when I tell the story I'm like yeah. You know he, they said he's not going to make it.

He's freaking Special Forces man. Yeah. That's so true. Yeah. So I mean obviously yeah. So you were in the ICU and they said, you know. Yeah. So they make, it turns out I had a seizure, a grand mal seizure.

Collapse, ICU, and Seizures

And then I was in the coma, out of the hospital. Within four days, I had another seizure. And so I went back into it was just back and forth. And when I got out of bed ridden, you know, the confusion, it was all those symptoms.

Were you being seen at the VA at this point? The first time was, civilian, second time was VA. And so you had neurologists outside the VA, also inside the VA.

Yeah. And what type of treatments were they doing or. I mean, not really lot. I mean, I was doing the, heart medication because my heart at 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 1 or 2 other things, but not not a whole lot. Yeah. But yeah.

And that you just kind of like, what do you feel like? I don't want to put words, you know, like a number and just like, okay, I'm in pain. Yeah. Or. Oh, pain.

You can't sleep. Your anxiety and. Yeah. And and they just kind of go, okay, here's gabapentin. Okay. Yeah. There

was at one point where it was so bad and it wasn't improving that they were like, well, we can do a, 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. And I was like, God, man, I just need to let me hold off and just see if I can do something and then boom, meet you.

And yeah, and that's a scary thing because like, they don't they have like 3 or 4 things in their toolbox. Right. They can do some sort of a block which is temporary.

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

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

Yeah, yeah. And we're like, oh, my God. And like, Denny, I remember, like. And then we did some IVs, some I. V. peptides and stuff, and then another doctor in there, and he started slapping his leg.

Right. And I'm talking to his mom, and we stand up, go, we're doing. And like, it doesn't hurt. And we didn't it wasn't anesthetic or. Yeah, it was like ketamine or local anesthetic or anything.

It was immune modulation. Yeah. And it said, oh my gosh, there's allergenic is gone elderly. It sucks. And, I remember you couldn't read a book. You couldn't you, I remember I'd watch movies, and at the end of the movie, I'd be like, I don't I don't even remember what the plot of this movie was.

And I it was, it was pretty bad at that time. And so Jesse was the first veteran and we kind of concentrated on. But then we started treating all these special forces veterans, and I thought they'd be all over the place.

You know, you have the toxins and, you know, 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 a great shape, but your telomeres were, like, the shortest that we've seen. It's like like, oh, like, you know, 20 years older. But they came back very quickly.

Immune system was the worst, toxins off the chart.

Treatment Journey and Recovery

And which really surprised me was that you guys all came back for positive for Lyme. That's right. Yeah. And we're like, we all train in kind of the same area.

Yeah. Well, where would you get your you see him Lyme disease. Well, you, basically laid and bushes and north together in North Carolina, Fort Bragg or Fort Freedom.

It was I guess it's back to Fort Bragg, but we're like, oh my God. But also there's some nice and interesting studies, is, posture, neck, neurologist but presented okay.

Presented a study showing that people that don't get better from traumatic brain injury think chronic Lyme. Interesting. And so it shows you completely seemingly, you know, separated things.

But yeah. So they all had the same, you know, total dysfunction of a chronic. You had chronic Lyme toxins. Off the chart. Your immune system was horrible.

Mitochondrial function was terrible. You made no energy. And, and that's like, you know, with the hippocampus, a big thing is there's no mitochondria working.

And so you couldn't remember anything. You can't function, you know, and sleep. And it just everything feeds on each other. 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 I was able to get through that experience and get to where I am now. And so I remember we we kind of did some IBS initially and then started, John, you know, peptide protocols and like 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 was like, oh my gosh, I'm almost you could interchangeable copy and paste.

Yeah. And what seemed to make the big difference was it, the I mean, that's the thing, like everything is like one plus one plus one equals. Yeah. And you know, but I remember we had a lot of peptides.

I don't know if we did it 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. It was I was yeah, the ozone stem cells and I was doing everything and peptides and, and other stuff to, you know, protect the brain and bring back the mitochondria and, and so many things that I remember, I wasn't you got some immediate relief which which was unheard of with the cream.

Yeah. Immediate. Absolutely. Yeah. And it was it studied anesthetic cream. Wow. It's a it's a peptide exosome cream. Yeah. And that's exactly like what I remember.

Were you again full circle. You started helping other veterans and the like. You sent a little, video of guy. He said he was going to, you know, end it.

And because he had a denier, and I get it, and he said, the cream basically reversed it. He was a guy at my the clinic I was over at beforehand and same thing as me.

It was like immediate relief. And he had almost, as I say, probably as bad of neuropathy as me use using a cane to walk. And I was like, this guy is exactly my symptoms.

Let me go see if this works. And sure enough, it did. Yeah, I didn't know. Oh, can we you know, so we, I said in, in the psych. Well, that was an easy fix, you know, kind of almost bad, like, oh, I we didn't really, you know, which is crazy.

I it's like that is effective. And it's like 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 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, you get this was anything effective? Standard care. I was seeing an outside neurologist. I didn't want to rely on the VA for that big of a deal, you know?

So I was. You were allowed to go outside with some. Oh, yeah. It changes, right? Yeah, absolutely. Yeah. So I was seeking out an outside neurologist, and I was on a medication.

I don't remember which one, but they were saying basically it's it's life long medication for the, you know, TBI that I got and all the other symptoms.

And I'd gotten off it after like a year when I started again, like, I can't recall as soon as that sounds about me. Sounds like one. I mean, there's so many.

It's kind of like all these meds for dementia and stuff. Yeah, they you can't believe. And there's so many great meds that are stuck in phase three trials for decades because they're getting paid not to bring them out.

Like really like like human in they named it human in because it made Alzheimer's patients human again. You don't see it to prove people were you. They were using it.

Even derivatives of it, they're much more potent. But because they don't want to, you know, basically cut into the, their profits of the medicine clientele.

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

Like, you know that, you know, but that's the case. Is there a lot of these medications that are in it. It's criminal. Yeah. Doctor Horwath did we treat Jesse under the the private membership Association.

The the IRB. Do we do the coordinated effort like we do with in order to do a lot of these treatments we have to do some maneuvering. But yeah. So we do it under what's called a private membership association.

Private medical association. An institutional review board where a panel of doctors and laypeople say, this is this is fine. This they they're there to make sure it's safe and effective and there's 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 you know that you're not allowed to use here.

That's awesome. And just you shared a photo with me that was shocking because you're so you're such a big strong guy now. But you look like 3,040 pounds lighter.

So I was I went down to 175. I weighed in at like 220 the other day. So that's I mean what does that 2535, 45 pounds right there. Yeah. 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.

Veterans, Hope, and Functional Medicine

We've we've gone through the protocols where we maintain, I've gone to the past the point of where I was just normal. And now I'm on the optimizing side of things.

Let's go surpass that sort of limit. And that's kind of where I am now, where you just would dream to not be in pain. Oh, yeah. To be able to sleep and not 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 it's multifactorial from all the crap in the food.

It's from stress. It's from forever chemicals, you know. And then it's a vicious cycle. You get basically hypothalamic pituitary, you know, hormone dysfunction causes immune dysfunction, which can cause 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. There.

You got pain. You got you know. And so you gotta unwind all that. But they're trying to try this mad okay. That didn't work. Try this man it doesn't work.

And you got to look at the physiology and treat all these different areas. If you treat enough of them all of a sudden starts working in a vicious cycle and in a good way, a snowball in a good way.

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

Oh, we got nothing for you. Or oh, you're a pain patient. Like, you know, they roll their eyes when you come in. Oh, I just seeking narcotics. 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. Yeah. Unfortunately. Yeah. And so now you're doing all the anti-aging things reducing your biologic age. Like you know what a different focus.

And that's that's wonderful. Big time. Yeah I feel like it's it's important not just in like the veteran community but even in the fitness community. I feel 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's important to build muscle, it's important to exercise, but also come to somewhere like a whole medical group and check under the hood and make sure everything is good because I feel like if you were prioritizing rest and you were doing some things you started to ignore, you may have prevented the road that you went down.

Definitely. And so yeah, and as we 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, you know, multisystem serious illness is actually if you look at the core, dysfunction 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 anti age because for instance analytics and mitochondrial function and you know basically things to affect a sleep and you know twins and and all these things are it's amazing that people separate it so much.

And it's actually the same fricking treatment. Yep. Yeah I agree. Well, Jesse, I asked you this before on a previous five. I'm gonna ask you again. Go ahead.

If there's anybody out there that's listening. That maybe 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 encourage maybe even your community, the vet community, to, to to reach out to somewhere like call Turf Medical Group or find the functional medicine doctor close to you and and don't trust systems that are broken and start to, you know, have the 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 the community, they've just you know, it's interesting because it's 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, 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. And 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 and 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, cocktail party or whatever.

And this guy sitting in the corner, kind of a big muscular guy and he's just like, so sad. And I go, oh, he's getting divorced. He's he's a veteran. And I start talking to you so you understand my symptoms.

And, and they start talking like, let me guess, you got that. But he's like the VA told me those were they've never seen those symptoms before. I'm like, oh my god.

Yeah. If there's a PTSD traumatic brain injury I'm like, we can help. And he's like, how would you know these symptoms? How would you know these symptoms?

You know, and I said, we won't charge you. Just come in. They don't come in. 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, you know?

But, I mean, he was so surprised, he said that his he said my symptoms, I've been told, are so unique. And they were the quintessential symptoms of a, you know, PTSD traumatic brain injury bed.

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

Yeah. When I think that that system like the Western medical system or even the VA or 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.

Full-Circle Reflection and Closing

So even if someone holds out the key to open the prison door, you just shut the door like a standard prison, like, yeah, there's 100% I can't in what you're telling me is quackery or, you know, to too much for me to handle.

And then you'd rather do it. You know, they're worried about false hope. You know, I don't tell me I can, I can't. That's a good point. Like. Yeah. But I do, you know, if anything is not treatable.

No, I have to an extent. I mean, no, it is. It's just like, give me in a. Yeah, untreatable condition and we'll show you something. It'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 practitioners end up in, like I would say, 90 plus percent had a personal journey that they went through and said, oh my gosh, I said, their medicine's failing me.

Yeah, yeah, I it's funny how, yeah, all three of us had had pretty severe issues that, you know, Western medicine would probably say we have to live with.

Yeah, yeah, yeah. And that's probably why we're also passionate about what we do, because it's like we know how we changed, and we want other people to believe that there's that path that you can take.

I agree, the pictures of like your mom and your dad's there and you got your intubated him just like, oh, he's he's, you know, induced coma. He's brain dead. Forget it.

Yeah. Oh yeah. Don't tell mom. Don't tell mama. Bear with us. Let's go. Dude here I am better than I am. Honestly. Probably better than how I was before.

So it's like I've passed that. Know it's interesting. Two of your your mom. I work for you for free. Which you know she did for a bit where we prepared.

So they came both full circle. That's awesome. And, and your dad's awesome, too. Yeah. And Gina works with us, and you work with us and. And giving back to the same people that you know, because they just know the empathy that that you know how they feel and people that have gone through it.

Don't you agree? Yeah. The empathy that we all have because roll their eyes and, you know, like we would get people like with, you know, chronic fatigue syndrome, chronic Lyme and all these multi-system illnesses and they start crying the first, like, why we haven't done anything else.

You just believe me. And like stories of doctors just treating them like crap, you know, just like rolling their eyes and you know, dismissive. Yeah. And and like a person in the ICU setting a site, console.

Because this must be psychological. The doctor can't treat it. It's the patient's fault. It must be psychological. Let me. I have a basically news for you.

Psychological. Are neurons firing? You know, abnormally. So it it it just I don't know, I get so mad and then I'm like, okay, don't blame the person. You know, blame the system.

But, I don't know, it's 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, you know, modern medicine in the United States and doing the sort of treatments that we practice and that we've experienced.

Yeah, I do have the problem is there's such a, you know, basically, you got to take a lot of arrows and you get put your neck out to get chopped off. And, and you know, if you're like, oh, I'm going to these patients better or, you know, it's good for we're like, they're come after you.

Yeah. You know, and or if you send a patient, back better to a doctor. You think the doctor is happy. Jealousy. No. Because they call the medical board. Yeah.

Like. Well, you've taken away. They're they're, a cash cow. They're like, you know. Yeah, I it's unbelievable. I have a lot of stories on there. Like people like, oh, my doctor loves me.

Like, well, you better let's see what he says. Yeah, and I agree. Yeah. Sad. It's awesome. But what a great story. And, and, and, and I remember when you first came in, you know, let's like and just and the pictures really hit home and, well, we'll do a PowerPoint.

Yeah. Comparison. Yeah. We'll do a short one. It has pictures and just it really brings it home. Just how bad you were. Yeah. Yeah. Yeah. Be 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 again. Thank you so much you guys. I appreciate you saying you're amazing. Thank you so much everybody for joining us.

And stay tuned for the next one.