He Treated 14,000 Lyme Patients And Found A Chronic Illness Model | Dr. Richard Horowitz | Ep. 162 Transcript

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Introduction to Lyme and Chronic Illness

Anyone listening, if you notice that one day you have pain in one joint like your knee, and three days later it's in your shoulder, four days it is in the ankles, that is classic for Lyme disease.

I'm telling you that 99.9% of my people who came in with chronic Lyma had zero libido. This bug knocks the libid completely out. Give me a few things that school didn't teach you but your patients taught you.

What I learned over time through my patients is we have Dr. Richard Horowitz. Dr. Richard is a board-certified internist, author, medical director, and co-founder of Hudson Valley Healing Arts Center and one of the most recognized voices in Lyme disease and chronic illness.

Through his MSIDS model, he helps patients and practitioners understand the hidden layers behind a long-term illness I developed a 16 point model for Lyme and then discovered, as I did a deep dive in the literature, it was applying to autism, ADHD, Alzheimer's disease, allergies and asthma, autoimmune illnesses.

And it's like every disease I looked at, there were these 16 root causes. So in your opinion, what is the biggest medical truth the health system refuses to acknowledge?

The biggest truth that I've learned is that chronic illness at this point is in epidemic proportions in U. S. and what I ultimately discovered which was this book here, The Ending of Chronic Illness, When did you publish the book?

It's coming out of October this year. This book has over 2,000 scientific references backing it up. Is there at any point in time in your career, have you just said, what am I doing?

Welcome to another episode of a Healthy Point of View podcast. I'm your host, Sam Sahara, and as usual, we're bringing experts from all over the world to talk about health, wellness, beauty, in mindset.

Today's guest, We're gonna be talking about Lyme disease. But not just how we typically talk About Lyne disease or the information that you've been exposed to.

We gonna to be talkin' about some new data that's starting to come out. We have an expert here who has had the opportunity to treat thousands, over 14,000 patients with Lyme disease.

So we're gonna go into the details of what this looks like, what are some of the other things that we've seen that show a correlation between Lyne disease and other chronic illnesses that are out there.

Today's expert that we have here at the podcast, we had Dr. Richard Horowitz. All right. Dr Richard. When I get home from this podcast I'm gonna ask my wife to do the same thing.

Listen man, that's a party right there. You gotta get that on camera though if you do that. That's gonna be a good one to watch, especially after today's podcast.

So Doc, welcome on a Healthy Point of View podcast Thank you, it's pleasure to be here. And this is a great topic, you know, Lyme disease. So we're doing a whole series and we'll bring in multiple experts to talk about Lymedisease.

We're going to be talking about multiple different things. You know on your end we will be taking about how it relates with Alzheimer's disease as well, which we are getting into that a little bit later.

But we're bringing people onto the podcast to even talk about some of the conspiracy stuff. So this is a very interesting series that we are doing and I'm happy to have you here as being a part of it as an expert working in different areas, working with committees and policy makers specific to this.

And those are things that will touch up on, as you may already know, I participate very closely with the Make America Healthy Again movement. I'm in DC every single month with all of the leaders there.

We meet. And Lyme disease is one of those things that's finally getting the attention that it should. Um, I don't think we're necessarily there yet, 100%, but we are headed in the right direction in my opinion.

So, but before we get into the meat and potatoes of this podcast episode, I want the viewers and listeners to get to know who you are, right? And we're going to go way back.

I wanna know your upbringing from when you were like about five years old and really what got you to where you're at today. Well, if we're going back that far.

So I grew up in Queens, initially in Regal Bar Queens and then Bayside Queens. Very religious growing up. I used to speak to God on a regular basis when I was six because nobody told me you couldn't do it.

so I pretty much downloading and having a very strong spiritual connection ever since I very young. And so my life was kind of a spiritual quest at this point to optimize not just my experience, my health, but kind everyone around me.

I kind came in with the spirit of how can I help? And my parents got divorced when I was very young. It was a traumatic event for me, interestingly enough, I think it shaped me in a way when i grew older and I saw these people with trauma.

Dr. Horowitzu2019s Background and Early Medical Journey

huge number of these chronically ill patients I saw that had either emotional physical or in sexual trauma and I realized the mind body connection was so important so it's interesting you bring that up because most people don't you know ask me about it but it is true your background and who you are.

It makes a big difference. And so I ended up going to medical school in Belgium for seven years in French. Oh, really? Yeah. My stepfather was a surgeon.

He had done it in Europe after getting a biology degree in biology at Northwestern University. When I came back, I did my internal medicine residency at Mount Sinai in New York City.

And I became a board certified internal medicine doc and I thought I was going to be a country doc. I wanted to move up to the mountains. My mother wanted open up a practice in Queens for me.

And then I said, you know, I'd rather, be, a Country Doc and do diabetes and hypertension. What happened to me is I had made prayers early on in my life.

May it be of greatest benefit. And it's interesting because I had started studying with Tibetan Buddhist teachers when I was in Belgium, because i wanted to further that spiritual connection.

And ultimately ended up at this point studying them for 45 years. When I got out of med school and I went to Mount Sinai, there was a monastery up there, Kaibutuptin Choling.

And I wanted to be around so that when I was a doctor, I could also continue my meditation practice, but I didn't realize at the time I moved into the largest limedemic area in the United States, which was Hudson Valley, New York.

So here I, was minding my own business, just trying to a doc doing country medicine, enjoying the rivers and the mountains, and I walked into this epidemic, And the reason I bring up this story about my spiritual teachers is one of my teachers, Lama Gendun Rinpoche, said to me, I asked him when I was getting out of medical school, what's the most important thing you want me to know about to become a doctor?

And he said, Richard, the more important is put yourself in people's shoes and do for them what you would want done for yourself. It's called exchanging oneself with others.

He said if you do that, everything will go well. Now this is basic advice of have love, wanting other people to be happy, have compassion, want other to people be free from suffering.

But the reason this was important for me is when Lyme started hitting and I saw these people with the bullseye rashes and we gave them 30 days of doxycycline, about 25 or 30% started coming back and they were ill and nobody could figure out, this back in the late 80s, early 90s.

So I would send to infectious disease doctors and neurologist and rheumatologist no one knew what to do so I remembered the teachings and I said you know if I was sick I want my doctor to go on a journey and figure out what's wrong with me.

Well here I am today 41 years later with you about 14,000 people that I've seen over time. And I believe I have actually discovered a cure for this disease after being in this field for so long.

But it was not something I expected to do, but I think it that motivation of how can I benefit? Because I don't know if I would have stuck with it the same way because the medical political situation of Lyme disease was good in the United States.

A lot of controversies that have gone on about this. So I'm happy I did it. I've benefited a lot, the journey was an easy one, very rewarding ultimately.

I can only imagine that journey that you've gone through to, quote unquote, crack the code, right? Where you're at today. You know, obviously that's journey, you gotta take that by yourself.

And that is journey there's, I would only assume that there are other physicians and other type of scientists and experts that help you through that. Are there any particular people that want to shout out now that were part of that And I hope the list is not like a Santa Claus.

No, no, of course. And that, you know, and that's, it's a great question because we all stand on the shoulders of giants who've come before us. Right.

Dr. Joseph Borscano, Dr, Kenneth Liebner, dr. Sam Danton, infectious disease from Boston. When I went to that first Lyme conference back in probably 1990 from the Lymedisease Foundation, I didn't know how to help these people.

and they were on stage telling me about you need a little bit more antibiotics, right? So, And they had gone through their own difficulties with the medical political system.

They were some of the key figures. And even one of doctors in medical school, Dr. Rozenek, this guy was like four foot nine with the biggest brain you could ever imagine.

I would go in after hours, we would round in the hospitals. and I discovered that this doctor was so bright. He was a medical detective like I had never seen before.

You know, I want to know what you know because you now how to diagnose people like you've never see. So I'd go after work, after rounds and go back. he wanted to learn English.

And I would go back and he would give me cases and teach me how to take a history, how think out cases, these very complex cases. So also that particular physician, Dr.

Rozenek, he was absolutely crucial in my becoming what I believe is being a medical detective, trying to figure out why all these people had chronic illness.

So those physicians that you would follow and that would look up to when you first got into your career, what's the biggest difference you'd say between how they were practicing medicine treating the similar diseases that your treating versus today what you're doing?

The biggest difference of how I'm treating medicine today is I didn't know about functional medicine when I started practicing medicine, right? So I was a board certified internist learning how to use drugs for all the different diseases.

But the problem with the medical model, the way I seeing it is we were naming diseases and throwing drugs at it and all these people were getting chronically ill.

So, and I think your story probably resonates as other people have with this. So I had to go on a journey. I started reading books by Sherry Rogers on environmental toxicity.

She was one of the first people I read, tired or toxic. And I starting going on this journal, going to functional medicine conferences like A4M, IFM. Eventually I studied teaching there and speaking to the doctors about it.

But What really changed over time was the model of getting to the root causes of why people were ill and not just naming the diseases and throwing drugs at it.

And what I ultimately discovered, which was shocking, and it's in my new book, Ending Chronic Illnesses, the 16-point model that I developed for Lyme, it came out of patient experiences one by one.

So I'll give you a couple of examples. My first couple years in practice, a woman comes in in a wheelchair. She can't walk for five years and she's got drenching sweats, she was in her 30s.

And nobody could figure out they were giving her antibiotics wasn't well. And I said, you know, this sounds like a parasite called Babesia. But it wasn' supposed to be in the Hudson Valley.

So we sent out the ticks from the local Institute for Ecosystem Studies. We sent her blood. Lo and behold, it was Babsia and I started finding hundreds of cases of it.

We gave her the treatment at the time, mepron azithromax, atovacone azitromycin, and weeks later she started getting up. She started walking, now she's skiing.

The woman is no longer paralyzed in a wheelchair. Now she is walking. Another patient comes in, can't speak, has aphasia. goes to, you know, very famous hospitals in Boston.

Oh, we think it's a stroke. We think you had a typical migraine. I discovered it was Bartonella. It was this atypical intracellular bacteria. we gave her the right antibiotic.

She starts speaking for the first time after years. So what happened in my medical career being a medical detective of just searching for answers. One by one, I started discovering this model that It was not just one infection, Lyme disease, but it was other bacterial infections like BART.

It, was parasites like Babesia. Um, it, were viruses that were reactivating. Now we're seeing it with long COVID with Epstein-Barr and Herpes virus six.

And it. Was fungus, Candida in the gut or fungal infections that people were getting, But not, just these four types

of infections. environmental toxins.

My patients were loaded with heavy metals. 90% were coming in with mold. The microbiome of the gut was off. So I developed this 16 point model for Lyme and then discovered as I did a deep dive in the literature, it was applying to autism, ADHD.

Alzheimer's disease, allergies and asthma, autoimmune illnesses, cancer, cardiovascular disease. Chronic fatigue syndrome, fibromyalgia, mood disorders, pain disorders.

Hormonal dysregulation. It was like every disease I looked at, there were these 16 root causes. So it's kind of like, again, the seed of how can I help?

How can i benefit? it ended up being miraculous to me that I ended discovering not just an answer for Lyme, but as we'll talk about shortly, I believe I may have discovered at least a partial solution for some with Alzheimer's disease, just by trying to help people and trying figure out why they were sick.

So a lot of the stuff you're talking about, this is definitely an issue, an epigenetic issue that these patients are having with all these different toxins and mold and everything that you are talking.

Have you had any of your own personal medical experiences with some of these things that your treating other people with that started experiencing yourself?

Oh, of course. Any doctor who's a good doctor had to have some these diseases. I got Lyme probably 30 years ago. But fortunately, I got it early. I was so sensitized to my body and what Iwas feeling that literally within five minutes, I remember this time in my medical office, i was feeling a little bit off balance, like something was off. I knew it had to be Lyme.

So within 5 minutes my nurse was drawing my blood, i was dropping my pants and iwas getting a Bicillin injection inmy butt. And that's the reason I never got sick.

Because literally, within5 minutes I recognized it. But I had allergies and asthma when I was very young. There's a story in the book called Itchy Richy because I always was having asthmatic attacks, in part from the trauma.

In fact, this is a great story. So I met the Dalai Lama's private physician, Yeshe Danden, because of my Tibetan teachers. And he takes my pulse diagnosis and he says to me, oh, you had trauma when six years old causing asthma.

And I went, what? It was like, hold on. I'm a good doctor and I am a diagnostician, but I cannot tell you that kind of details. And had to do my own healing emotional work over time.

But I discovered I had Mass Cell Activation Syndrome with histamine sensitivity. Now my father was a surgeon. Every time I got sick, my mother would yell to Harris, Harris give him a shot.

And nobody gave probiotics at the time when we would take the antibiotics. So I developed a Candida problem in my gut. Here I'm in Belgium, right, 500 Belgian beers.

I would have one beer, my head would be on the table, I'd be sleeping. And I didn't know I had reactive hypoglycemia. Oh, wow. When you have these things yourself, great question.

I then just started discovering in my patients who said, doc, you know, I'm trying to optimize my health. I am doing everything right. But I was falling asleep at 10 o'clock in the morning or two in afternoon.

And I said oh, that sounds like hypoglycemia. Then I discovered there was adrenal dysfunction that 99% of my chronic patients had low adrenals driving their hypoglycemias and Candida was associated.

So yeah, my own medical journey absolutely informed how I treated patients and helped patients over time. Wow, wow. That's amazing. I love hearing this stuff because now we're going to get into more of the details and I can only imagine the workup that you do on a lot of your patients that come in through the door, specific with diagnostics, right?

The work up that do. But Doc, in your opinion, what is the biggest medical truth you've learned throughout your career that the health system refuses to acknowledge?

The biggest medical truth that I've learned is that chronic illness at this point is an epidemic proportions in the U. S., and all chronic illnesses I have seen is due to chronic inflammation.

And this chronic information is coming from up to 16 different factors, what I'll call the six rivers of inflammation driving an ocean of information with 10 downstream effects.

So what are these things that I've seen with the medical system basically is not really adopting except for functional medicine docs, infections, toxins, microbiome issues in the gut, leaky gut with intestinal hyperpermeability with mast cell activation.

Patients who came in with vitamin mineral deficiencies that had no idea that they had them. Sleep disorders. Those are the six main rivers of inflammation.

But all that inflammation drives mitochondrial dysfunction. So all these people are trying to optimize their hell-taking mitochondria supplements, but the mitochondrion have nothing to protect them against all this free radical oxidative stress.

If you haven't gotten rid of the infections and the toxins and microbiomes off, you can't do it. Also, the inflammation would affect the hypothalamic-pituitary axis.

Discovering the 16-Point MSIDS Model

Young men in their 20s would come in with low testosterone with 150 or 200 testosterone from Lyme disease because it was shutting down the pituitary or women were going into early menopause.

And then we started discovering that these autoimmune reactions that people were having was also due to environmental toxins and Lyne. They were getting immune deficient.

because Lyme and Bartonella was affecting their B cells from the bone marrow making antibodies. Long COVID was wiping out their T cells with T cell exhaustion.

And then mold was, gliotoxins were affecting the immune system. So all these people were coming in with immune dysfunction, with autoimmune reactions, With POTS dysautonomia, they would stand up and feel like they're going to pass out because their autonomic nervous system was thrown off.

and then they'd have liver dysfunction with fatty liver affecting a third of the world's population. They have neurological issues, Big amount of them had psychiatric issues where they were on drugs, treating the symptoms, but never getting to the root causes of why they we're ill.

And then we would see deconditioning and these resistant pain syndromes. People come in and 480 milligrams of morphine and still had pain. So we found that all of these factors, it was like going into a doctor's office with 16 nails in your foot, telling the doctor you had foot pain, and the Doctor finds one or two nails and says, come back in a month and tell me how you're doing.

The medical system is not aware at this point broadly, And that's why I wrote this new book, Ending Chronic Illness, that we've got to get to these 16 root causes, because it's not just causing Lyme disease, It's affecting this broad range.

And, ultimately I believe is part of what the Maha movement is looking for is, We are a sick nation. We need to find the cause, so I hope this will be part of the solution that they're actually gonna look at.

I love that. Would you say, after treating over 13,000 patients with Lyme, that this is exactly what you said, these 16 specific things, Is what conventional medicine is missing.

Yes. So I call this model MSIDS, Multiple Systemic Infectious Disease Syndrome, and it really just grew out of seeing these 13, 14,000 people who one by one came in with an illness I was trying to figure out.

And for one, it was then the mold toxins or like I had you asked me about my health. I have heavy metal toxins. Right? So I started finding that when I chelated the heavy metals and I did a lot of it orally with DMSA, a little bit of EDTA, about 25% of my patients who said, doc, I have resistant fatigue and brain fog, and have got aches and pains, And I've got memory problems.

I would chelaate their metals. And all of a sudden they'd say, that's it, i'm so much better. Or we would pull out the mold toxins and they go, my God, That was why I couldn't get better from all these other things.

So yes, this 16 point model, which I call MSIDS, I think the medical system is missing it because we're just naming diseases and throwing drugs at it.

But that's in part, that is not working. The Alzheimer's epidemic, which we are going to talk about, the NIH last year said that 42% of Americans over 55 years old are gonna become demented.

Now, hold on. Why weren't the bells and whistles going off at the top? 42% of people over 55, and yet they spend $2.4 billion a year on Alzheimer's research for the NIH, And I had to be the first guy to show you the relationship of Lyme and Alzheimer.

Something's wrong with that model. That makes us think quite a bit. Before I start talking about that, I want to talk a little bit more about Lyme disease because you said over there in New York, biggest population with Lyme exposure, correct?

When I moved in the Hudson Valley, definitely was one of the lot. Now, of course, it's spread across the world in U. S. But when I move to the hudson valley in 1987, It was the highest Lyma endemic area in The United States at that point.

For the viewers and listeners that don't really understand Lyme, how can you break down Lyne disease so people can really understanding what it is? So Lymedisease is from a bacterial infection from tick bite called Borrelia burgdorferi.

But you can get Lynediseased by maternal fetal transmission. The mother can transmit Lyndiseas to her child, and this is part of one of the things that I believe Secretary Kennedy is gonna be looking at at this point in time.

I've definitely had to treat women, I had women who were having miscarriages, and until we treated the Lyme properly, they could not have healthy babies.

So Borrelia burgdorferi is normally transmitted by a tick bite, but again, it can be fetal transmission. And what it does is it causes a chronic fatiguing, right?

You're very tired all day long, musculoskeletal symptoms. I have joint pain, I've muscle pain. But the key with Lymedisease, and this is really important that people get this, What differentiates it from chronic fatigue syndrome, myalgic encephalomyelitis or fibromyalgia or long COVID, which are all chronic fatiguing, musculoskeletal, neuropsychiatric illnesses with depression, anxiety, cardiac symptoms, pulmonary, is Lyme symptoms come and go with good and bad days, but you can't explain why some days you're feeling well, other days are not.

Women around their menstrual cycle will say, as the estrogen drops, all the symptoms comes out. But Lyme has

one difference with all these other diseases from CFS, fibro and long COVID, even mole toxicity, is it has migratory pain.

So anyone listening, if you notice that one day you have pain in one joint like your knee, and three days later it's in your shoulder, That is classic for Lyme disease.

Lyne causes migratory pain. You don't see that with fibromyalgia, with chronic fatigue, ME, or with long COVID. But also you get a lot of brain fog of memory concentration problems, word finding problems.

People can fall asleep at night. They keep waking up in the middle of the night and they're on sleep meds and can't figure out why it's working. The libido is shot.

I'm not exaggerating when I am telling you that 99.9% of my people who came in with chronic Lyme had zero libito. This bug knocks the libado completely out.

So you're talking chronic fatigue, you are talking sometimes chest pain, palpitation, shortness of breath. Now if you get this parasite, Babesia, which is like malaria, They'll get day sweats, night sweats shaking chills, flushing, air hunger where they can't catch their breath with a cough.

And I have a lime questionnaire that's on my website, cangetbetter.com. We validated this questionnaire in 1600 individuals through the State University of New York.

in three line practices and if you score over 63 on this questionnaire you have a very high probability of having Lyme disease so anyone can go on the website cangetbetter.com download the questionnaire fill out the PDF and bring it to your doctor and the beauty is it'll show your Doctor all of these chronic symptoms so.

This infection, what we didn't know up until about 10, 11 years ago though, I knew it persisted, but that's been one of the political controversies over time, medical political.

But we discovered it's a biofilm persister bacteria like tuberculosis and leprosy. And that how I came up with the protocol that I'm now developed over the last 10 years, where I now have a nine week oral protocol.

My wife was sick for 25 years with chronic Lyme. She's eight years in full remission without one symptom. after doing the Dapsone Combination Therapy Protocol.

So we're talking a chronic persistent infection like syphilis. Syphillis is a spirochete that causes dementia that was known to cause Alzheimer's disease.

Lyme disease is as spirechate, which has been associated with dementia in autopsy studies. But I just published the first study in the Journal of Alzheimer Disease report showing in a live individual I could reverse the most sensitive and specific biomarker for Alzheimer's, P-tau-217.

I reversed it by 63%, normalized it in nine weeks, doing an oral protocol. The drugs out there like Lecanomeb, they take six plus years and lower it 23%. And the Cochrane report that came out a week before my article said, we're really not making a big difference.

We're slowing it down a bit. we are in a major Alzheimer epidemic. So anyone with chronic fatigue, aches and pains, memory concentration problems, psych issues, depression, anxiety, sleep disorders, chest pain, shortness of breath.

You've got to think, you've gotta look into whether you have Borrelia burgdorferi Lyme, and not just Lyma, we're finding a whole host of other bacteria, viruses and parasites.

And that's the whole point of this 16 point EmCids model. It's not one thing keeping these people ill. Now, Doc, people who have Lyme, they don't necessarily present with all of those symptoms, correct?

Correct. I mean, you could just have somebody, for example, with a swollen joint. You could have someone that's just tired with some memory issues. A lot of the patients who came to me, They'd come in in the 50s and 60s, and I'd say, what's wrong with you?

And they'd fill out the questionnaire. And I say to them, well, this could be Lyme. I said, no, doc, I'm getting old. Then I would do the blood testing through a very specific lab called Hygenics Labs in California, which checks for nine strains of Lyne.

Because the strain that the CDC was using for their two-tiered testing is a lab strain called B31. It's not the major strain people are exposed to. So I do a specialized test, And then I'd play a game called Lime Bingo.

And Limes Binge is that if any one of these numbers or bands on the immunoblot is positive, it means you've been exposed to Lyme. It's the 23 outer surface protein C, the 31 outer-surface protein A, 34 outer service protein B, 39, very specific, with the 83, 93. But you're correct.

People would come in and just say, I'm getting old. Or they would say I have rheumatoid arthritis. I had a rheumatoid factor that was positive, and my doctor put me on steroids or methotrexate.

And I checked the genetic marker for rheuma-toid arthritis, And it was negative. It was CCP. it Was Lyme-Mimicking Rheumatode Arthritis. Or they said, Doc, I have lupus.

and I'd say, why? Well, my anti-nuclear antibody was Positive. But the specific marker for lupus double-stranded data or Smith antigen were negative. It was Lyme mimicking these autoimmune disorders or people with schizophrenia coming in hallucinating.

it was lime and Bartonella and mold causing these symptoms in these people. So lime is the great imitator, right? And in this day and age with long COVID affecting 43 million Americans.

You've got to be careful, because your doctor may have said to you after COVID when you got sick, this is long COVID. Except we're finding that it's not just the spike proteins that are hanging on in people's bodies.

It's bugs like Bartonella that is causing inflammation inside the arteries and the veins, elevating VEGF, vascular endothelial growth factor, which is one of the things the spiked protein causes.

And then we treat them. But yes, it wasn't one thing. It was BART. You did have viral reactivation, but you also had mold, right? You also have adrenal dysfunction.

The adrenals are shot in these people who come in with long COVID. So Lyme is the great imitator. People, anyone who's tired and achy with brain fog, psych issues, sleep issues.

you've got to be checked because we're in the middle of an epidemic where one out of seven people on the planet, according to BMG Global Health, has now been exposed to Lymedisease.

One out seven. 14.5%. This was published in BMG Global Health a few years ago. So someone in this office potentially has that. Well, you speak to enough people who have a chronic fatiguing.

I'm sure you probably see some of these people are coming through here. Oh, yeah, for sure. Yeah.

Lyme Symptoms, Testing, and Persistent Infection

You know, Doc, we have lot of functional medicine doctors that tune into the podcast, and I can only imagine some are scratching their heads right now and wondering, at what point in time in your career did you actually notice that Lyme disease was this complex?

Oh, I kind of figured out Lyme was this complex early on because when we would give antibiotics, they taught us at

the conferences that it looks like it's a persistent infection and it was, but every time we stopped the antibiotics the symptoms would come back.

So I started learning traditional Chinese medicine. I starting giving Coptis, Houtinier, Circulation P. I. actually started studying with Dr. Zong who's in Westchester to learn traditional chinese medicine I started using herbal therapies from Byron White.

I starting looking at protocols from NutriMedx in Florida called the Cowden Protocol. So I start looking herbal therapy and started looking everywhere.

What was ozone therapy doing, what was hyperbaric oxygen doing? I had to look for answers for these chronically ill people and a lot of these functional medicine things were helping.

But the problem is every time they stop these therapies, the symptoms would start to come back. And it was because this particular bacteria is a biofilm persister bacteria like tuberculosis or leprosy, meaning it goes dormant and it hides under biofilms.

So your immune system is trying to recognize it, but it can't recognize because the bio films are protecting it now. You know, for people who don't know about biofilms, when you go to the dentist and you get the plaque taken off your teeth, that's because it's a biofilm.

And in fact, there's bacteria called porphyromonas gingivalis associated with Alzheimer's. They found that people with gingivitis, this bug can go up to your brain and cause amyloid production and phosphorylated tau.

So it is a very, very specific bacteria with these bio-film persister forms. That's how when John Hopkins University back in 2015 talked about this, the light bulb went off in my head and I went, oh, I need to use some of the TB drugs I was learning at Mount Sinai in residency, because this was the middle of HIV epidemic when I started practicing.

They were coming in with mycobacterium avium intracellularia TB. I got used to using these TB Drugs and realized those drugs might be helpful. And I looked at a drug called Dapsone, which has been around for 50, 60, 70 years.

they use it to treat leprosy with rifampin. All I did was add doxycycline or minnow to rifampin and Dapsone and it was a home run out of the park the first time I tried this drug regimen because this they give a year of rifam and daps on to cure leprosy.

But I discovered over time that I could shorten the course. So I only had to get it to eight or nine weeks of antibiotics. Yeah, it's a very tricky bug.

It's much more complex than most people realize. that doxycycline and some of these other drugs that you're naming, I would only assume that they were at heavier dosages than what doctors typically prescribe for this?

So the thing about doxie is doxi will cure Lyme if you get Lyma early. So if get lyme disease within the first 30 days, you can cure it in 75, 80% of the cases.

But if actually look at the literature, a friend of mine, Betty Maloney, published up to 48% percent of people will go on to have chronic fatigue and joint pain and memory issues.

But DOCSY will work just like mimoxicillin or IV or sephin will, work early on. But that's because at that point in time, we may not be seeing a lot of the biofilm persister forms forming at the point.

About 20, 25% or more, you give them the antibiotics, stop it, and then the symptoms come back. Those are the people we call chronic Lyme slash post-treatment Lymedisease syndrome.

And this is a medical political mess in this country because I founded an organization 26 years ago called the

International Lyman Associated Disease Society.

I found it with Joe Boroscano, Nick Harris, Andrea Gaito, Steve Phyllis, a bunch of us were in New York City forming this organization because we realized we needed to fill a gap for these chronically ill people.

There was another organization, the Infectious Disease Society of America, and they said, oh, Lyme is easy to diagnose, easy cure. We were finding the exact opposite.

It was not easy diagnose although now it is based on this questionnaire and blood test, but definitely it was easy not to cure until I figured out the Stapsone protocol or we found out about the biofilm.

Unfortunately, medical political politics was playing a role in this disease. This is not a pure medical disease, the controversies in medicine exist probably in a lot of other areas in Medicine.

It has specifically impacted the health of many Americans and people across the world because I regularly get calls and emails from Australia, from Bulgaria, From Czechoslovakia, all over the World.

I'm sick or my son is sick. Can you please help? I mean, it's heartbreaking listening to these stories. Now, Doc, you're still in New York now? I am still a New york.

Now you know as a functional medicine doctor in new yorg and I've worked and communicated with many doctors that practice functional Medicine in NY. How do you do it?

Because New York is very complex, especially when you talk about all these different diagnostics and the different specialty labs that you need as functional medical doctor.

New York is not an easy place to practice functional medicine. How do you do it? So the way that I have learned to practise functional Medicine is my documentation.

If you were to look at the charting and how I did this, because in my lifetime, I've certainly been called before the medical boards more times than I want to tell you and spent easily over a quarter million dollars on legal fees just to protect my license to do this.

By the way, this is why a lot of doctors don't want to do chronic Lyme. A lot the patients out there kind of wonder why they can't find doctors. It's because the health system has scared these doctors off because medical, the medical societies have basically have these two guidelines, The IDSA and ILEDs, and the Medical Boards early on, maybe not now as much, accepted the IDASA guidelines as God's will to be able to this.

So the documentation in my chart was such that I always did a broad differential diagnosis. If somebody came in with joint pain or fatigue, I would go through a huge list of differential diagnoses.

And in fact, Ending Chronic Illness, my new book, if you go to page 3436. I have for every symptom that people come in on this 38 item questionnaire, fatigue, joint pain, I will give you 18 or 20 or 30 differential diagnoses that you need to look at with the blood test.

Now, of course, you're not going to do all of these. It's about how to pull the history from a patient to know the right ones. But the way that I learned to do it was with this detailed documentation showing that, I was thinking out these cases, doing differential diagnosis, and I had started having amazing outcomes for the patients.

But it ultimately quoting the medical literature, putting that medical in my medical records, showing the differential. That's essentially, because every time I would go before the boards and they looked at a case, they would let me off.

But, you know, it was still a check for 10,000 bucks from my lawyer every that they were pulling me before this. And that's why I hope that Secretary Kennedy, he was just in New Hampshire, right?

Talking about Lyme disease. Right. I do a sub stack called medical detective. And I wrote one about two weeks ago that hopefully he got through Stephanie and some of his people got to him, that you have to change the politics at the medical board level, because even if you a solution for Lyme, which I believe I have found, and I wanted to do an NIH randomized multi-center placebo control trial, I spent $32,000 through my 501C3, the MSIDS Foundation, I put in for the NIH to do it and they denied my study for a quarter million dollars.

Why? Because they told me Lyme wasn't a persistent infection. The dysfunctional medical politics, here I was ready to prove to the world in a gold standard medical study that what I am doing works and the NH denied it.

So now I have to go around and work with people who know Secretary Kennedy to hopefully get funding, because I haven't answered. But the only way the word is going to believe it is if we have a randomized multi-center trial.

That really in my career, I've been doing one-on-one medicine, now I wanna serve the millions, and that's also what ending chronic illness hopefully will do.

You're a very well-educated individual, went to college, got your doctorates. Give me a few things that school didn't teach you, but your patients taught you.

Hmm, you've got some very interesting, deep questions. That's a great question. What my patients taught me over time, well, first of all, what Dr. Rozenek had taught about taking a clinical history, and you'll learn this in medical school, that 90% of diagnoses is based on taking the proper clinical histories.

It is absolutely correct. So when you take the time in the medical schools, the HMO model, when I came out of medical, HMOS were just starting. And I was doing HMO medicine.

By the way, I got thrown out of HMOS and insurance companies early on in my career because I'm a renegade, right? But what did I do? I discovered Babesia in the Hudson Valley.

It was the first doctor to discover this parasite. I brought in health departments. It doesn't exist in this area. We don't know anything. They threw me out of, I won't mention the insurance company, but I lost 2000 patients in one fell swoop.

I had to remortgage my house to stay in medicine. And my wife said to me, you sure you want to do this? And I said, sweetheart, and I've got to help. So the patients taught me.

Yes, it was taking this detailed clinical history. and and i will tell you, even though my Tibetan teachers taught about compassion, When you listen to these heartbreaking stories of these people, who on the average the people who've seen me have seen 10, 20, 30 doctors, the most was 100. And I got this guy better because the doctors they saw did not believe that chronic, that Lyme was a chronic persistent infection, but he also had Babesia.

He had Bartonella and he had mold. So what I learned over time, you know, through my patients is you have to listen carefully for the clues, which they teach you in med school, But you've actually got to learn it in clinical practice of if you're tired, Let me pull out, is that tired at a certain time of the day?

Is it mild, moderate, or severe? You've got to pull those details so you understand differential diagnosis. And that's what I'm teaching people, by the way, in ending chronic illness.

But I believe I've actually developed more compassion because they're heartbreaking stories. Right. Because the people weren't getting better early on, I had to keep searching for answers as a medical detective, and that's how the 16-point MSIDS model, by the way, came about.

And here, you know, I started looking for Lyme and now I find it's applying to Alzheimer's and I'd had patients come in who thought they had autism spectrum disorder.

It was congenital Lyne transmitted from the mother to the child. I treated the boy, 12 years old, with Dapsone

combination therapy. His brain woke up.

for the first time after years after using Dapzone because Dapsone lowers inflammation in the brain. And whether you're talking about autism or Alzheimer's at the end of the spectrum, it's neuroinflammation.

So I've learned from my patients by listening to their stories, doing a deep dive, never giving up. That's really the key is don't ever, ever give up in these difficult patients.

That's how kind of the solutions that I found have come about. Yeah, and I want to touch up a little bit more on that. You mentioned that you have had patients that have gone to 20, 30, 100 doctors.

That causes years of medical uncertainty with these patients. And I know you've seen a lot of this, and I want you to kind of comment on what that does to this patient's mental health, what it does their identity, What does that do in regards to hope for that patient?

Because when you see that many doctors, you start to lose hope. You have to. Absolutely. In fact, these patients have been gaslit by many of these doctors.

They think after a while that it's all in their head. and I would joke with them and they would come in and go, you know something, they were right. It is all in your head.

You have spirochetes in you head, You you have toxins in, I joke them on it. But you're right, it's a terrible situation because they start to think after a while, am I just making this stuff up?

I've gone to all these specialists that can't seem to find what's wrong with me. There must be something wrong me, They lose confidence in themselves and do lose hope.

Treatment Approaches and the Alzheimeru2019s Connection

And I learned early on in the process, one of the first things I ask patients after that first interview is I say to them, so listen, after you get better, What are you gonna do with your life like what is the gift that god gave you that you're going to give the world when you get better and it throws them off it's like.

What do you mean i said you can i'm gonna get you better. And what i do by planting the seed and i just doing to get them false hope. I'm giving them true hope because i treated these thousands of sick people and they know how to do it.

But what happens is you start to see that it starts to build confidence in them. But you're right, it's a terrible situation because they're gaslit and they do lose hope.

And by the way, people suicide. Lyme and Bartonella and these things cause people to suicide, and we have at this point a mental health epidemic in this country where one out of five people are taking psychiatric drugs.

You know, with Secretary Kennedy, he's on a campaign to get people off SSRIs and this, but how do you do it? All 16 MSIDS factors that we're talking today for Lyme apply to mental health disorders.

I found when I wrote ending chronic illness that depression, anxiety, OCD, bipolar disorder, and schizophrenia have all 16 factors associated with the mental-health issues.

So if we want to get people off psych drugs apart from bullying and everything online and what's happening and trauma that many people have had, by the way with trauma, I found that limbic retraining and vagal retraigning very important to these people, apart from cognitive behavioral therapies and EMDR.

You have got to treat the mind, body, emotional connection in these People, but you're right. They're damaged from having seen all these doctors and I have to get in there and tell them it is not you.

Okay. These doctors did not understand what was going on. you will get better. And I give them hope. A lot of these, people now are in long-term remission.

And you know, one of the things that I've seen throughout this medical uncertainty with these patients is that they'll go to some of these doctors, the doctors will label them as crazy and put them on psych meds.

And now you've got a whole other set of problems that we have to work against to even get to the root cause of what the initial problem was. Absolutely.

You know? And that's where I can see it, how you said people become suicidal with some Well, and I don't think that people realize with depression, anxiety, I mean, so many people are depressed and anxious, but you know, if you have trauma early on, like it can make you depressed.

If you're bullied, it'll make your depressed, But what they don' realize is when you ha Lyman Bartonella and you hav active viruses and yo have mold toxins, you ave heavy metals and the microbiomes off and your mitochondria aren't working, your hormones are off.

your depression and anxiety is gonna be seven times worse. So a lot of these people who went on these drugs, it was because the doctors did not get to the root causes of why this was there and they just will label them and you know, they don't wanna take the time with patients, right?

You've gotta be able to have a medical practice, I average time 45 minutes to an hour with each one of the patients when they would come in. I mean, the very complex, you've got to take time, but you something, One of the most important things was people know you care.

And I found over time that they knew when you really care and you will not give up, that helps the healing process. I've gotten a lot of these people off psych drugs over the time.

In the conventional medicine world, it's truly unheard of a doctor spending that kind of time with a patient, which is unfortunate. You know, in the function of medicine space, obviously doctors…

You guys spend a significant amount of time to work with the patients, listen to the patient, understand them and review all of their diagnostics. But in the conventional medicine world, you got most of these doctors.

I mean, I know cardiologists that will spend five to seven minutes with their patients. Right. They look at your cholesterol and say, here's your statin.

It's crazy. You know, how are you treating cardiovascular disease with a five-to-seven minute? You can't even get a medical history. No, and what's also interesting about cardiovascular disease, my chapter of C is for cancer, cardiovascular diseases, chronic fatigue, all 16 M SIDS factor affect cardiac disease.

So for example, strokes and heart attacks, big problem in this country. Microplastics, you know this, microplastic are getting into the arteries of people causing strokes in these people because of all the toxins getting in, right?

Chlamydia and pneumonia. known to cause heart attacks, but how many of the cardiologists and people are doing a root cause functional medicine workup and saying, do you have chlamydia and pneumonia?

Do you toxins? do have microplastics? Like what's going on at this point in time? They don't think this way. It doesn't mean they can't have good outcomes in some of these people, But to optimize health, right?

You first have to identify where the root causes of inflammation is coming from, you can optimize where you haven't identified. Yeah. I mean, listen, my business partner, Dr.

Christopher Davis, who's our chief medical officer, he's an interventional cardiologist by trade in the functional medicine space. And he'll straight up tell everybody.

When he speaks publicly, the root cause for disease formation are these toxins. He's big into toxins and For him, everything is related to toxins. We see it with our patients and we've had the opportunity to work with certain labs that we don't have access to.

I used to use the IGL test out of Germany, I'm not sure if you're familiar with it, but it would just give us a tremendous amount of information that really showed exactly what he was talking about.

And the way we would do the functional medicine, and I would try and get as much as I can through question lab core and bio-reference, but you're right, we had to use like functional, medicine labs, like precision point diagnostics, because inflammation is underlying all chronic disease, I want you to know how much free radical oxidative stress you had.

So you might be able to get a lipid peroxide test where you get free radicles oxidizing the lipids portion, right? You can maybe get it through Quest, to, you know, to find out how much DNA is being oxidized.

You needed eight hydroxy diguining, right? Or protein carbonals. There are very specific oxidative stress markers, and I talk in the book, these three levels of inflammation that, we'll do a CRP, will do acid rate, but most people don't know about a C4A, C-4-A complement.

We see it in Lyme and Mold. Or VEGF, vascular endothelial growth factor. You'll see it in cancer, but it shows up in long COVID, and it's also caused by Bartonella.

So I give people these 10 major inflammatory markers, many of which you can get through local labs. But the second level of biomarker testing is basically functional medicine through lipid peroxides, T-bars testing.

And the third level is now I'm looking at cytokines and chemokine through like specialized maps for like COVID, Patterson's lab in California, or now these Alzheimer's biomarkers, beta amyloid 42-40 ratios, p-tau 181, P-TAU 217, neurofilament light.

Now those can be gotten through Quest Labs. And I started finding About half of my Lyme patients started showing up with these Alzheimer's biomarkers saying, if I didn't treat this properly, there was a very high chance these people were going to go on to dementia.

And if they would have seen a neurologist, they wouldn't have been put on these anti-amyloid drugs, not getting to the root cause of why this was even happening.

Doc, this is a medical breakthrough, what you're talking about. So, and I'm happy that I could cover this on the podcast here. Let's go back on that. So you're noticing by looking at the specific biomarkers related to Alzheimer's disease that your treatments for Lyme disease are making these people better.

Correct. Well, at this point, to be clear on this, it was one case study that I published in the journal of Alzheimer's disease reports. It was a woman who was sick, but it's a fascinating case because she was with chronic Lyne for 15 years and she did not want to do any antibiotics, right?

She said, doc, my memory's fine. I'm meditating every day. And I've got joint pain, But what do you want? I mean, I had a car accident. Like she would always come in every year.

but she never wanted treatment for the Lyme. So we would, you know, treat her whatever else was going on in her body. But right before I was finishing clinical practice, I started doing these Alzheimer's biomarkers because they were coming available in most of the clinical labs.

And I were shocked to find that around 50% of these chronic patients that I seeing were having low beta amyloid 42-40 ratios. That means your sticky beta-amyloids 42 is being deposited in your brain That means you're getting amyloid production, meaning you are going to go on likely to have dementia in years to come.

But not just low beta-42-40 ratios, p-tau-181, phosphorylated tau was showing up. P-TAU-217 is the most specific Alzheimer's biomarker, and that's the one this patient had.

Now, when I submitted this journal article and I said this to the woman when treated her, I I've got to do something I don't know that this is going to work but that's on combination therapy this you know treatment for line that only eight or nine weeks which he did not want to for fifteen years i said look it's my best shot to see if i can reverse this inflammation going on in your brain she did it and three months later we recheck the alzheimer's biomarker.

and it completely reversed from an elevated 0.33 to normal 0,12. Now, what I didn't realize, I lowered this biomarker by 63% in a nine week oral antibiotic protocol.

I did realize when I put this journal article in the medical literature that no one had ever done this before. So when they give these anti-amyloid drugs that cause $50,000 a year, They lower amyloid by 23% over six plus years.

I lowered it by 63% in nine weeks. Why? Because if you're trying to pull amyloid out of the brain without getting to the root cause of why the amlyoid is being produced, amilyoid, by the way, is a microbial peptide to protect your brain from Borrelia burgdorferi infections.

It's not just showing up for no reason. So unfortunately, it's been this thing in medicine again, name the disease, throw the drug at it. But I discovered with Alzheimer's, and I published this in this journal, the Journal of Alzheimer Disease Reports, that all 16 MSIDS factors that I've discovered for long COVID, which I'd published two years ago, And for Lyme, now is showing with Alzheimers.

So this means that people now who get this diagnosis say, hold on, there may be hope. It's not just like there's nothing I can do because there was a report that came out a week before my article called the Cochrane Report.

They looked at all the journal articles on these anti-amyloid drugs, and they said, you know, it's slowing it down, but it is really not making a difference.

And as we talked about earlier, 42% of Americans over 55 years old, according to the NIH, are going to become demented. So now we have a new model. We have hope for people.

Look at these 16 M-6 factors. If you have Borrelia burgdorferi, take the questionnaire on my website, score it, see if you had these Borrelia bands we just talked then I would suggest doing a course of Dapsone combination therapy.

But be clear, we still need a randomized multi-center placebo trial. Like, in other words, this is a case study. Unfortunately, at the end of my clinical career, I was finding these biomarkers, but I don't have enough before and after to really tell.

So this why now we need money at NIH level, and I hope Secretary Kennedy takes an interest in this, because this something that is absolutely crucial for our health for Americans and for people all over the world.

Absolutely. Yeah. Doc, when it comes to the treatment of Lyme, what are the typical treatments that we're seeing out there? Not just the one that you have come up with, but what other typical treatment, just so people are familiar with the different variety of treatments people that are seeking when they go out for Lymen, and what doctors are actually prescribing to their patients?

So I would say that there's probably two main ways that people are treating Lyme. So some of my colleagues at ILADS, the International Lymen Associated Society will use longer-term antibiotics.

Some use IV therapies like rocephan. The problem is I've had patients come in in a year of IV rocifen. Within one month, they're relapsing. But some of the docs are treating with long-term antibiotics, which I don't agree with.

It affects the microbiome of your gut. And the way you get rid of biofilm persistors is you have to pulse antibiotics not continuous. You'll see a lot of docs using different antibiotic combos.

Chinese medicine, some people do homeopathy. I was doing the Cowden protocol from NutriMedx, the Byron White protocol. And don't get me wrong, these herbs actually help, but there are people who go to Germany who do hyperthermia, who fry their brain at 106.5 because the spirochetes can't survive above 104. Now that's a little radical.

Understand there some that might get help. But it's a little, you got to be careful doing something like that, especially with insulin potentiating therapy at the same point.

And I've still had people relapse, but what's out there in the alternative medicine space is hyperbaric oxygen therapy or ozone therapy, right? Because in this case, using free radical oxidative stress to kill the bacteria.

So you'll see a lot of different people out there doing a lots of things, right? With herbs and with ozone and hyperbaric and hypothermia. For me, because we're in a worldwide epidemic where one out of seven people, I needed to develop a short-term oral generic protocol that you go to any pharmacy anywhere in the world and it's not gonna cost you a fortune to do this.

That was my goal and I believe I've achieved it. But honestly, you don't think you will ever find two doctors probably treating Lyme disease in exactly the same way.

It's that different out there at this point in time. You're the first on the series for the Lyme, and I'm excited to see what the other doctors bring to the table and what they say as well.

Now, Doc, you are in an industry, in a space that there's a lot of controversial talk in this space. There's people that don't like what you're doing.

that are part of these bigger, some that a part these governing bodies that out there, so some with the three-letter words that we won't mention. Do you ever worry, right?

We hear about doctors that practice functional medicine disappearing, the doctors are just found dead. Is there any point in time in your career, have you just said, what am I doing?

It's interesting you bring that up because years ago, this was happening to the cancer doctors who were doing functional medicine.

Medical Politics, Advocacy, and Patient Hope

Right. I went to my Tibetan Lama with my wife, because my was concerned about this. And we went in, we said, and they do what's called a moa divination.

Laman Rolam Rinpoche said no, it's not gonna be a problem for Dr. Rich, It'll be okay. But it is interesting. It's now like I haven't thought that these kind of things could happen.

I mean, you know, when you're in service to humanity, When you've given your life to God, to the world, the country, To make a difference in this world.

Because this is an impermanent life. We're not going to be around for all that long. we're going be gone before you knew it. You want to make the greatest difference you can in this world for the great number of people.

If I was to leave this planet tomorrow, I would have absolutely no regrets whatsoever because my life has been in service. I can't believe what I've discovered actually was, you know, when I started medicine, and I didn't think I'd find what believe is a cure for Lyme or for some people, maybe a Cure for Alzheimer's.

Who knows? We won't know until we do the studies on it. But it is a concern, but I don't live my life that way. You can't, live in fear. If you live and fear, you know, they teach you in meditation practice that when you'll live, in the future, that's living in, fear if you're living, the past, your living where things have just, You've got to live.

In the present moment. Right. And even the, present, moment, I mean, it, It's gone. I, mean it's, a very fluid events. So, I don't live in fear. It's not that I haven't thought about these things, but I have enough faith at this point in who I am and in my connection to spirit and the way that live my life.

If something were to happen to me, something's going to happened to, me but, I, don, live and fear that way. I can't. I appreciate that response, that answer, because I know that there's gonna be a few medical providers tuning into this podcast episode that they needed to hear that, right?

Because a lot of people do live in that fear, and sometimes what's their actual God-given purpose, they don't live that God given purpose because they're living through fear.

So I'm big on that. And that's the answer that I really wanted to hear. I am happy that you shared that with everybody. That's going to get these other people that do have that fear to probably switch their mindset and be able to actually go out there and help people the right way.

And the way I got around it also is I worked for HHS at one point in time. So when Obama signed a certain, it was called the Tick-Borne Disease Working Group, right, for Congress, I was on the first round of the tick-borne working group where I as one of seven Americans chosen from across the US.

I've worked with the CDC, the NIH, The FDA, and the Department of Defense, some of these three-letter words you didn't wanna discuss. And I work with these people.

and I sat down, went to Washington DC and sat around the round table And I talked to them about my experience and I gave them science and it gave the publications and told them and i believe over time they got to know me and they go to see you know something.

There's something with rich that you don't he's not just doing this from he is doing because he believes that here's the science. And when i published this alzheimer's article i sent it to some of my members of the cdc and the rest and heard back from some these people who i would say are normally in the other camp.

and they were congratulating me. And even the New York State Department of Health, who was attacking me through the medical boards, I ended up working for the NY State department of health, because what do you do?

You make your enemies your friends. You tell these people, "I am your friend. I am here to help you and to work with you." And because I would not give up in that, i ended working on their tick-borne working group in NY state department health.

Now, unfortunately, our tick-borne working group report disappeared. Nobody seems to know where it went. It's one of the great mysteries of world. We're still trying to figure out.

But no, I've worked for these organizations. And I think because I got in there and I showed them who I am and gave them the science, and publish regularly, but I published 20 or 25 articles in my career and maybe another 15 abstract, when you publish in the medical literature and you can quote the Science, You have a much better job of bridging those gaps between people who might be on one side or the other, especially when they understand your motivation, right?

It's not for money, it's for fame, not it for power. It is to benefit people. Because you are on a journey, a humanitarian purpose, because the world needs help, you're here to help.

When they feel you, when the see you and they know that, people know you genuine with it. I think that's why I've been able to bridge actually some of these divides that have happened.

That's amazing, and I'm gonna highlight one thing that you said, is when you're working with these governing agencies and these government boards, the medical boards et cetera, One thing that I learned, and you mentioned this actually, when I got appointed as the chairman of the American IV Association for all the nutritional IVs, we

have every big company you can think of that is part of this association.

We do it for standardization and compliance. we work with a lot of different governing boards and medical boards, the different agencies throughout the states.

The one thing I learned by leading healthcare attorney Jeff Cohen is we're not here to put up a fight with them. This is a collaborative effort. And that's the only way that you can actually make that that Ford momentum.

Right. And That's one thing that You said. It's like you're not there to fight them. You're there. To work with them, show them what you have. A lot of them I learned in the last couple of years since I got appointed as a chairman is that they embrace it.

When you don't go there with your fist up and this big shield and ready to fight, and you're sitting down and do this collaborative effort with them, they embrace it, They love it.

They want to listen. Absolutely. And that's been my experience also with the dad. I've made him friends with some of these people who know me well at this point in time.

Even for me, I looked at what was missing in the healthcare system when we talked earlier. You know, it's like if 86% of our health care costs and 70% the deaths are chronic disease and 60% Americans have chronic illness and 25% have two or more, and 18% our GDP in this country is chronic-disease medicine, I stand back and go, hold on, how can I help?

Oh, Hold on. I have a model, a 16-point model and this model doesn't apply just for Lyme. but also long COVID and Alzheimer's disease now, right? And chronic fatigue syndrome, it's like, hold on, I have a model, please work with me because I know if you were to fund this research and you allow me to work you, and I told them, by the way, spoke to two people from HHS a few days ago, he said, "I don't want a paying position, happy to do this for free.

I just want to help our country." So like, but let me guide the studies because if you take the 16 point model that's in ending chronic illness and apply it to the mood disorders that secretary Kennedy wants to get people off, you're going to find some of these depressed, anxious people or people that are psychotic, they have Lyme and they are Bartonella and mold and the microbiomes off and like you going find it's a multi-systemic problem.

It's not one cause, one disease, which we're taught in medical school. Chronic disease is a multifactorial problem and it's multifactorial through multiple forms of inflammation, right?

So again, it is changing the paradigm of the healthcare system and I want to get to the top. Not for power, not for any, just to help people. And I believe that this model that I discovered would do it.

That's why I'm so happy that Secretary Kennedy is in, because he wants to make America healthy again. He wants see the difference. I belive that my new book, Ending Chronic Illness, it'll even answer part of the autism questions that the mothers are asking about vaccines.

Why do some children get autism after vaccines? And why others don't well if autism has all 16 factors and you have a child with a mother who let's say had a fever during pregnancy because it's not just a genetic issue.

That's a 40% higher chance of having autism but if that child took antibiotics for ear infections and the microbiome is off and they got congenital Lyme and Bartonella and have mold.

they're gonna have inflammation in their brain. So if you have a cup that's filled with water and then you put a vaccine with aluminum in there, which can cause autoimmune reactions, that child who's copped with waters right to the top, it's gonna go over and you're going to see neuropsychiatric effects.

And it explains to me, for these people searching for the vaccine save lives, but oh my God, I don't want my child to be sick. How do you navigate that difficult field?

I believe that it's the 16 point model that's going to explain why many children don' have problems with vaccines, But some do. And we need to look at these children and if they have inflammation and where the inflammation is, it may solve actually part of what the Maha movement is looking for.

Absolutely. And Doc, this book here, The Ending Chronic Illness, when did you publish the book? Oh, it's coming out of October this year. It's not out yet.

October 13th, right? Yeah, so Simon & Schuster is releasing this October thirteenth of this. Amazing. Oh man, we've got to hype this one up. We've gotta get it out there for sure.

So how long did it take you to write the This was a deep dive in them. This book has over 2000 scientific references backing it up. Every chapter in this book.

And what's great about it is anyone that questions it, it's like, this is from the New England Journal. These are great medical journals I'm quoting. So all of this, but it probably took me about a year and a half of a deeper dive.

I was only working two days a week, so the other five days I wasn't working, seeing patients, I basically writing this. But you know, this is my third science book.

I have New York Times bestseller, Why Can't I Get Better? How Can I get better? I've had several New york times bestsellers, but this was different because that was about Lyme disease and the 16 point model.

This book is about all these different chronic illnesses and how the model applies to help Americans who say, how can we be healthy again? how do I prevent chronic illness?

Like I'm trying to optimize my health, I am exercising, sleeping, taking a gazillion supplements, But I still don't feel well. Why? The 16 point model in this book will help these people for both prevention, but also the doctors searching for answers who don't know how to help their patients or the patients have gone to 30 doctors or their mothers with these sick children that I get emails all the time.

I feel so bad for them because I want to teach this model to their doctors. And that's what I'm doing now is kind of out there trying to let doctors know there's a new model that you need to look at in the functional medicine space.

It's going to help these patients because I've been doing this for, you know, 41 years with 13,000 of these sick people. I know it works. Absolutely. Yeah.

That as a physician, have you embraced artificial intelligence? I have. But I think you have to know how to use it. So one of the apps that I like, which many doctors in the U. S.

are using is open evidence. OpenEvidence, it's a great app because what it does is it gives you eight articles in the medical literature, mostly from really well sources like New England Journal, JAMA, et cetera.

And you can click on the link and you could read it. Then when I like an article, I would go on Google, and I read the whole article. I try and integrate it, so where I've used the AI at this point is if I…

Let's say, for example, that I want to know with autism. are bacterial infections associated with autism? I go into open evidence and I'd go that question.

And then it come up with eight articles. I read all the articles and start to accumulate the information and go on Google. So what it did is it sped up the process of doing a medical search.

In the past, I would just have to go Google and type it in, but it's so much easier. Open evidence is probably I think the number one AI app that doctors are probably using these days.

Yeah, we're gonna have a little fun here get to know you a bit better. So one of my favorite podcasters by the name

of Stephen Burlett came out with these conversation cards.

You go ahead and grab that, open it up, pull a couple cards out of there, out anywhere, and then you'll read the card and answer it. And as you do that, it's the 16 point system.

Is that what you got? Yeah, so it is a 16-point model. I call it MSIDS, Multiple Systemic Infectious Disease Syndrome. And I just named it because I needed something to name these 16 inflammatory factors that were underlying all these chronic illnesses.

The person you cherish most in life dies tomorrow. You have a 60-second phone call with them. Do you get people to cry on your podcast? Those cards make a lot of people cry.

I mean, what kind of questions are these to ask people? My wife's gonna love watching this particular podcast. You have a 60 second phone call with them.

What do you tell them? I would tell them that they are the heart of my life, that my is been so much more joyful and meaningful. I had difficulty finding someone that knew me that understand my heart.

And you, you know, I met your wife. you know, this is why I'm enjoying you and meeting your wife also. My wife, I'll tell you the story, because this an important story.

So I am in my brother-in-law's chiropractic office and I was getting up chirapratic adjustment and was doing community theater. And all of a sudden, Angelo's wife got one of the leads in Carousel, and that's how I met Angeli.

I in his chirepractical office in Rhinebeck, New York, waiting for him. Down the stairs comes Lee, who I had never met before, didn't know who she was.

I see my wife, I go over to her. The first, when our eyes meet, get on my knee, one knee take her hand and say, hello, who are you? I've never done this before.

And I flush and I get red. It was like souls meeting for the first time. I had never had that experience before to know that kind of deep love. to know someone who is your true soulmate.

I mean, we talk about soulmates, but to no or true, soul mate. Um, I've met Tibetan llamas who have been inspirational to me, some of my best friends and teachers and guides in my lifetime.

And I feel very blessed. Then I would tell my wife, if I only had 60 seconds, that when you go into the bardo state, when your about to leave your physical body, just remember the love that I have and that all of these teachers have, and just remembered that everything you see is going to be like a dream, that you're already awakened, you know the truth, Just look at the empty clear nature of what arises in this particular state and call upon compassion.

Just think the most compassionate thoughts of how am I gonna now benefit the world in my next incarnation. My teacher Lama again then said, if you hold on to this compassionate thought at time of death, and you move on, this will move you in the right direction.

Because it's not fear again, as we talked about, it is compassion. It's wanting other people to be free from suffering. Its love. Wanting other to people be happy.

I would remind her of these particular, and she's learned Mahamudra meditation for 10 years with these enlightened Tibetan masters. And I'd remind here, just keep looking at the nature of your mind because you're already awakened, sweetheart.

Go help on your next journey and I'll see you soon, hopefully. Wow, that's powerful. That's awful. I felt that. It's amazing. All right. What's the other card?

Another card. Going to make me cry again. Is it ever appropriate to hurt someone's feelings? It is when your motivation is in the best interest of the other person.

And again, I'll use my wife with this. My wife had tremendous trauma from a very dysfunctional Sicilian family that we would make jokes all about. When she would visit her mother, she'd come home and cry for five days, and I had to pull her out of this, see her mom, it would go on.

There were times I had to have very honest conversations with my wife who has one of the greatest hearts. She is one the biggest hearts and love you will ever meet.

But there were time I hadn't heard her feelings and I have to reflect. We said at our marriage, I said to her, there's only one thing we will never do is your mother-in-law, my mother in law will live with us.

That's the only thing I'm gonna ever ask because it would have poisoned us, but I, said the thing that you and are gonna do as we move on in our life together is we're gonna be sacred mirrors for one another.

that whenever you see something in me that you think is not in my highest good to move me along spiritually, emotionally, I want you to reflect it. And there were times I was a spiritual mirror for my wife, where I sometimes had to say things that she did not want to hear.

But ultimately, because she knows I have her best interest at heart, as I had for patients and everyone else, it always worked out. I find that if your motivation is really pure and you know it, Sometimes you are going to say things that people don't want to hear, but if it's coming from a place of goodness and wanting to help other people, the end result will be a positive result.

Right. Amazing. Doc, as we wrap up here, if there's someone listening or viewing the podcast that truly resonates with today's message, what is that last thing you can say?

I want to tell people that there's hope if you're someone who's been suffering with fatigue with joint pain with muscle pain, with nerve pain. With brain fog, cognitive issues, you walk into rooms and you can't remember why you walking in with word finding problems.

You're depressed, your anxious, You can sleep. If you have these type of symptoms, I wanna tell you that. There is hope. I have seen 13,000 of these chronically ill patients in the last 41 years.

and the 16 point model that I have in my book, Ending Chronic Illness, it should give you hope because this is hope based in real science in patients that i've seen get better when they've gone to 10, 20, 30 doctors.

So please don't ever, ever give up hope. Know that if you connect with spirit, if work your journey, If you say, when I'm better, how can I benefit the world?

Just as I had tried to do, you will find that your life will have meaning and you'll find what you need, but just always ask, always call and ask for help when you needed and just know that help is available and I hope that my new book, Ending Chronic Illness, will be that manual for the doctors looking for answers for their chronic Leo patients, for patients searching for answer, s for parents who have these sick children that contact me all the time and even those of us, like I'm 70 years old and in great health and feel like 25, who want better prevention.

My whole family died of cancer. I don't have one person left in my family. And that's the C is for cancer in. In my book is how can we do a better job of preventing cancer and treating it, including integrative therapies that have reversed even stage four cancers.

So please have hope and just know that I am with you, my love is with, and please use this book. Give it to your doctor. Tell them about this, because this is the gift that i've needed to give to the world after being in medicine for so long and seeing so many chronically ill patients.

And thank you for listening. Excellent, Doc. If people want to find you where can they find I'm across all the social media. You can find me at endingchronicillness.com.

My main website cangetbetter. com. Facebook is Dr. Richard Horowitz, DR period Richard horowitz. Instagram, and I have a Substack medical detective that's free.

No fee. I do one weekly where any updates in medicine, I just did one in Ebola virus, hantavirus, you know, Lyme disease, anything new in Medicine, i'm putting it out there and there's no charge.

So it's just Substack Medical Detective. And you'll find it. It's got a lot of new information that's out There to help people who are suffering. Awesome.

Doc, it was a pleasure having you on a Healthy Point of View podcast. Thank you. Guys, make sure you get the book. October 13th of this year, it gets published, and gets released.

Make sure grab it. If you resonate with today's message, or you know someone who might benefit from todays message. This is powerful. The 16 point system that Dr Horowitz has come up with.