He Was Doing Everything Right, But His Patients Weren't Getting Better Transcript

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Opening and Show Introduction

Hydro peroxide is an oxidant. The nature of an oxygen is it moves an electron. Another oxidate is ozone. Ozone is a electron deficient molecule. It consists of three oxygen atoms.

which are deficient, that that threesome there is deficiant in electrons. So if you put ozone into the body, it's going to immediately start moving electrons, going grab them, start move them around.

You didn't build your clinic to feel like an employee in your own business. I'm Matthew Kulowgli, and on Out of the System, hosted by Doctor Talks, we challenge the broken rules holding health care entrepreneurs back.

Hear from clinic owners, rebels and builders who are creating bold, profitable patient center practices and doing it their way. Frank, I'm glad you're here.

Glad you could be here, sitting across from Dr. Frank Schellenberger, he is literally one of the pioneers of our industry in the functional medicine, anti-aging, you name it, regenerate, Frank's done it all.

50 plus years, is that how long you've been doing this? I think it's like 55. Is it really 55? Because you're, tell everybody how old you are. Yeah, I just turned 80. Wow.

Just turned eighty. How are you feeling? I feel, actually, we were talking a little bit about the fact that I turned 85 and I started thinking, my goodness, Normally aging doesn't get to me.

Yeah, but I thought somehow this wouldn't got to mean I got okay I'm gonna go out and I am going to do an international racing competition like I did in the old days right in my old age I used to race by 30 40 years old when you were 30 or 40 so I entering this rate of this racing Competition and it's gonna be next month and So for the last four or five months I've been in training And I have to say I am surprised and I shouldn't be surprised because I know this Right.

Yeah, you should know. This if anybody should notice Frank should do it by the way If you go exercise you feel better, this is not shocking But I'm surprised at how good I feel everything in my body from my brain to my back to My strength to stamina to energy level to sleep Pretty much everything's been impacted in a really positive way simply by this exercise schedule.

I changed a few other things too, you know. What are some of the other thing you changed? What else? Well, I got into peptides. So are you late to peptide?

Because I would have thought you were like one of first guys. No, I've been doing peptides a long time on my practice, but for myself, eh, you know, kind of ignoring myself.

You know what the problem, one of the problems- Do you run quarterly blood panels on yourself or do you just like them feel fine? No no, no. I do blood.

Okay. But you, know it's, doctors, somehow we think we're invulnerable. Yeah. We think, we know all this about health, so we are so smart. Yep. So nothing ever bad is going to happen to us, which of course is bogus.

Right. And we just think that we will just be cool without having to do necessarily things that tell everybody else to. Right? It is really interesting, you know, working with doctors, it's fascinating because you all are so brilliant and so intelligent.

And you've accomplished so much you been through the rigorous training of medical school and residency and

fellowships and everything that you go through.

And yet, it is kind of funny when it comes to your own health, like you're just like, maybe you should like do your stuff, right? You know, my favorite is Don Buford.

And one of our other doctors as well, Steve Darrington had Achilles injuries, Achille's to heal strains. And so I'm like, let me guess you guys injected yourself.

They're like of course I injected myself they put the ultrasound on the Achilles gave themselves their own nerve block. I like you've got other doctors and like I'd rather do it myself.

It's really kind of funny. But so you're let's go let go back I've really I been thinking a lot about this interview. So you been doing this 50 plus years.

You started in traditional medicine, right? Right, yeah. Okay. What age were you? What's the story? what's The moment that you realized something's not right in medicine?

Do you remember a patient without obviously disclosing your name? I trained initially got right out of at the University of Maryland. I got Right out I graduated and I immediately did the training with a shock trauma unit there.

Okay, so what shock, what do you mean by shock? A shock trauma unit is where, you know, those places where the helicopter and the patients are all screwed up.

And this was the first shock-trauma unit in the country. So I was really cool on it. Wow. This was before all this started, but it was at the very top of the hospital, they had a heliport, and they would bring in people on…

Life flights, people bones sticking out. Yeah, all messed up and you'd be sticking tubes in them while you're taking them to the elevator, that kind of thing.

Frank Schellenberger's Early Medical Career

Sounds like a great kid. I loved that kind of medicine. Sure you did. It was exciting, it was straightforward, interesting, we could save lives. So I ended up leaving that shock trauma and more or less working in a standard emergency room for about 8-9 years.

And things started to change in the emergency room back in eight seventies. And that was we used to get pure emergencies. Right. Now we're getting people with rashes that they've had for the last six months and they're coming in at two in.

The morning was just aggravating to me. Yeah, because because that. Was their doctor. Yeah, they're starting to use the emergency room as like an urgent care center or something.

And yeah, so I decided at some point, like, you know, I don't want to get out of this. I want do this anymore because it's not the kind of thing that I wanted to do.

So I went out and I just hung up a shingle, set up little office across the street from the hospital, put my little shingles out there, F. Schellenberger, M. D.

and family medicine and come see me and i'll take care of you. This was in Maryland. This was, no, this was in California. Okay, you were in california.

I moved to California to a surgical residency there and I've just been there. So I hung up my shingle, and about six months after then, that's like a few patients that come in, you know.

About six month after that, I went to the hospital administrator, the head of the hospitals there, because I knew him

real well. And I said, You know I don't understand what's going on here, but I'm giving all these patients all of these medications, nobody's getting better.

And not actually getting better. How did you ask this question in the 1970s? And also, I'm really fed up with the fact that some like 20% of them are getting sick from what I am doing to them.

And I said, there's got to be something wrong. I've been doing emergency medicine, this must be a different kind of medicine. Right. So I met with him regularly for Uh for about two or three months and we would meet once a week and i'd say well i'm doing this i'M doing This for hypertension.

I'm, doing, this for arthritis blah blah, blah And the long and the short of it was he says yeah you're doing everything right frank What yeah your patients are your your whole mission in life is to heal people Yeah, right and they're not getting any better.

Well that's what you do in the emergency room right? And so stabilize them right so finally yes You, move them upstairs move, them out or put them in a body bag there's three choices right that said something either go home upstairs or Yeah.

To heaven. So I ended up at, this all ended, I said, okay, so this is the way it works. She said oh yeah, you're doing just fine. Okay, well this reminds me of being in the emergency room and some guy comes in to the room with a broken leg and I just give him some Prozac and send him on his way.

Isn't there a way to like fix these problems? They got hypertension in their way, to fix hypertension? Or do I just give them some drug for the symptom?

And he said, no, we don't do that. And so at that point I said, well, okay, there's gotta be more to this. And then I got lucky. It just so happened, I don't believe in coincidence, but it just happened that Linus Pauling, the famous Linas Paulin, started a study group in San Francisco and I was right close to there.

I would meet with Linos Pauli and about seven other really brilliant very knowledgeable physicians in a field that wasn't exactly conventional. And did it have a name back then?

Yeah, it was the Orthomolecular Study Group. Okay. Ortho-molecular. Linus is calling, according to that term, orthomolcular, which means Linas thought, hey, you know, the reason people get sick, reason you get hypertension, a reason get arthritis, whatever, is due to an imbalance in the system.

And if you realize this, you know, yeah, we have a system that tends to keep us unbalanced. You got one hormone that pushes you that way. you got another hormone the pushes it the opposite way, and by the interaction of those hormones, You stay nice and stabilized and nice in balance.

And Linus was that Lin's deal was all disease starts from an imbalance. and how do you get that imbalance? His big deal, was the way you eat. It had to do with vitamins and minerals.

He was, of course, especially interested in vitamin C. But the long and the short of it was after about a year of being in that study group, it opened my eyes.

I said, yeah, they didn't teach me anything like this in medical school. So this is what, mid-1970s? This is the late 70s. Late 70's. Yeah. OK. Just…

I'm trying to comprehend this, OK? Internet doesn't exist, basically. Right. There's the life. And there was no Amazon. If you wanted to find something, you had to go to the library, like research this.

They're probably weren't a lot of books on this because everything was controlled by the major publishers. So they weren' t going to publish something that was going t be fringe.

Self-publishing didn't ex ist in the way it exists today. I'm sure it existed. Nothing close. It's right. Nothin close to if it was called self- publishing, it's nothing like what it is today. The computers were Nothing.

Yellow legal pads, right? Exactly. I'm trying to comprehend this because how in the world did you even find out about it? well by talking to these these guys first of all okay so you were talking with other doctors that were frustrated i don't know anything right all i know is something's missing that's all I know okay these Guys have been doing it for years kind of under the covers okay So these are these early luminaries okay and these Are folks they have their own practice the hospital system doesn't exist the way it is now it's a pure non-profit environment run by the catholic charities of the jewish right the Way it was right hosting their big sales in the golf tournaments to make ends meet, right?

So down back then, what was it like 75% of doctors had their own were independent, they had own practice. Exactly. Okay. So they didn't they weren't bound.

Yeah, level of freedom. You weren' tied into hospitals, you weren t tied in to an employer, ou weren"t tied int a group mentality. I mean, health insurance the way it is now didn't come into play until like the mid 1980s, because originally it was the patient had the health assurance, they paid the doctor and then they submitted the forms and they waited for reimbursement and the flipped it.

Yeah, right in the 1980. So fascinating. But before computers, this is funny. Before we met, we would meet for the study group around 7pm. But we would actually meet in the morning of that day at 9 a.m., and we'd meet at the University of California library stack.

So in their basement, they had three levels back then of books that dated all the way back to the early 1800s. Books and periodicals, absolutely astounding.

It's crazy. There's just mile after mile of these books on there, and would meet 9 am in morning, our thing was, wander around. Wander around, pull out books, look at this, Look at that, Pull out this.

If you find something interesting, you gotta go over to the lady and then she'll copy it for you, and that's what you brought to The Study Group. And she was about 173 years old, right?

She went to high school with Jesus, Right? So we would all meet at the end of the day at The study group and say, well, I found this article here out of 1882 on black salve and skin cancer.

Or some other guy would say, well, yeah, I found this one out in 1930 about thiamine and alcoholism or whatever. And then we would sit around and talk about that.

That's going to open your eyes after a while. Do you remember like an article or something that you found that was like a holy fuck moment where you're like, oh my god, this is the answer I've been looking for?

No, and I don't remember anything like that. It was just the whole general concept is like I'm sitting there with wide eyes listening to guys like Linus Pauling, Richard Cunyon, Jonathan Wright, Julian Whitaker, all these early luminary guys that had been in it for a little while and just new stuff.

I said, what? You can do that? And they say, yeah, we do that works great. Wow. So this is the late 1970s. Yeah. And then you got in a little trouble with the state of California.

Well, that was about 10 years later. Oh, That was 10 Years later, because when you go down that road, Yeah, least back then, you're likely to get in trouble.

Well, okay, so medicine is you You're not doing what you were supposed to be doing, right? Because medicine Is going to Be more controlled. This is quote unquote standard of care.

Yeah, the FDA is taking more and more control. The pharmaceutical companies get granted immunity from the

Reagan administration during the mid 1980s. So that changes everything.

so the industry is going this way, and you are going this way. Well, I'm trying to integrate it. Right. I am not throwing out drugs. Yeah. But I understand.

Not throwing surgery and such. There's a guy that wrote a book called Sugar Blues, and that was an influential book for me, because this is early on. And one of the guys told me about this book, so I was reading the book.

Really, the books kind of silly, but the bottom line was, guess what? Eating sugar is bad for you. And he talked about its effect on the hippocampus and how it screws your brain up and blah, blah blah.

And so I read the book and I thought, you know what? I'm taking everybody off sugar this month. Really? And all of a sudden I get this reputation as being this genius doctor.

really figured it all out business started to become good people come in I said don't eat any sugar and and then I later learned if you give them a B vitamin capsule that's really good too so no sugar take this B Vitamin capsule and see me again in six six eight weeks and And they aren't if people were getting a whole lot better.

And that I mean, the rest, The rest has just been a journey to learn more tricks. Yeah. That's really one of your big things is sugar. Like that's still today.

One of yours horrible. You wrote a wrote an entire book on it, right? Like our food system back then was not good. It's like 10 times worse now. Way you think it's only ten times worse at least back then when you ate crappy food most people knew it was crappy Food, right nowadays you people eat crappy foods.

They don't know what's crappy. Food. That's normal for them I would have that all their life. I'd rather have McDonald's from the 1970s in the McDonalds than today Probably yeah.

Yeah, maybe so it some It's really fascinating. You know, since I've been in this industry, I been, in the space since 2014 when I opened my first clinic.

And at first I was like, those functional medicine people are nut jobs, right? Now I'm like all in, where I shop. I don't even shop at Whole Foods anymore because it's been taken over.

It is just a big freaking Amazon warehouse with shitty food. Right? You really got to work hard. So I spend a lot of time at Sprouts. And I, I do I did the grocery shopping in the cooking in my for Christine and I that's, you know, she handles laundry, do all the I take care of the kitchen, which I love to cook.

And so we'd been out of town out food. I'm like, You know what, I like to have these kind of like breakfast bar kind things just to snack on throughout the day sometimes.

And I wasn't really paying attention and I grabbed some and ate one. I'm like, I don't feel right. It started getting gassy and it was like Kodiak, right?

It's a brand that I've bought before. Not all that bad. Yes, it's not all bad! I start looking at the ingredients and what's number five. It's like some kind of thing.

I can't remember what it was. Shit, now I cannot eat those. Because my body just rejected it. And I'm like, God, I used to feel like this all the time.

Fascinating. Yeah, once you clean it out, you can't take the crappy stuff. It'll make you sick. Right. On Sunday, again, I think it was Sunday. No, it's Monday.

I felt horrible because Sunday was like a freak. Again, we had clients in on last week. We'd been traveling like and I just was kind of lazy on Sunday ate some bad food, didn't have some good practices.

And Monday I feel edgy and like cranky. At the end of the day I'm like, oh my God, this is how I used to feel every single day. Food is everything it's right up there.

Discovering Orthomolecular Medicine

I would put what would you say the right under exercise? So you exercise and food or fitness if you want to say But yeah, it is a close tie. Yeah. So okay, so you're doing all this work.

You're getting a reputation in, California And then the medical board didn't get in trouble. I love how you laugh about it. Yes, which is funny because California is like a really progressive state.

It was and then they're not. They're like the isn't it funny that all the states like Texas, Alabama, Mississippi, Florida, Georgia, Tennessee, they are the ones that are leading the charge on like plant medicine and research and all that.

And California's like, no, you can't do it like all them. You can do it as long as you're not a doctor. Doctors aren't allowed to do that. You gotta be somebody who's not doctor in order to be able to Do things like that?

Yeah. So what happened with you with the state? Well, you know, I'm doing my thing and Oh, okay, so So Linus developed, he started this thing called the Orthomolecular Medical Society back in the late 70s and so obviously I joined up with that.

There were a lot of good 250 physicians from the San Francisco Bay Area in that and we would meet once a year and after about three years they made me the program director for one of the meetings.

And so I called around and I remember very vividly talking to, now back then AIDS was coming out. And AIDS brought to the front the fact that these guys were dying from oxidant stress, from excessive free radicals, okay?

From oxidants. Okay. So in the course of trying to get a line up for the meeting, I'm talking this fellow named Charlie Farr. Charlie Far is an MD, PhD in Omaha.

And I get him on the phone and he talked like an Oklahoma hick. But this guy was one bright dude. And he said, look, I got to present to your society.

I said okay, what do you got? He said I've been infusing hydrogen peroxide into patients' veins and they're getting better. And I thought, wait, hang on for just a second.

We know now that oxidants cause disease. Mm-hmm. And we know that all these guys with AIDS that are dying from oxidant stress, and you're telling me you are going to take a person with a disease and give them an oxidan, t and they get better.

You say, yeah, that's it. They get just better, That's what I do. And I said, okay, you gotta come and talk to that meeting and tell me what you're doing.

Because it turned out I talked to him some more and he was doing actually some very clever scientific analysis of what he up to. So he comes and talks to the meeting, and I imagine 250 docs out there all knowing that oxidant stress is terrible, which it is.

And up comes Charlie and right off the bat, he says, look, I'm infusing this oxidants called hydrogen peroxide. into patients' veins and here's the outcome.

And towards the end of that hour, people are sitting in the audience going, oh my goodness. Wait, does that like two negatives make a positive? Is that, how does it work?

Well, it works because of Paracelsus. Okay. Paraselsis was an alchemist physician back in 1600s, I think. Maybe 1400s. I'm not sure. But he was the first guy that came out that said, the toxicity of any substance is in the dose.

It's not inherent in a substance. Wow. Exactly. That is absolutely game changer. If you look at health, say that again, it's in dose, not in… The toxicity is the does not inherit in this substance That makes total and complete sense.

So, for example, snake venom, in a high enough dose, it's not good for you. Right. In a low dose it can be good. Smallpox. Yeah. He came up with this.

Then Artin Schulz in 1904 were nominated for the Nobel Prize for basically proving it in an animal experimental model. And then, forget the fella's name, it'll come to me, but a Canadian in the late 1900s developed a term called hormesis, which basically means the same thing.

It means finding the dose. Now inherently doctors know this. They know if I'm giving a drug, I mean, well, this is kind of how the whole vaccine started, right?

With chickenpox, we're gonna give a small portion of the chicken pox to you. A little bit of a bad thing is gonna be good. Yeah. Okay. Interesting. So this guy comes and speaks, and then what happens?

So basically, that's the deal, patients in oxidant stress, they're sick from oxidant stress, guess what I'm going to give them? I am going give him an oxident, but in a small dose.

And then that's what Charlie explained to everybody, and all these physicians, me being one, sitting there going, oh my goodness, this is a whole new thing.

Who would have ever thought? We're just used to drugs all the time. You're giving stuff that is bad for people and small enough dose, and it's actually good for the people.

And so there's just a ton of science to this. That right there, that was like in the early 80s, it was a big game changer for me. I said, oh my goodness, okay, we need to get into this field where we administer oxidants.

We could talk a little bit about how it took me to dose on such. But that's what got me in trouble. Why did it, okay, because you were heading the program, you're the Program Director and you brought this hayseed in.

So basically during that decade, during the 80s, the thing in medicine was oxidant stressors, terrible free radicals are terrible. Here's this guy Schellenberger, he's out there injecting free-radical oxidants into his patient's bloodstreams.

He must be a quack, it must terrible, this can't work right, blah, if you didn't look at the science, It was just like ipso facto. You became the poster child of who they wanted to go after.

they go after Linus and the other folks? Well, well, no, because Linas wasn't practicing MD. Okay, so the way it works is you're actually seeing patients and you are practicing M. D.

You're at risk. Got it. If you just an MD out there doing research or publication, you know, your not at-risk. So then you had to move to arena or moved to Carson City.

Yeah, then I learned about Nevada and that fact that Nevada They have, you can, at that time, or you could get a homeopathic license. So they have a Homeopathical Medical Board here, as well as an allopath or conventional medical board.

Okay. I'm licensed under both boards. Now the homeopathy board is the board that listens to this, this concept of Paracelsus. The homeopsies all built around finding something that causes a problem and then treating that same problem with the same thing that cause the problem only in a smaller dose.

Brilliant. Yeah. Love it. Wow. And then you miss what we do. and you've been in Reno or the Carson you been Carson City, Reno since when for how long it's 91. 91 Yeah, yeah.

What's your practice look like today? What is your I mean, obviously, you don't go into revenue numbers. But I How big is it? How many patients are you seeing?

Tell us a little bit about what life is like. It's a pretty big deal. I have a big overhead. You know, I want to get every measuring tool there is. I'm afraid to ask how many tools you have.

A lot of the measuring tools that you get, you can get them in various laboratories or there's facilities that will do things like an MRI scan or something like that, but there are a whole lot that are not conventionally available.

So I go out and I buy them. We've got a bunch of things in my clinic where we measure things that basically hardly anybody ever measures, like oxidant stress, Like, you know how well your mitochondria are working, how will your endothelium work is working and things like this is just aren't typically measured.

And, and so I've got all of that in there. I guess we have some like 15,000 square feet or something like that. Really? Wow. And about 12 employees, bunch of nurses, we have an IV infusion room, detoxification centers.

We've got, it's a pretty big deal. Yeah. Sounds like it. A lot of, you know, keeping track of people and patients that got what, one, two, three, there's one naturopath in there besides me.

Wow! So we got a lot people doing a lotta stuff. You're still going strong at 80, like you're You know, you can't help yourself. I love what I do. Yeah.

It is so rewarding. I could tell you stories, but the bottom line is I'm sick and tired of the red tape. If I ever retire, it will not be because I don't like what i'm doing.

it'll be, because something happened to me and I can work right or it's going to be I just get fed up with all the Red Tape and the regulations. They're crazy.

That's more regulations every darn year. Yep. Yeah, the friend my one said are the founding fathers came back and saw what America has become they wouldn't they would revolt they will have a revolution.

I mean, I've I don't know if you know this, but I have since moved to Los Angeles. So I'm living in California. No, that yeah, because that's what every 58 year old man should do is increase their tax base and expenses.

Your hair has got a little bit longer. My hair is long. More of it sooner. One of these days. Um, yeah. All right. That's cool. But yeah, I mean, it's so funny because California is such a progressive state, quote unquote.

In many ways. But in that medical thing, in business and medical? You're getting your butt slammed in California. You can't hardly do anything. You're like, you're gonna move your entire operations of the company to California go absolutely not.

Yeah, no, they'll be a Mac. I think I have there's three employees me Christine and I haven't assistant I Think that's the max I can have and like that it and he's an independent contract because he only works 20 hours a week for us He does other things as well.

But yeah, like I mean, I'd rather be in Texas from a regulatory standpoint. Yeah, it's way friendlier. Or Florida. Problem is, is I'm not a big fan of Florida and I need mountains and there's limited places.

And it is a hot area. It's a hottest area, so let's talk about oxidant stress. I want to you know, we have all kinds of different listeners to this. We have some patients.

we Have some doctors. Some doctors are like a lot of the doctors that listen to. This are just right on the cusp of where you were in the late 70s of like something ain't right.

Yeah. Yeah, so let's dive deep into oxidative stress. Okay. And the mitochondria. Give me a layman's view like a

like you're explaining it to my my grandmother.

So so I think the basic concept is this. Life really is about the movement of electrons. It's about moving electrons around. Now molecules, an atom consists of a nucleus and electrons surrounding the nucleus.

And those electrons have to be moving.

Oxidative Stress, Mitochondria, and NAD

When two substances come together, what's going on is the electrons are moving between them. So keeping that in mind, we take in oxygen. Oxygen is an electron mover.

Okay, and then we take in food. Food breaks down into carbon and hydrogen, so the carbon in the hydrogen get into the cell, the oxygen gets into this cell and in this thing called the electron transport system, it transports electrons.

Oxygen at one end of that system is pulling the electrons towards it, and the carbon and hydrogen molecules providing those electrons. And they're moving over to oxygen.

So we end up doing is you end up taking a very high energy molecule called oxygen, got a lot of energy packed in there. It blows up, it's flammable, et cetera, a lotta energy in it.

And you ended up converting that into the lowest energy molecules in the world. H2O, water. You take the oxygen, you mix it with the hydrogen, and you get water, so you're going from the highest energy molecule in the world, by moving electrons, it gets transferred to the lowest energy molecules in world.

Energy gets released. That's what keeps us alive, is that energy. And basically you could think of it as kind of like a radio or a flashlight, It could be a great radio or great flashlight, but it needs energy.

It's not gonna do anything. And we're like that, we need energy, and to the extent that we are deprived of energy or to extent we have a lot of, energy and I'm talking about cellular energy not the kind you get from coffee and stuff.

Right, yeah, you're not talking some simulants. Yeah, I am talking what happens in your cells basically. As long as you have enough energy in those cells, your not going to get sick.

That's the ultimate imbalance. is not enough. So sickness comes from that imbalance. Yes, not not Enough electron movement is really what it boils down to.

Okay, so that's why we have a chronic disease issue and why people are more obese than they were because and then they don't have that energy. Like if I'm thinking about it in layman's terms, like if i think about, okay, well, you know, the easiest way to lose weight is change your food and move more eat less move, eat better move or not less eat, better, move But if I've got oxidative stress and those electrons aren't moving, then I'm not gonna have the energy to go out and work out?

Well, that's the source of the oxidant stress. Okay. As the electrons need to move along this nice, beautiful little chain called the electron transport system.

They're moving from complex one, to complex two, complex three, and complex four, ending up with oxygen. But those, if they move smoothly through that chain, you get very minimal free radicals or oxidants produced.

to the extent they don't move smoothly. There's something interfering with that. And we can talk about what that would be. But to extent, they're not moving freely.

They produce excess free radicals and oxygens. That's the source of it. Can you measure the? Yes. So you can measure it? I can. How do you? About 25 years ago, I developed a computerized system using VO2 analysis and

VCO2 Analysis to actually be able to measure that.

Because while all that's going on, as oxygen is being consumed by a person, that person is also producing carbon dioxide as a waste product. And if you measure both of them at the same time, You can measure how efficiently things are going on in that cell in your body.

So is this like a B02 max? Is it similar to that? The VO2 max is really good for athletes. OK, but it's not good guys like you and I, per se. The guy with the highest VO 2 max, is going to win the race.

It's kind of, as long as he's tough. But for you, and me, VO to max it is not an issue. What VO Max is doing is it measuring how much oxygen I can process into energy, plus how many energy I could make without oxygen.

Now, that's called anaerobic energy. We don't need anaeroic energy, if you're going to run a race, you do. But for every day, what do we need? Every day we just need the standard, how much oxygen, What's my maximum oxygen energy production, and that is called aerobic capacity.

And where do you want that number to be? What I do is I measure aerobics capacity on the patients, then I compare them to a database of young people. So, in my case, I'm 58, so you would measure me in the…

I would compare you to a 40-year-old. Okay, great. So I will come on to you, and I'll say, okay, looking at your mitochondrial function, you're functioning along the lines of a 34- year- old man.

And then you'd be happy. Yeah. Then if I came and told you along, we're looking you and you are functioning on the line of the 7- years old, man, You would not be happier.

Right. That's really why 70-years-olds guys get sicker than 40 year old guys. So is this considered cellular? Is this like cellular age? It's basically that kind of thing.

It all boils down to energy. So, and oxygen is that key? Yeah, so one of my first books was bursting with energy, that's what I call it. Because the whole thing thinks about energy And what Linus was talking about, and what all the urinal luminaries were talking, about and that sugar thing we were just talking.

And then the other thing that we haven't talked about like mercury and heavy metals and lead and cadmium and all that kind of thing. All of those things, why are they bad for you?

They're bad because they screw up that system that moves electrons. And because that system is screwed up, you are deprived of energy and at the same time have an excessive amount of oxidant stress.

That's a bad combo. And you go down that road, You will get sick. Conversely, if you make good cellular energy, and you're 85 years old, Is this why, are you a big proponent of using NAD?

Yeah. Yeah, and it's, yeah, I could tell you great N. A. D. story how I got into this. I'd love to hear it, tell it. Okay, all right. So in the process, in a process of oxygen moving these electrons around and getting the electron from the hydrogen and all that kind of stuff, what is produced is something called N-A-D, nicotinamide adenine dinucleotide, N A D.

All the good stuff that energy does in body, not all of it but, The majority is facilitated by that molecule, NAD. The other molecule is ATP. Everybody's heard ATP, but between ATP and ND and this couple other what we call intermediates, those are what facilitate the energy.

So you build up this energy, now you've got to use the NED. NAAD is what helps you use energy How does it help you use the energy? Does it make it more efficient?

That gets really complex. There's a whole bunch of reactions that go on in the body, in this cell. All these reactions. So it creates more efficiency?

All of these chemical reactions, they require NAD. And they get the N. A. D. through this process of moving the electrons. Okay, so if you've got somebody who's not moving those electrons well, guess what happens to their N-A-D level?

It's going to go down and they're going feel crappy. They're gonna get sick. I want to say six seven years ago something like that. Some kid calls me up in Southern, California He's 40 years old.

He says I have not been able to work for 20 years. I am so fatigued I'm on disability about doctors. Don't know what the hell's going on with me I don't what to do and I said dude, I know it's your problem is moving electrons So get your butt on up here, who's in Southern Cal, and he has to drive up to Reno.

So eventually he comes up and shows up, he walks in the door. And when people come into my clinic, pretty much the first thing I do is measure their mitochondria.

That's perfect. He walks through my door with his mitochondrial test. I said, how are you doing? He says, I feel like a million bucks. So what do you mean you feel like a million bucks?

You just told me this story the other day. He said, yeah, but on the way up here, I was driving down highway one, it was going up highway 1. I went through this little place called Santa Lucia Bispo, where the Hearst Castle is.

Yep, just there. It was just a couple weeks ago. Yeah. Oh, yes. Gorgeous. Made an offer they didn't accept. Try later. There's a clinic there that was infusing NAD into patients and that had been around at that point because some of the scientists discovered, some the clinicians discovered that giving N. A. D.

to patients that are trying to detoxify off heroin and or alcohol really helped them a lot. Guess why? Guess why they didn't have enough NAD. But anyway, so so these clinics these these uh, these addicts or addict because they don't Have enough nad and uh they uh would go into the clinic and the clinical give an infusion, uh every day Uh for 10 days and that was the end of it and there's more to that story obviously But he said I was driving through there and I saw this thing.

I thought you know, i'm gonna do that So he goes in there, he spent 10 days in here, and then he comes up to see me. His mitochondrial test was awesome.

He felt like a million bucks. And then I thought, oh my goodness, that really is a jumpstart. You know, actually, I want him to make his own NAD. That's my goal.

I don't want to have to go into the clinic and get an IV infusion every day. But I wanted him make this own. This jump started him big to the point where he's now making his home.

Yeah, I know. Are you? There's some people out there saying you can take pills of NAD. Yeah. You can't. Doesn't work. And why? Why doesn't it work? Well, all I can say is it doesnt work.

Now, why it does not work is probably it's not getting probably absorbed. Yeah, the molecules are absorbed into the bloodstream. It can't be that it didn't work in the cell because the IV works in this cell, but somehow it just doesn´t translate to a pill.

You know, it's funny, I started doing an ad two years ago. And man, those first three IVs were fucking hell, like three and a half. I mean, is there any way to is that a sign that you're low on an AD if it really is painful?

Like if because it felt like it was a elephant on my chest, and I felt Like I was gonna shit myself. Remember, we were just talking about dose. Okay, okay.

So, so that's too high a dose, that was the way I look at that. That's my take. So you were probably getting anywhere from four to 800 milligrams over a four or five hour period, something like that.

Yeah, I mean, it was like three plus hours. We do like 50 milligrams, sub-Q, patient does it at home three times a week. Yes, so I do 42 now three-times-a-week.

Okay, you're on the money. I started with an IV, like a loading dose, and that's kind of the standard. Do you do that? It is for a lot of people. Okay, not for you.

You just start you just go right to the injection. Yeah, I go Right to The 50 three times a week. Of course, we do a bunch of other things. Right, right.

But that's, that''s all the NAD I think they need. Well, for the most part. I mean, everybody's got the right? I will say this. It's funny because I again, i've been on I was on vacation and then like I ran out.

And I haven't had my NED for like two weeks. Boy, you notice? Did you really notice that huh? Yeah. Not a lot. I did note when I was feeling off on Monday.

It's not like my Sunday free day was I Was eating pizza and pancakes like it you know, a free Day for me is whatever I don't drink as much water. Yeah, right.

Like I Don't Drink alcohol anymore. So I gave me a plate of brownies and ate them or anything like that. Maybe we ordered pizza right like That was probably my cheat.

But then I was like, oh yeah, I've been out of my stuff for like 10 days, because I had an appointment coming up with Will and then Monday, just to go for my blood work.

But yeah I notice it. In like ten days I will notice. Now I'll also notice that when I get back home on Saturday and my box is there, and I begin injecting myself three times a week, i will noticed it as well.

Because I would get a little burpy and i'll get like a indigestion, you know? Heartburn kind of stuff. I won't notice for the first week to ten day, even starting out at 42. units so fast.

Yes, some people are really sensitive. You give them that. But that's not an indication. And I'm not asking you to prescribe me to diagnose me. Is that an education?

Would you say that if you heard that somebody had to take a lower dose? Does that mean that maybe they've I think that is a good sign. Oh, it's a Good sign?

Yeah. Okay, good. Yeah, that they're getting that are getting sicker at lower doses means to me, hey, they are making plenty of NAD already. you're overloading them, you throwing them out of balance.

Ah, this balance is the whole thing yeah okay all right so and then um you want you wanted me to dive into oh heavy metals so let's dive in to that i've read a lot about this and i'd been at conferences where they like come over here stick your feet in this thing and like you soak your feed and it pulls all these things out of it and based on the color it's an indication of these You know, I've always looked at the heavy metal stuff, like the treatments of it, the soaking of the feet, as, that seems odd.

Yeah, it does, for sure. It does seem odd, okay. But, walk me through, what are the metals that are poisoned to us? Where and where do we kind of why how do?

We fix these things and how we what's important? What's not? Yes, so back in the 40s Guys would go in. The Navy guys would. Go down into the diesel tanks and clean them out They drop them, you know, like they're going to a cave or something.

What a horrible job. It was a terrible job and they got all lead toxic because there was lead in the diesel fuel and and then and so they the Navy would bring them out and They'd give them this what they call a chelation therapy with EDTA and that would pull the lead out of their body Okay Well, after about two or three years of this, some

doctors started noticing, oh, that patient is getting the chelation therapy to get the lead out because he works in this diesel situation.

His heart's getting better. his blood pressure is going down. He's having better cardiac function. And that's where all that started. Prior to then, nobody really was paying any, obviously they weren't paying attention to sending these guys down into a diesel tank.

Now if we had had OSHA and it was in place, we never would have discovered chelation. I'm just kidding. Exactly. So then it became popular with alternative minded sorts of doctors to a patient had a cardiovascular condition, give him EDTA and start pulling the lead out.

Really? So how do you do this? How does chelation work? Basically, it's an infusion. There's different versions of chELation. there's a PIL version, there is a rectal version and there s an IV version.

Basically what these are, this is the number of Chelating substances. We're kind of talking about the major one called EDTA. But what they do is, once they get into your system, they have a very high affinity for lead and for mercury and arsenic, EDTA does, and maybe for a few other little odds and ends.

But those are the biggies. And you put that into you body, it grabs those minerals and takes them out of your body. Does it move them through urine, through bowel movement?

It goes out in your urine. So that's one of the tests we do. I can have a guy come in and be thinking, maybe he's got a problem with lead or mercury, and I'll measure the amount of lead and mercury in his urine after I give him a dose of EDTA, see how much stuff comes out.

If a whole bunch of stuff come out, I'm thinking, oh, you must have a whole bunch of stuff in there. Right. If not much comes out, then you think the opposite.

But here's the thing that ties this together. There's two major fundamental problems with us as we get older and get sicker. The two basic ones, which by the way just happen to be completely ignored by conventional medicine.

There's two fundamental areas that cause us to get ill. One we just talked about, the movement of electrons in the electron transport system. the other one is what they call the endothelium which is the inner lining of the arteries.

that endothelium plays a huge role in how much blood can get to your cells. Now keep in mind, if the blood cannot get your cell's well, that means your self doesn't get the oxygen, so then that screws up the electron transport chain.

So is this like the clogging of the arteries, like cardiac calcium scores? Yeah, so now we're getting around to this. Okay, cool. So why is it that doing EDTA makes cardiovascular problems better?

Because the lead hangs out in the endothelium and poisons it. and the endothelium won't work, and you can't get good circulation. If you cant get circulation, that electron transfer system doesn't works.

And if that's already kind of bad anyway, you put those two problems together, You got a big problem on your hands. And that's what happens to us as we get older.

And, that is why I have to measure those things. So, we met two major measurements. One is, I wanna measure what's going on in the electron transport chain.

The other one is I want to know what is going in your endothelium. If your ennotheliom is kind of crappy, guess what you're gonna get? We're going to start pulling heavy metals out.

Because that one, this is about ten different reasons the end of the theory would be crappy. Smoking is one. Wow. You know, but heavy metals are right in there.

Inflammation is one, high insulin levels are one. Hyperglycemia is 1. High iron levels or 1, the stress is, 1 high blood pressure is. 1 All of these things damage the endothelium.

And when I go through that list, probably doctors out there thinking, Yeah, well those are all the things that we see with people that have cardiovascular disease.

Right. Yeah. They got diabetes, they got high insulins, I got, high blood sugars, you know, there's smokers, all that stuff. We already know that, but here's why.

Because all of those things damage the endothelium. And if you measure the Endothelia on a patient like I do, and you see, it's not working so well, that you better fix that.

Before you start dealing with anything else, you better look at his electron transport chain, and you'd better at look his endothelium. Get those two things together, then you're off to a good start.

Wow, is this the same with cancer patients too? Everybody. Everybody? 100%. Those two factors are behind every disease there is. Really? And we can talk about each disease and how they influence that.

Cancer and diabetes are kind of the hallmark in circulation. Kind of a hall mark diseases of this. So, let's talk a little bit about cancer. Okay, because I want to and then we're going to talk about obviously the ozone stuff So cancer very much this you're looking at it the same thing as you would like saying with the cardiovascular You're, looking, at the electron transport in the endothelium Why, what makes it so that instead of like a heart issue it's gonna manifest as a cancer issue Warburg back, a guy named Warberg, you might have heard of him, but back in the 30s, and he was nominated for a Nobel Prize.

I don't think he ever got one, I think it was a nominated one. He was the first to show, what he found out is still agreed upon, he is the one to first show that cancer cells don' t need oxygen.

So a healthy cell needs oxygen, needs to get the energy. Cancer cells find another way to energy, they don't need the electron transport chain. What do they need?

Now that's not 100% true for every cancer, but for the majority of cancers, Warburg was able to show this 100 years ago, that cancer cells thrive in an environment that is very low in oxygen.

Okay. So what this means is, then when your mitochondria are not working effectively, and you're not processing that oxygen effectively. You're setting up an environment that's conducive to cells turning cancerous.

That's kind of the short story. Huh. It's the easy explanation. So the increase of oxygen doesn't fix, if somebody has cancer, it doesn' fix the cancer.

Cancer doesn"t care. Right. It's the presence of the oxygen that… It is the lack of oxygen they like. Right, so if we have increased oxygen, then we're reducing the probability.

So let's say I'm a guy and I am smoking. And we all know that's going to cut back your oxygen levels. And let's say I live in an environment like Los Angeles or Chicago, maybe, where the air is not so good.

Heavy Metals and Endothelial Health

It's gonna be lower in oxygen tension versus living in Brazil or something. Let's just say, I'm just out of shape and my electron transport is just not working well because I am just deconditioned.

I must set up to get cancer. I'm creating cancer in my body because I am decreasing the oxygen availability at the cellular level and when you do that certain cells are going to transform, adapt to that environment by turning cancerous because cancer doesn't need oxygen.

Wow. It's an adaptation. When you get cancer, that means that you've created an environment in your cells that is conducive to certain cells adapting to that bad environment by turning cancerous.

So then you're a big fan of hyperbaric chambers to help with that? I'm not a fan. Hyperbarics are going to provide oxygen to the area, but it's a little after the fact.

Now I think you could use hyperbarrack certainly in individuals that don't have diagnosed cancer and they look like they're going Yeah, now we can talk.

But once they get the cancer, the yeah, cancer doesn't really care if there's oxygen. So increased oxygen isn't going to make the answer go away. Not not in my mind.

Somebody argue with me and think that it's beneficial. And you can maybe can make a point about that. but I don't not think of that as any kind of cancer treatment.

so what gives the Cancer the energy? Is it sugar? Yes, in a nutshell. In a nut shell. Yeah. OK. That's how cancers live. Healthy cells can live off that.

and sugar. Cancer cells, not so much. cancer cells are sick cells. They're not adaptable like a healthy cell is. But they can't do the stuff that a health cell can.

they're very limited. Very tiny little certain environment. It wants to be an acid environment, it wants a low oxygen environment with tentacle hand in hand, and it want to an environment where there's high levels of sugar and you put all those together and maybe a few other toxins and carcinogens and such like that.

You're going to get a cell that's going start turning cancerous and then it's gonna find itself in an environment that is very friendly to it. It's just gonna say, okay, I'll hang out here and I will grow here, and sooner or later it becomes a problem.

Okay, so patient comes to see you with cancer and i'm just talking in general, you know that there's various forms. What do you do? Because you get people coming to you that have cancer.

My bag basically is to make sure none of my patients get cancer, that's actually my bag. But the fact is that unfortunately I have to see people that had cancer and so I work with oncologists and they're out, you gotta kill the cancer with something.

You kill it with surgery, kill with radiation, uh… you kill them with chemo, with biologicals, whatever you're gonna do. But once the cancers in there, yeah you got to kill her.

Right. Okay? But while you killing it, change the environment of your body. Because here's the darn problem with oncology today. They just kill cancer.

they don't treat the cause. And that's actually so we're coming in from two plates. They're going to do the radiation. Their chemo. You're not saying don't know.

I'm not you're saying. Don't see redoing chemoradiation. Yeah, you gotta do it. Do that. Your stupid, but you've got to rebuild the scaffolding inside the body.

Got probably conventional medicine if you want to boil it down. They don't address causes. Right back to the guy with the broken leg. There's no money.

He goes into the ER and he says, take a Prozac. They're not treating the leg, they're treating not the cause. So oncologists kill the cancer cell, but they don t at all even consider, They dont ask the question what caused this cancer.

Patients will come in to see me and they'll be diagnosed with cancer, one of the first questions out of my mouth is what cause the And the patient is going to scratch his head and say, what do you mean?

Didn't it just drop on me? No, it didn't just dropped on you. Dude, you caused the cancer. Well, but I got genetics in my family. Yes, that plays about a 20% role.

That's what the statistics show. But it's also you learn the environment that created the canceling environment for the Cancer to live, right? I could sit here and I can say, you know, in my, as Will, my doctor tells me, he's like, yeah, like I struggle with, I mean, 16 and a half percent body fat, right?

I'm 58 years old. It's very good by standard numbers. I have to be at like 10 or 11 because when I met that number, My triglycerides are up. My A1C is borderline, And he's just like, yeah, part of that is genetics.

But also, I grew up in a household where dessert was like the standard fare. Alcohol was served at every meal, right? There was no physical exercise. I group in an environment that perpetuated that.

Yeah. So I agree with you. It's not just genetics. People want to lay it on genetics, environment, I think plays, what would you say? Is it 60%? Well, the NIH years ago, back in the 90s, said the environment genetics plays 10% role.

And if you look at identical twin studies, you can get anywhere from 10%, to maybe a 30% in certain certain diseases. Okay, but overwhelmingly, overwhelmingly.

So it's like 60%. You're gonna have identical twins and they're split up and live in different environments. They have different risk diseases. One will get Parkinson's, the other one doesn't.

Simply from the environment. Yeah, it really is, environment is everything. It's why I work so hard to curate it, my environment. I worked very, very hard.

Like that is one of the things, and I recently just moved to LA. Look, LA it's like any place. Its got its benefits and its negatives, right? Some positives and negatives.

But the one thing that I love is I like to go hiking in the mountains. Now, I didn't necessarily have that in Charlotte and in Arizona, you can't do it six months out of the year because it's so fucking hot.

Right. Yeah. So I make it a point that I go hiking one to two times a week. Great. I got a weighted backpack, 20 pounds. Especially if you're wearing some weight.

Yeah, the weighted backpack is awesome. Yeah. So, you know, for me, I try to make the best of the environment that I have. And I travel a lot like you do.

Like, it's hard. Planes. People are always like, why do you fly first class? Why do do this? I'm like it is all about environment. It is about lowering stress.

All about creating an environment so I can do more of this because guys like us are called to go out and do these things. That is part of our calling.

So yeah, I'm a big proponent of environment, and that's why I invest so much money and time in it. My friends are like, what are you doing? You got to work at this a little bit.

You gotta work with this little. I don't have alcohol in the house. Yeah, it's not going to be automatic. In fact, if you're going to do anything automatically, you automatically do the wrong thing.

Isn't that amazing? Yeah, it's just what we do. I know. It's like, as soon as I get lazy, I find chocolate chip cookies in the house. Why? I knew I shouldn't eat these. I don't care how pure they are.

And I, instead of eating one, eat 10. Can never stop and eat just one. You know, one of the cool things is, that's another cool thing that you just remind me of, of measuring things.

So you're out doing all this stuff, okay? And you are wondering to yourself sometimes, is this really working? Yeah, all the time. Okay? Or I think I'm superhuman and I can get away with it.

Wouldn't it be cool to get your mitochondria tested and your endothelium tested? And I come to you and say, dude, you're remarkable. What you are doing is actually working.

That would be very cool. You would leave the office thinking to yourself, I guess I don't have to wonder. I've got objective evidence that my electron transport system is working well, my circulation is I'm apparently not toxic, I am doing pretty well.

I guess I'll stay on my game. So it's very reassuring to patients that they're doing that. Because people out there are like taking 20 supplements. And I know in the back of their head, they are thinking, do I really need all this crap?

What's all of this about? That's where measurements come in handy. Then it works the other way too. If some guy comes in and he's doing all the stuff, he is taking twenty pills or whatever, and measures out not so good, He now knows, I guess what I'm doing isn't fitting for my particular genetics.

Might work for that guy over there, but for me, apparently it doesn't work. So let's switch up. Let's find something that works. How long do these tests take?

How does it take to go through them? takes to do the mitochondrial type test, about 45 minutes, something in that zone, to the endothelial test about 20 minutes.

Within an hour and a half, within two hours you've got a data set. So what's normal for me is patients come in, whether they're sick, healthy, whatever their deal is, unless they can't actually perform the test which is unusual but can happen, they automatically get that test where I even see them.

Oh, that's great. So they walk in the door, I'm going to spend an hour or two with them, talking with him about their situation. But I got this incredible data.

I am going have to fly up and do this test, Frank. Yeah, you should do it. Probably totally ace it, but that would be good for you to know that. Why wouldn't you want to have that data?

Exactly. Right? I tell this story quite a bit. When I was 13, my father dropped out when he was 60. He had AFib. We were watching a baseball game. Yeah, sit right next to him.

Yeah. That's the right look to have no shit. He had his mitral valve replaced. In October, he had congestive heart failure in September, mitra valve, replaced in October had arrhythmia over Christmas.

And then he was recovering and we're watching a baseball game and his heart went out of rhythm, right? You know, beats like 400 beats a minute. You that leaves a mark, by the way, in case you're wondering, like, sitting next to him watching that, I'm like oh, i got to stay in shape.

I was actually an out of shape, fat little kid at that point, and that changed my trajectory. Like I didn't consciously start to work out, but like all of a sudden, on swim team, swimming a lot more, got in a shape and lost a little weight, grew, just got healthier.

And so it's interesting to me how life situations move you in either a direction of, fuck it, it just gonna happen to be at 60, or I'm gonna make sure that doesn't happen at me at sixty.

Different choices. Isn't that interesting? You chose to go that way. It's fascinating. Yeah, how we do that. Kind of

like the choice you made. You decided that, you know what, these patients aren't getting any more healthy.

They're getting sicker on these things. Because you're not dealing with the problem. Let's deal with problem Let's talk about what I would be considered some of the greatest work that you're doing for the medical industry and for our entire community.

You have the Ozone Association. When I was at your event two years ago in Orlando, you had probably, what, 800 attendees? Six to 800? Close to that, yeah.

Yeah, when I go to a lot of events, that's one of bigger ones. A4M is there, IOF is like 12. It's freaking 12,000. I know, we're going to be there. We have a booth this year.

And I'm like, all right. But we got to be there. And the other one that's close that I go to, IOF slash Toby, regenerative therapy event. That's now about 600. The work that you're doing there is really groundbreaking.

I mean, you've really pioneered ozone therapy in this country. You, I call you the godfather of ozone, therapy. you are really the reason why, and I know 60% of my doctors use it, at least.

Oh, good. Yeah, no, a lot of them. My biologic. My biologics doctors are not as on board, but if they move into the functional medicine space like the shakers have, then they usually add it.

Yeah, if you start seeing sick people, you want to have that available to you. If all you're seeing is non-sick people maybe not. Right. So what did you…

Tell me about that story. How did that come to be? Because you really brought it, didn't you bring it into this country from Germany? Is that kind of, if I remember the story correctly?

Going back to the Charlie Farr story where he did the hydrogen peroxide thing. Hydrogen peroxide is an oxidant. The nature of an oxygen is it moves an electron.

That's inherent in what an oxidation is. So another oxidate is ozone. Now ozone is an oxygen-deficient or an electron- deficient molecule. It consists of three oxygen atoms, which are deficients.

That three some there is deficiente in electrons. So if you put ozone into the body, it's going to immediately start moving electrons, going grab and start move them around.

And so Charlie was doing his own thing in Omaha with this hydrogen peroxide. Then I learned about the Germans. have been using ozone therapy, which is also another electron acceptor, has been used since 1905. Really?

Cancer, Environment, and Cellular Energy

There's a huge history in it. Charlie doesn't have a big history. But back then in the 80s, I started researching and said, oh my goodness, this is not the new guy on the block.

Ozone therapy used to be used in American hospitals routinely up until the 30s. Right. Yeah. Nikola Tesla was the first guy to invent an ozone generator for medical purposes.

Really? Yeah. God, he was brilliant. Loyola University had a course on ozone therapy in 1885. It's incredible. So I looked at that and that's the thing that has always impressed me is something that is been there for a long time and has a lot of literature associated with it.

And unlike with Charlie, he had the thing going. It was obvious he was on to something. But I was really attracted more to the ozone side because of all the scientific studies and clinical studies, and the fact that the Germans were all on it.

They wrote books on, they wrote papers on. Way back in the 1910s, 1920s and 1930s. And that's what impressed me. I know it's physiology, I knew it is physics, biochemistry, clinical applications.

And what were they finding out? What were these studies showing the Germans when they were doing ozone therapy in their patients? what was some of the outcomes?

It's almost like a panacea. They would use it on darn near anything and patients would get better. Really? Yeah. Wound care. I'm not saying they would be cured.

Right, they wouldn't get cured, but they might get cure, d but, yeah, you mentioned wound care, especially in woundcare. It is absolutely instrumental in the repair process and the regeneration process.

I gotta tell you a really funny story. So when I got divorced with my first wife, living in Charlotte, I was a member of a private country club. And the group that I, and I was traveling a lot then, in the groups that played golf with, I sent an email out to all the guys saying, hey, Sarah and are divorcing.

I just need, a lotta these guys had massive homes, like 7,000 square foot homes. 10,00 square feet homes like two people livin' in it or they had guest houses.

And I'm like, look, any one of you have like a guest house or like some, some I need 90 days. So I can, gotta get outta the house and am traveling lot and that's gonna end in like 60 days and like 90 day.

So this guy emails me back, barely know him, and he's like, yeah, we got like 7,000 square feet. And he goes, I got four bedrooms, three baths upstairs.

I haven't been up there in three years. Have at it. So I move in there. They were big drinkers. He had two full bars, like 23 TVs, it was the party house, right?

And, he made his fortune in pharmaceuticals. Made a ton, then frankly became an alcoholic. Then he was all excited because the new thing that he was wound care and instead of the bandage, they had a device where they blew oxygen on it and it increased healing, like cut healing in half or whatever it was, right?

And that was his next run that he was working on, and I remember the first time I heard you, I thought of that, because when I first heard him say, wait, you don't cover it up and put a set on?

He's like, no, we leave it open and we put oxygen in it, show me the data. And I was like huh, then I hear you speak, Oh, the light bulb went on. Like, I get it now.

It makes a huge difference. So how should doctors be using ozone therapy? Is it a what's the best? is it something you should be doing monthly, weekly?

What's The best way what are going to be some of the benefits of people are gonna see if they're using to use it just when they are sick or do you use that as preventative?

You could use it as a preventive, but really, ozone therapy, you kind of think of it is exercise in a bottle. If you can exercise, You get the same benefit you would get from ozone oxygen therapies, But 20 other benefits.

But so ozone-oxygen therapies are instrumental in patients who are fighting a problem. Yeah, that could be Parkinson's, it could heart disease, and certainly infectious diseases.

If you've got a problem, if you're a doctor out there and you are seeing patients actually sick, you need to know about ozone oxygen therapy, period. unless you don't really care if you get extra ump in your results.

If you really don' care about your result, fine. But if want to get that edge, most doctors want the edge. All of us doctors, I don''t care what the specialty is, how good we are, or how long we've been practicing medicine, whatever

it is.

There's always that subset, and I want say it's something like 10-15% of patients, that as hard as we work, we can't get them over the hump. Now there's all kinds of reasons for that, half the time it's because the patients won't do what we tell them.

Well there is that. There is the compliance issue. Oliver's kind of looking for that edge. Ozone's a big edge, huge edge! What are your favorite things to use?

You said Parkinson's. Do you have like your trinity of things that you like to us it for? Yeah, cardiovascular is probably the number one. Okay, so if somebody's dealing with like a high cardiac calcium score that's high or they've had heart issues or open heart surgery?

Cardiovascular symptoms in my world, slam dunk. I don't even worry about it. Not even. Cancer, not so much. But cardiovascular, strokes, heart disease, and heart failure, all that, 100% curable.

See you later. It can be very helpful with oncology, obviously, because it's going to treat the cause. Right. So while they're doing their chemo and radiation, you have them come to Exactly.

Now what's interesting, I just thought of it and I want to mention that for the audience, and that is while ozone and hydroperoxide are oxidants, that means they take electrons and now we're moving electrons.

Vitamin C is doing the same thing. It's giving electrons, so the two together really move those electrons along. Wow. So you combine them. That's the really wild thing.

You combine the electron taker called an oxidant with the electronic donor called vitamin C. There's other electron donors, but vitamin is right in there because when you were talking about wound healing and such, if you take some vitamin c powder and throw it on the wound, guess what?

It works just as good as the oxygen. Really? Yeah. It's just moving electrons. All that healing process requires a lot of electron movement for the regeneration to take place.

Wow. So all these guys that are doing regenerative medicine, they throw ozone in their bingo. Their odds on quick healing just went up. Okay, so are you doing ozone just where it's channeling through the blood?

Are you using ozone and injecting it like into the joint area? How are we doing this? Why do you recommend that you do this. Yes, so one of the beauties of ozone therapy is that it's so applicable to so many things.

It's not like you go to a seminar and you learn something that you're going to use on every 40th patient. This is something you will probably use in every single patient you see.

So it's very applicable. And the other thing is, it has all kinds of ways to get it in there. So if you have a problem with a joint in the body, you inject ozone oxygen in it.

If you a have problem a tooth, the dentist injects ozone in oxygen. You got a problems with your sinuses, injecting ozone and oxygen there, If you've got a problem with your spinal cord, you inject ozone oxygen right into the caudal epidural space.

You can inject Ozone oxygen into bladder. We can cure bladder cancers, most of them, by injecting ozone Oxygen into The bladder we can give it IM, we Can give a sub-Q.

you can put it in ears for ear problems. And you could put on wounds to clean up wounds. If you have an infection with a virus, there is no viral infection ever, including, what, Ebola and COVID.

There's no virus at all that doesn't respond to ozone therapy. 100%. Really? 100% of all infections, even bacterial,

No fungus, no bacteria, and no virus can survive in the presence of adequately moving electrons.

Period. End of story. See you later. No resistance. None of that. If you're an infectious disease doc, or let's just say your family doc and people come into you with viruses or cellulitis or whatever the heck they got.

You add ozone to that, bingo. Your odds just went up huge. When COVID was going, I'm sure you were busy as hell. Yeah. We were the only guys in all of northern Nevada that were actually treating patients.

Right. Because we knew that it's going to take care of it. And you weren't even worried about it? You were using ozone. Most other things right among yeah, but yeah.

How are you applying the ozone? How was it just like blood like blot? Okay, so we're doing the blood work goes in one arm exchanges. Yeah Yeah, you pull blood out.

You expose it to ozone put that treated blood back into the patient Wow, it's easy to do what we deal by the way Yeah people are looking at this and thinking well, that sounds like a big pain in the butt.

It's not I've had it Yeah That's when I found out I was allergic to heparin It's telling us I remember telling you the story in the cruise I'm like, so I"m getting it in Will Haas is like dr Haase is, like I we're gonna have you do ozone and And I' m doing it I am sitting there and you know, you got your arms like this and all of a sudden my nose is itching and I can't move my arm to itch right and they've got I've Got the I got these light things on like the meditation thing that Patrick Porter the brain tap thing, You know and i'm gonna be sitting and im zoner and like my my neck is itching and all of a sudden I feel a tap on my hand.

Will lifts the visor of the brain tap thing he goes, you didn't tell me you're allergic to heparin. And I go, what are you talking about? He holds up a phone and you look at me like I'm bright as a brightening bright is a tomato.

He's like, yeah, we're gonna give you some benadryl. or whatever it was. Yeah, so it gave me like this big syringe of Sudafed and I slept the rest of the afternoon.

Yes, that's how we found out I was allergic to heparin. Lucky me. That's where you find out. No test for it. So you were doing it in blood. With COVID, going back to this, what were you seeing in 24 hours or a week?

So somebody has an active virus, they're sick. Yeah, if I tell you, you won't believe me. I'm trying. If this goes on Amazon, or no, YouTube, it'll take us off or whatever, because it's hard to believe.

I can tell you stories.

Ozone Therapy and Clinical Applications

I guess one of the stories I'm thinking of is this morbidly obese woman with type 2 diabetes who four months before I had a heart attack and some stents put in.

Okay, uncontrolled diabetes, cardiovascular disease, morbidity obese, comes in, she's got a respiratory rate of like 34. She's sitting there, She is turning blue.

she has got an O2 satellite 72. Not your best patient. No. Doesn't have a really good outlook. That patient is probably not going to last 24 hours in a regular hospital.

Yeah, because they debate her and then give her a demonstration. And I'm thinking to myself, well, OK, if she dies, I'll probably getting in trouble, but whatever.

Might as well give it a shot. So three days, 100%. See you later. came in for three days. Three days in a row. Yeah, I'm giving I am vitamin D. So it's not just that.

I've given an oral vitamin C to take on the author. But the bottom line is, we're given a fairly large doses of ozone, fairly, large, doses, a vitamin c, all intravenously on three consecutive days, wow, knocked it out, knockout punch.

Yeah, I mean, we talk about it quite a bit on this show. I look back at how we handled COVID, and I want to puke. Yeah. Pretty bad. probably about 20 people.

It was kind of like one of these networking dinners, you know, kind thing that my friend put together. And he's like a really great networker. There was a woman there, and she came up with the line.

for six feet of social distancing. She was a marketing person. And she tells the story about how she was in a room with Fauci and members of Congress and the, you know, U. S.

Chamber of Commerce and, the infectious disease people want, 40 feet social-distancing in the U S. chamber of commerce is like, how about a foot, we need people out, right?

And this is going back and forth and they're debating this and she goes, let's make it six-feet. They go, why do you want to make at six? She goes because everybody knows what six means because it's six under.

Huh? It's in the congressional record. She's testified in Congress 12 times. That's the science. But that's The science behind social distancing. Yeah, I don't remember her name, but you can look at this.

This she's surprised me isn't that doesn't surprise me. So it was all that whole response was All made up. It was like, how can we make money off of this?

Rahm Emanuel never let a good crisis go to waste. How are we going to make the money? By the way, both sides of that aisle. So if I'm listening to this, what specialties can benefit in the practice by in their patient base by utilizing you mentioned a couple by having ozone yeah so you know particularly cardiologists okay uh or look i'm not a cardiologist but i treat cardiology patients so any any doctor out there that's treating patients with hypertension a congestive heart failure, coronary artery disease, post-stroke residual, history of strokes and TIAs, anybody that's treating that, and that is like your family doctor half the time, but internists and such like that.

Ozone oxygen therapies are going to put you right at the head of the line. So and obviously, this is not covered by insurance. So if I'm listening to this, and I've been an insurance based doctor, but I am looking for other modalities, what am I going to charge for something like this?

Yes, so it's going depend on your market. I would say if you're in a big market, you are probably going charge 500 bucks per pop, a smaller market 250 per Okay, and if you're listening to this, you are not a client of mine, then you call me and I'm going to show you how to charge more than that and treat more patients.

Frank has been a Client and we have helped him. But yeah, there's always there is always opportunity. Yeah, I mean, are they usually just doing one or they do a package?

Think of it as kind of exercise. Exercise trains your body to do something. Ozone, by moving these electrons around, is training your to move the electrons on its own.

Because the whole idea kind is you give the patient comes in with a problem, you're giving them ozone oxygen therapy, they get over the problem and now they don't need it anymore.

It's great. That's kind of what we're going to. So but it is typically very much a series might be a two, three months series, for example, is your favorite to do the oxygen exchange?

Is that your favourite way to Do it between the blood? Or is that you're if somebody do that, I do it every which way. Okay, like I said, it I got all the equipment, and I can do all kinds of stuff.

I'm very cognizant of patients' time and logistics and such like that. So some of what we determine we're going to

do is based upon how often can they get to the clinic, for example.

How many hours can we spend at the clinics and so forth and on. Have you done in the regen space with joint pain and things like that? Oh, yeah. So I know you do a lot of it.

Have done any studies or anything like? Okay, so I'll tell you a story. I think I told you this story before. Okay. This is a great story, I developed a system to treat joint problems with ozone.

Mm-hmm. Some treating this woman for rotator cuff injury. And she comes in with her hubby all the time. And so she's on like her third round. And on the way out, the hubby says, you know, she is doing so well, her shoulders like totally normal.

I wonder if you can help me. and I said, OK, what's your deal? He said. Well, it's the back of my hand right here. He says. You know about 10 years ago, I was wrenching something on a car.

The wrench slipped in the. Back of. My hand banged against a piece of metal and it hurt like hell and still hurts. It's like 10. Years later. And he said, when I saw the orthopedist, I got x-rays, it got this, got that.

Nobody knows what the heck's going on. But all I can tell you is it hurts like that every time I twist a doorknob or do something of that nature. It hurts right there.

Do you suppose you could help me? I said dude, yeah, think I could. Because ozone literally gets rid of pain. Even if it can't fix the problem. I don't know what your problem is.

But I can tell you this much, I'll probably be able to get rid of your pain. So I took pinched up a little bit of a skin. I take a 5cc syringe with ozone at a 45 gamma concentration, just with 30 gauge needle, slipped it underneath that skin, shot a lil' bleb, so he has all big ol' blib of ozone oxygen on his skin and the story pain went away for the rest of his life.

Gone. That's it. That taught me something that I had always thought was the case, but I couldn't prove it. And the question is, what causes pain? So I called up a bunch of pain doctors and I said, What causes Pain?

That's your specialty. Tell me what cause pain. None of them knew. They don't know what caused pain or they just know ways to make pain less. Right. But they don' know causes it So I told them, I'm telling you right now what causes pain is lack of electron movement.

Because if I put electron mover in there, the pain goes away and often does not come back. That's what caused this pain. And I might be the only guy in the world that knows this.

Well, it makes sense. I mean, like I go to, uh, guess I'd call her an integrative chiropractic. appointments are like an hour and a half because she'll do massage before she even makes any adjustment and she cups she does cupping right which is bringing blood and oxygen into areas that are My back is full of those red blotches, right?

Yeah, I mean, that makes total sense. But yeah, if you think about it, it's bringing blood and oxygen into that area to help loosen up that muscle. It's kind of a no-brainer, but it is still marvelous.

To think that you get rid of pain. I got a lady once who came in years ago. She's complaining of neck pain, and if look at her x-rays, there's like an erector set in there.

God knows what the hell is in those. Metal here and there and screws and all kinds of bolts and stuff and and Obviously, I cannot fix that person right right, but we took her pain away And that was her problem.

So sore muscles. The problem wasn't that she had metal in her neck. She's not complaining, oh, I got metal on my neck, she's complaining it hurts. Right.

Take the pain away. All your doctors out there, if you're listening to this and you see patients with pain, guess what? You can take care of that pain for pennies on the dollar.

Perfect. Real easy. How do they find out more? Because I know you offer training in this. I'm going to give you all I've given kind of a plug to what Frank does, I have been at his event, the big one in Orlando, which is now in Dallas, right?

This is Dallas. Yeah. And I been to your smaller trainings that you do here in Reno. They're phenomenal. and a lot like I will tell you, in my, you know, my client base is 50% regional, 50%, regional regent, regenerative 50%. functional ish, naturopath, that kind at least 85% of my clients, 80 to 85%, of our functional medicine docs have been through your training.

That's awesome. Yeah, good. And they all know they'll know that like you are. I know there's other things. But how do you give them the domain like when you have some training coming up, you've got videos, all of that, tell them how they can find out.

Yes. So Good, I'm glad he asked. First of all, there's the American Academy of Ozone Therapy. So we actually have an academy. We formed this, what, 13 years ago.

The academy has certification courses for veterinarians, dentists, and medical practitioners. We certify you. We teach you how to do this so that you do it properly because it's like anything else.

If you don't get that dose right, that could be an issue. So we teach how you to ozone in all kinds of different ways. I take the medical end. Our president, Dr.

Phil Molico takes the dental end and Jim Bridge takes a veterinarian and he's a veterinary. and so all of those practitioners can get certified at the American Academy courses and which is a really good thing for doctors to do is to be certified by that event and the way you learn about it is go to the american academy of ozone therapy website it's really easy to remember a a ot americanacademyozontherapy.us Can you go in there you can learn all about they get a whole library in There you Can You Can access 4,000 patients 4 000 plus patients on ozone oxygen Papers on Ozone Oxygen Therapy You can find doctors in your area if you want you, can Learn a lot about the whole academy and the process and meetings and all that kind of stuff.

But you can also learn about all the certification courses. Our next one is going to be right here in Reno, and that's going be what, like four or five weeks.

And then we're going do another one. We do them twice a year. Okay. Another one's gonna be next June. Right, yeah, you're assuming like June, October, then your big conference is May.

It's like Thursday, Friday. Yeah, it's Thursday Friday, half day Saturday of Mother's Day weekend, right? So everybody can be back home from Mother day exactly catch a flight home for Mother Day.

Great event, by the way, your trainings are fantastic. I highly I cannot recommend them enough. And I mean, I put your stuff up there with like the training that Don Buford does in the regenerative space or the sono.

It has been you know, Donnie has 15 years or 20 years he's been doing ortho sono. It's really the gold standard. And it's phenomenal training. I cannot recommend it enough.

So get your get Your butt to Dallas or get yours. Get your butt here in Reno. Yeah. Anything else you want to share, anything else that's going on in your life here as we wrap this up?

I think we've covered quite a few things. Is there anything I want put out there? Well, one thing, if we got a little time, let me just say this. This is because it's fresh on my mind.

You know, I write a newsletter and it is called Second Opinion and then it goes to a bunch of doctors and such.

Training, Academy, and Closing Thoughts

Somehow I was researching the internet and such. So I hear about this new drug, and I can't remember the name of the drug. But the FDA just fast-tracked it.

And it's supposed to be the new Wonder Breakthrough Drug. Well, what they did is they took a number of patients that were being treated for metastatic pancreas cancer with chemo.

These guys were all getting chemos. They gave them this drug in addition to the chema and they lived twice as long. Well, what does that amount to? Because from the time of diagnosis, on average, you live six months.

So they live 12 months, that's twice as long. Sounds pretty good, I guess, except when you learn that it's 40,000 bucks a month, and it also has a whole long list of side effects that almost everybody gets.

Other than that, it is okay, gives you another six month. Five years ago in the Journal of Cancer Research, in that journal, they published a study on the effect of alkalinization in this same category of people.

So they took 20 patients with metastatic pancreas, pancreatic cancer, that were getting treated with chemo, and they gave those 20 baking soda to take orally.

And what they printed out, and the results, they've printed it out. If you took enough baking soda, keep in mind, that's all. That's the only intervention.

You're getting chemo. Uh-huh. if you take enough Baking soda to get your urine above the pH of seven, you lived four times longer. Not twice longer you lived four times longer.

I'm convinced all the answers wasn't forty thousand dollars a month. What is it? There were no side effects It's just it's a crazy thing it really is i'll leave us with this the longer i'm in this space and the Longer I get to hang around really brilliant men and women like you and other friends of ours And I just I Just sit and listen.

I got a marketing degree, right? I was a golf pro, Right? Like, you know, my, I have seven years of college, and my grade point average is like a 2.6. You know I Was that guy in college that and I, just sit And listen, And i have to write down words that I don't know.

But if i just listen through the lens of our body already knows how to heal ourselves. And all the answers already exist within the nature tools, the tools that we have here on earth.

The more I listen, the more realize that's really true. I mean, our body can heal ourselves with our own cells, or own platelets, own stem cells. Our bodies, now you have to change those, you've got to spin them down.

Oxygen, baking soda. We do a lot of work in the psychedelic space, we've sent 45 of our doctors to go, I did a journey two years ago, it's completely transformed my life.

dealing with the trauma that I grew up with and still to this day. And we've sent 45 of our doctors to go work with a guy. It's all using plant medicine.

We're getting better results in one session than they would get from years of talk therapy. Talk therapy is great too. I do it regularly. But boy oh boy, there really does seem to be a lot of answers right at our fingertips that we try to make things way more complicated.

So Frank, thank you for being the pioneer. You really, like you really… I know you look at Linus Pauly as being more of a pioneer, but you know, you've really have taken this to the mainstream.

you have literally changed the lives of tens of thousands of doctors. and God knows how many patients it's gotta be five, 10, 20 million. Yeah, you should be really proud of your time, your work, and don't retire, keep going, we need

you, okay?

And good luck with the bike race, will you let us know how you do? Thank you. Okay, I'll let you know, how that turns out. All right, thanks. You got it, Frank.

Thanks for coming in. If this episode got you thinking differently, hit follow and share with someone stuck in the system. Please leave a review. It helps us grow.

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