He Was Preparing to Lose His Bladder. Then Something Changed. Transcript

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Patient Introduction and Therapy Results

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I had like this youthful vigor now. And it was like, I went from waking up prior to it. I'd wake up in the morning and it's like a giant picked me up and threw would throw me against a brick wall.

And I was like, really in really discomfort. And I experienced like, wow, this is what it feels like to age. I'm only 63. And I was feeling like a really old and struggling going up the stairs.

But then once I had this IV ozone therapy and some of these other therapies and, and, uh, peptides. We only had what 30, 40 treatments. A few, but I got, I got real results.

Welcome to the Peptides and Longevity podcast. Each week, we'll dive into groundbreaking science, innovative therapies, and the future of health and longevity.

Alongside visionary physicians and experts, we'll explore how peptides, cutting edge medicine, and lifestyle strategies can redefine the way we age. Get ready to transform your health, optimize your vitality, and unlock the secrets to a longer, healthier life.

Podcast and Summit Opening

Let's get started. Hey everybody, my name is Mike McNeil and I want to welcome you to the Peptide and Bioregulator Summit and today we have an incredible treat for you.

We have, joining us, we have John, an incredible patient here at Holtorf Medical Group, and we have the amazing clinician himself, Dr. Kent Holtorf. Whatever.

And today we are going to talk into John's testimony of being a patient receiving remarkable care and the journey along the way. I believe that out of everything we record for this summit, this is one of the most important interviews that you need to tune into.

This is something that has changed my life as I've got to know John through his journey and it's changed our life as the way that we practice. really functional medicine?

What does it mean to be that type of practitioner? And what kind of success can you really see? And you're a living success, John. So why don't we kick it off by your story, John, and how did you, you know, get diagnosed with your cancer?

How did you come to find Dr. Holtorf? Kind of walk us through what you went through. Thank you so much, Michael, for that introduction. Yeah, so I think I should start with last year, I was diagnosed with bladder cancer.

Bladder Cancer Diagnosis and Discovery

What led to this was earlier in the year, I had a severe case of kidney stones. Now, I didn't have to have surgery for that, but I did recover from that.

It was pretty traumatic to go through that, to be honest with you. I mean, I had hematuria. pain. It was really discomforting, but I believe I was being prepared for something.

Something that was to come, unfortunately, but it would be a blessing also. And after about six months, I had a routine CT scan. They call it a kidney protocol.

And when they got the results, they found a mass, a one-inch mass, a tumor in my bladder. Now, I had no idea. And if it had not been for that kidney stone situation, I may have even died from this because come to find out, it was an aggressive cancer and very likely invasive as well.

and so they do a scan when you had the kidney stones no this was after this was okay so it was probably there correct yes so now i do want to say that I would have what led up to that.

I didn't even know that I had it, but I did experience symptoms. Like when I would sit down for a long duration of time, I had pain. It's like something was not right there.

Right. So, but that was, you know, that's what I realized later, but I had to have surgery. I had to get this tumor taken out. So while I was waiting for the surgery.

that during this time is when I met Dr. Holtorf. And it was through my sister. She knew Gina and someone very close to Dr. Holtorf. It wasn't in the clinic.

Right. He was helping us with a contractor. Oh, nice. That's awesome. There you go. Very cool. And she had asked me to come in and take a look and meet Dr.

Holtorf. And he was very pleasant and very knowledgeable. and so forth. So yeah, that's how I really got… That's incredible. And I heard you talking earlier, John, that there was something that Dr.

Holtwerf told you that inspired you to trust him in the journey to handle something as complex as a cancer diagnosis, which can, I'm sure, bring all types of fear and anxiety and it can be pretty overwhelming.

What was the one thing that he told you or what built that trust to rapport from you directly to him? Great question and I'm glad to share because I was dealing only with Western medicine, you know, surgeons that just remove and do surgery and then offer chemo or what have you, but they don't have any They don't, they just tell you, hey, just prepare for surgery.

We just got to take it out and then we'll see what happens. You know, and he, and he would tell me, Hey, I think we've, you've waited too long, John, you know, so this and that.

And so once I did have surgery, they found that this tumor had grown doubles in size. Okay. I was down. I was really down with that news. I had to process it.

I was processing life and death. And I, and I actually went to go see Dr. Holtorf. after this and I was really inspired because what I heard him say is we have to stop.

We're going to do everything we can to stop this cancer. But I want to interject. We do not treat cancer. We do not cure cancer. We get the body, we help the body fight the cancer and go along with whatever the oncologists say.

Now with John, we did a little something different. We have our private membership and medical association along with a social review board. So IRB so that we can do some different things and we went We went through our affiliate in Mexico, so we could do a lot of different things that weren't directly from us.

But, you know, all coordinated, and again, we don't tell people ever to not, you know, do what their oncologists say. They usually question them what their oncologists say.

But we never, we say, you've got to talk to your oncologist and see what they say.

Functional Testing and Personalized Cancer Strategy

Right. Yes, thank you. However, they didn't offer much. And I can say that as the months went by, I was not feeling well at all. I mean, I struggled. I was struggling.

This, this cancer actually was wreaking havoc in, in my body. And I found out through a Dr. Holtorf as well. He did a lot of other tests, had me do some other tests and they found out that really my more, my issue was really digestive.

It was, I wasn't eating properly and so forth. and I didn't have the proper vitamins and my immunity was really low. And if your immunity is low, that's not good for cancer.

If you're, if you're, if you're eating a lot of, if what you're eating turns into sugar, like the carbs, that's not good for cancer. So I had been doing that.

I thought I'd been eating healthy, doing everything, exercising healthy and so forth, but I was struggling. I got to a point where in my house, I couldn't go up the second story level.

I only have 16 flights of stairs, but I was struggling. I would wake up in the morning and look at myself in the mirror and my skin tone was greenish gray and I knew something was really wrong with me.

I was processing this disease and so I began the treatment. Let me interject because, yeah, so basically, his oncologist gave him really no treatment options, not even chemo or radiation, and said, we're just gonna take everything out, right?

That's pretty disturbing, like you're gonna have to have no bladder, you're gonna just have a tube that comes out of your skin. And so first thing we did, we used a lab that's in Greece and Germany, and RGCC, and they do a number of things.

They will look at all your genes, but not genes in the sense of you have these static genes. What genes are up-regulated? Which ones are down-regulated that either directly or indirectly allow this cancer to grow?

So, you know, as you know, bladder cancer is a disease associated with poor immunity. with aging, with toxins, and but as we found out, and this test is great, it will show you what natural things will kill the cancer, suppress the cancer, what things are needed for the immune system that are up-regulated, down-regulated, and when you look at this test, it's like These cancers are super intelligent, but it is random, you know, basically methods, but it has, it would basically secrete its own peptides to stimulate itself, right?

Okay. And so we found that he had all these up-regulated genes that caused activation, that suppressed the immune system so the body wouldn't even see it.

He had tons of inflammation, which would suppress the immune system. No mitochondrial function. Yeah. He says, natural killer cell function was so low.

that is what basically fights the cancer. So you think of the immune system, it's very complex, but if you break it down into two sides, think of TH1, it's stuff inside the cell, TH2 gets stuff outside the cell.

And so this kills cancer and this causes inflammation. And as you get older, it goes like this, or stress or toxins or chronic infections or autoimmunity or other inflammation.

So he had was very poor at fighting the cancer initially and once it takes hold it starts acquiring these genes that it just it was so amazing like everything that it did was a benefit they could hide from the immune system could you know survive the typical attack now we found that it did have some vulnerabilities it could not repair the DNA it could it had low heat shock protein so it couldn't survive stress or oxidation so right there you know ozone hyperthermia but we want to lower that and lower the inflammation but we want like Uh, basically inflammation like high dose vitamin C ozone, but we don't want chronic inflammation, which is very different, but boom, attack it.

So, and they will give you a list of natural things that actually will directly or indirectly inhibit the cancer. And then they'll give you synthetic things.

It'll even tell you what chemotherapy would work, but it, you know, basically those are so toxic that you can just, you know, limit it due to by dose.

And now, why aren't oncologists doing this test? Like, it's just one size fits all. Here's the protocol. Wait, we don't know if it has those genes, if it's needed, if it's going to work or not.

Well, it didn't work. We know ahead of time what's going to work, why it's going to work. And in addition to that, they have another amazing treatment called oligonucleotide therapy or else called SOT.

They will find a gene that is in the cancer, that's not in the regular genome, and they will make a basically a messenger RNA that will bind. So when the body, when the cancer replicates, it basically has to basically transcribe these genes so it can replicate.

So it'll make a messenger RNA, which then goes to the ribosome and makes a protein and then it does whatever it needs to replicate. So they will make basically a messenger RNA that binds to that piece of messenger RNA and it floats around.

So it's stabilized for about three to four months. So anytime that cancer wants to replicate, You can't because that piece of mRNA binds to it and now it just dies off.

But we do that also a lot for Lyme disease and other chronic infections. So they have a great program and it just, and that's what we based the initial on.

Then there's a second company that's Nobel Prize stuff. which is Neo7, and they also look at the epigenetically, but they go one step further and make custom peptides, unique peptides that bind all the, basically either activate or suppressor of these genes that either are good or bad, which we just started a couple of days ago, but we got all this change in his condition before we even did that.

And it is incredible. It is incredible because I experienced the results.

Ozone, Peptides, and Rapid Recovery

I mean, I shared earlier how I struggled to go up the stairs, the skin tone. Once I started these therapies, I was re-vigorated. I had like this useful vigor now.

And it was like, I went from waking up prior to it. I'd wake up in the morning and it's like a giant picked me up and would throw me against a brick wall.

And I was like really in really discomfort. And I experienced like, wow, this is what it feels like to age. I'm only 63. And I was feeling like a really old and struggling going up the stairs.

But then once I had this IV ozone therapy and some of these other therapies and, and, uh, peptides. We only had what 30, 40 treatments for you. A few, but I got, I got.

real results because it was interesting the same genes that were upregulated are the same genes associated with aging like you know he had things that suppress synolytic so you know you basically as you as you get older the cells becomes kind of damaged they go into what's called senescence And normally the body should get rid of them.

But what happens is the way the immune system is with the low TH1, you can't get rid of those senescent cells. And so they're still around. Instead of doing what they're supposed to, they're causing problems.

They're secreting all this inflammation, which then recruits more senescent cells. But we have ways to selectively get rid of those. They call them zombie cells.

And just doing that for anti-aging is the same thing that we need to do as one of the therapies, again, multi-pronged, that one thing was helping your cancer survive.

Yes. And that's an added benefit. It was great. It was really great. It's all exactly just like Dr. Holter just mentioned. But then I started noticing my skin looking better.

My family even started saying, hey, it looks like your hair's growing back. It was great. So many benefits. But what was happening was, yes, it was treating my cancer, but then I was getting an added benefit.

It seemed like it was helping me with my skin, even my hair. And the greatest thing was, throughout this early therapy, I realized, I mentioned earlier that I struggled going up and down the stairs, but once after the therapy, I was blown away.

The next day I had to go to a job where there was 103 steps and I didn't even think about it. But then it was not going down the steps that was so bad.

It was going up this up the stairs, up these steps, 103 in Corona Del Mar. And I thought, I thought. Oh my gosh, I'm going to do this. It's going to take me forever.

But after the meeting, which lasted only about an hour, really thought I was running up the stairs. Wow. Wow. And I got up to the top and I was like thinking, wow, this therapy that the.

have at HMG really works. I was like blown away. Well, because much of the things that your cancer secretes was suppressing your mitochondrial function, causing the heart could not squeeze very well, it got stiff.

which is the same thing going on with people with cardiovascular disease, congestive heart failure, which I had myself, and had high human trans growth factor beta from chronic Lyme stimulated that in me.

For you, the cancer stimulated that, causes fibrosis of the heart. You know, I could not walk upstairs, I could not stand up. And so same thing, you had a mild version of that.

But the same thing, it reversed that fibrosis and the mitochondrial dysfunction. And so all these things that work for the cancer actually are the same things that work for anti-aging and multi-system illness.

Because as you know, we treated so many different areas that were abnormal, because it's amazing all the things as cancer either stimulated or suppressed to keep it from, keep it so it could keep growing.

And again, The oncologists go, oh, here you go. It's like, you know, you have this, okay, you got this. Like, did they even look at that test by any chance?

All I can say is they do nothing for me. They were doing nothing for me. They only had dire, dire. And when you went back to go get, I was worried when you go back the second time, right?

Right. They were, they were planning to take everything out. And I'm like, oh no, even if it's so much better, they will take everything out because that's what they do.

But yeah, tell us what happened during that visit. So yes, thank you. It was a miracle. It was really a miracle. So I had the second surgery and it was probably, I would say about three months later from, from the first surgery to the second surgery.

And they took four tissue samples. And at that time, the doctor or physician, the surgeon said that it looked kind of from the first surgery, potentially invasive.

He really thought. He really believed that it had gone into the tissue layer, which was not good. Well, it was shown to be even on the microscopic level to be invasive and aggressive.

Yes. Yes, correct. And so based on that, he was prepared to confirm on my second surgery, we got to take everything out. Just take everything out. Yeah.

However, there was a different outcome.

Second Surgery and Unexpected Negative Biopsies

Thankfully, and I really believe it was I mean, so so he got in there and he's like, well, wait a minute. What's going on? He was astonished. He was he was surprised.

He was surprised when he got the biopsy results. There are all four came negative. It was a miracle. I mean, I thank God Almighty. And what did he say to you about that?

He said, you must have gotten really healthy all of a sudden. Something just must have happened to you, but you got it healthy from the first surgery I was really understanding that you had to have, it was really bad that you had waited too long and so forth.

It explained you. Did you mention anything you were doing or anything like that? It must be your healthy eating. I did mention that We kind of leave it up to you.

I did mention that I was seeing a very good dietitian, which I was, and I had an excellent physician, of course. And it was by divine appointment, really, that I met Dr.

Holtorf. If it had not been for him and his assist, really, I would have had a different outcome. I know I would have. A friend that had diagnosed at a similar time with bladder cancer.

Yes. Yes. I have a close acquaintance a year younger than me. had the exact same, almost exact same, bladder cancer. He had his removed and the stitching, when they sewed back the bag, got infected, he got sepsis and died of that.

Yeah. And see, but nothing happens to them because that's a potential side effect. And it's kind of when they're saying, well, yep, the surgery was successful at the patient died.

Yeah. And, and I just, I don't understand it. And like for myself, when I had the heart disease, I mean, the heart failure, I couldn't stand up, couldn't walk.

And they said, maybe in 10 years, you get 10% better with, with intensive, you know, cardiovascular rehab. And I come back less than a year later standing up and was like, That's interesting.

And you don't think, Oh, it's normal. Did he ask me one thing I did? No. Um, but, uh, yeah, so it just, it just blows me away. You know, they're just kind of like, okay, that's it.

Next, next, next. And it's kind of like, is it the system? Is it the doctors? I think it's a combination of the two, but it tells about your, your mental journey, like how you felt with that diagnosis.

I was devastated. I mean, I kept it to myself. I. I'm a man of faith and I was really thinking maybe it is my time. I now know God had a different plan.

He wanted me to be under Dr. Holtorf's care. We're not done yet. I know, but my heart overwhelm, overflows. Because when we looked at your initial RGC test, he had so many cancer cells in the blood.

He was the highest risk level. Yeah. Or metastatic, or basically the thing was pumping out cancer stem cells, which

we needed to get rid of. So all these things.

And so we're, we're, we're going to keep the pressure on and add, we just added the new custom peptides under IRB. And it's just review board, so it's all reviewed by a panel of doctors to be safe and effective.

But that's the thing, we're just going to keep the power on. And the stuff is non-toxic, right? Right. Compared to chemo, where you're just feeling horrible, you feel better.

And so what I'll do for people that are interested, I'm going to follow up with a PowerPoint to kind of go into more details, which is probably too much to absorb here.

But just for people that maybe have a loved one or themselves, and this whole system works for so many things, including so many different cancers. Again, we're not saying we're taking the place of the oncologist, but we're getting the body so it can fight the cancer itself and kill it.

Yes. Now there is a place. I appreciate that because the oncologists do have a place. Surgery. I mean, I needed surgery. Granted, I get that. Where I would not have had hope is waiting for just a second surgery and Yeah, then tell me, hey, we need to take your bladder out.

That's where it was really important for me to stay with Dr. H's protocol. John, I'm curious if you could, if someone's watching this, Is there something you could tell them that you wish someone told you?

I mean, I know Dr. H's words were like hope fuel to you. This goes out to a lot of people and a lot of people that are probably dealing with the things that Dr.

Hope, Patient Advocacy, and Functional Medicine

H, you know, has a protocol for something. But I know it comes different from us talking about how we treat. But what would you say to someone who's on the fence or maybe they want to look into someone like us or come to HMG or what would you how would you encourage someone?

It's very stressful because your standard doctor says one thing and if we say something else, oh my gosh, what do I do? Well, let me just say that I respect the oncologists, but my hope was through HMG.

And so I knew I had to have the tumor out, but I knew they weren't going to do anything to stop it. So I believe you have to be at the, I had to be at both places, right?

I had to resolve that. And I just want to say something here that, and to others listening, of course, is that I was skeptical. You know, I had no familiarity with protocols, with these therapies and so forth.

They were just foreign to me. Uh, but I saw immediate results. I realized that this is where I needed to be. I truly know that. Okay. And, and I'm thankful for it.

I'm really thankful and I encourage everyone to seek. I would love to say, hey, everyone go to HMG because that's really where I got the best assist, really.

That was life-changing for me. And that is kudos to you to make that leap of faith. It's like, oh my gosh, we get the questions all the time. Well, if it's so great, why isn't everyone doing it?

Or I used to bring lab slips to every party. I had to, because people would come up and go, oh my gosh, I'm sick, or my daughter's sick, or my husband or wife.

And I'd talk to them forever and then go, okay, this is what's going on, dah, dah, dah, dah. And then they'd go, well, my doctor says that's not what's happening.

How's that working for you? And so I would care more about them than they would. I'd give them lab slips and they would go to their doctor and go, those are unnecessary.

Like, okay, you know, so I stopped doing that. So people have to make some effort to, hey, you know, here you go. And we'll send like, you know, basically 50 tests.

I don't know a doctor who even knows, they go, oh, this isn't necessary. If you don't know what it means, it's unnecessary, right? And in most doctors, they'll do a CBC, a chem panel, you know, maybe a TSH, if you're lucky, you know, cholesterol, and try to put you on a statin, which is the worst thing you can do for like 90% of the people.

And they don't understand physiology anymore. It's the insurance company says, we put you in a little box, right? So standard medicine is great if you're in a little box, if you break your leg if you know and then they'll like with autoimmune oh you got this thing now we're going to give you this med which has all these side effects we have found that everything's a vicious cycle and all these conditions that go along with age I just gave a talk where aging is basically treating aging the same thing as treating acute illness right and this is like you said what's you know aging versus cancer They're actually one in the same, right?

And the same things are up-regulated and down-regulated. And so we found that it works for every neurologic diseases, chronic infections, you know, the most multi-system, difficult to treat.

If you break it down, they all have the same dysfunction. All the veterans, which when we start treating the veterans, you know, it's like, oh my God, they're going to be all over the place and what cause it, because they, you know, toxins and PTSD and traumatic brain injury.

They were all basically like the sickest patients that come in, but they were accelerated. They had the lowest telomeres, shortest telomeres. They were in good shape, but they were like 108 in biologic age.

And they all had the terrible immunity, they all had Lyme disease, and it's a big story that we'll talk about when we interview Jesse. But it's the same, whether it's ALS, whether, you know, congestive heart failure, dementia, Parkinson's, chronic Lyme, Sears, you know, just all these conditions, autoimmunity.

You know, we're kind of an immune-monitory clinic because that's part of everything. It's that immune dysfunction that sets everything off. And the same with cancer we're finding.

And I remember this integrative cancer doc came up to me and says, why are you still treating Lyme? Treat cancer is so much easier. But it's kind of, it's all the same system and you got to look at the multi-system illness.

We have the benefit of having these amazing tests, which will tell us before we even try it, you know, we've sort of like with Ivermectin and Fenben right off the bat.

And the studies are showing that works, very non-toxic and works. So, you know, we play percentages. We did not have the exact whether it would work for your particular cancer, but it worked for so many different cancers and very non-toxic.

And turned out it did attack the genes that you have up-regulated or down-regulated that the cancer is living off. It was definitely aggressive. And without that, it would have gotten much worse.

Well, if I could sum it, I feel like I have a saying that's come to me is that in order to get unconventional results, you got to go in an unconventional way.

And I know that Dr. Holtorf, you paved a way to make the unconventional acceptable and understandable. But you know what? I disagree. I don't think it's unconventional.

It shouldn't be. It's evidence-based. It's like the most intelligent way to treat. It is the most progressive, evidence-based there is. 100%. The other is not evidence-based.

100%. Can I say? It's effective. Let's go. It's effective. And so our new model, I want to just bring up, is that the big problem we had was we treat these very complex conditions, you know, and it's like, okay, take this, this, this, this causes this because of that.

And he's just like, oh my God, it's like, what was I supposed to take? They understand, because I'll do four-hour visits easily, and they understand, but then they go home and go, their husband or wife goes, well, what's going on?

I don't know, you know. I don't know, he said something, you know, so what we're doing now is having the patients basically, we'll give them a 35 to 50 lab tests to do ahead of time.

We will get that. We will actually do a protocol and we'll do a PowerPoint. So we did like three PowerPoints for you. So you have something to refer to and we can do that.

And these are for complex illnesses. So that, you know, it's like, oh my gosh, there's 20 things that if people aren't, isn't there going to be side effects?

Well, if you do 20 meds, you're in trouble, but 20 peptides together, they actually, when bioregulators, especially, you know, is that they actually work better together and the lack of toxicities.

Yeah, so we'll actually do protocols, spend four hours with the patient, and then if you ever need, you know, we'll keep doing more updates, of course, as we get more information and things change.

And we find PowerPoints are great so the patient can understand it because we really need the patient to understand why they're taking this may not have to know exactly the mechanism of action and that but we don't want people I take the blue pill in the morning we take why are you taking this and really I think that patients need to become an active participant in their health care because if you don't you won't get good health care.

I agree and I was informed all along well informed as a matter of fact I consider myself my family sometimes says hey you're You're practically a doctor.

No, it's all good. Now, it is true. There's no cure for cancer. I mean, you mentioned that earlier. It goes away, but we're not saying it's a cure. But everyone has cancer in their body all the time.

But I do believe that your approach, your multi-layered approach, is essential to getting to the core issue, getting to stop this.

Education, Evidence, and Closing Remarks

I mean, we're talking at the DNA level, we're talking messenger RNAs. This is fantastic. This is really noteworthy and breakthrough. As far as like the Neo7, it's just amazing technology.

It's not well priced though. I really believe It is way ahead of our time. I think your approach is way ahead of our time. I think you will be the norm in the future.

I wrote the article 17 years ahead. So the Annals of Internal Medicine and the New England Journal of Medicine found that most doctors are practicing 10 to 20 years what's behind in the medical literature.

So they said, why is that? One, doctors don't read medical journals. They don't. They don't have time. If they do, they'll read an abstract, but they don't even do that because why should they?

They just basically have to do whatever the insurance company says. So it takes on average for a proven, proven new therapy to get accepted to mainstream medicine takes on average 17 years.

unless it's a new drug. If it's a new drug, they have a sales force that come in and go, oh, doctor, here it is. And

what freaks me out, if you look at a product insert for a medication, what's the first thing you look at?

Mechanism of action, right? Because we look at physiology, doctors don't, they go, well, what's the dose and what's the indication? The mechanism of action is number 12. it's down there they don't even get to it they don't know the magnetization so it's like oh you got high cholesterol give you a statin well what's the side effects of that why are you giving that i don't know that's because it's approved for that and and it's really bad and so yeah so it takes on average you know 17 years we have a whole thing 17 years ahead where we you know talk about new upcoming therapies but it's it's bad and it's getting worse because of the model because doctors have to see more and more patients.

And, you know, they don't want a complex patient coming into their, you know, in the waiting room and have to see them like, Oh geez, you know, just give them a hand in your pressing, get them out because they don't get paid more for that.

We have an incentive. They don't have incentive to get you better. They have incentive to see more and keep you out of the office in general, unless they can do some high ticket procedure.

But if we don't get patients better, We ain't coming back. We're in a business, right? What I do realize and appreciate is the personalized care that you provide.

It is one of a kind. It is really the very best that I can ever imagine. It is amazing to me that it's just like a assembly line for the you know, Western medicine.

It's just an assembly line. And it's getting worse, I'm telling you. But the personalized care is just out. Now, I recall, I like to read, and in days of old, you know, that's what people did.

You know, they read stories and shared stories and so forth. And it was a different time. It was a time when physicians would come to the house and you'd have personalized care, and those folks would get better.

They didn't need the Western medicines, pharmaceuticals, big pharma that we have now. One fix for everyone. Chemo for everyone. And the personalized care is just amazing to me.

I was going to resonate with that too, John. In my functional medicine journey, there's a doc just like Dr. Holtorf back in my day when I was 16, 17 in my conditions.

They gave me hope in a similar way, but I've been in the functional medicine community now for like, well, almost, I'm going to push 20 years here pretty soon, but I've never met someone like the whole Torf way that is so comprehensive, tailor fit to you, the patient that does things with an intelligent approach from the first day you walk into the clinic to the time that you leave.

And I think education creates expectation. And so I just really appreciate you, Dr. Holter, for bringing education to patients. And just like you said, they don't need to know everything, but they need a clear path to an end result.

But it wasn't this altruistic vision. It was out of life or death for myself. It was a very selfish reason to get myself better. Because I couldn't function.

I was going to end it. Because I was very evidence-based. I'm still very evidence-based, if not more. And it's ingrained in medical school that anything alternative, integrative, functional means no evidence.

And I was dying. I couldn't see patients and they had nothing for me. So I snuck off to the integrative conference and I'm like, They've been lying to me.

It's more evidence-based than what they're, you know, the stuff that they're teaching us. And now it's so complex because you look at, you know, half the studies now are wrong and they can just, they do these huge studies that basically just tweak one little thing.

And now it's like, oh, this is, you know, a great drug and everyone starts using it. And even when it's shown to not be, you know, basic efficacious, It stays on there and people like look at statins are showing me although the meta-analysis now showing the higher your you know LDL Less like you have heart disease.

So, I mean, it's just crazy and stuff just keeps getting perpetuated because that's the way it's been done. Yeah. Yeah So question, you know, you got to question everything true that I've had many added benefits one was Dr.

mentioned as far as CBC, I went to my PCP and she says, John, your cholesterol is a lot lower now and your blood pressure is also a lot lower now. We don't need to medicate you for that anymore.

They're like, what do we do now? Less and less to treat. Now I can't give you anything. It's so crazy. It's just crazy. What I do I want to say is that I feel much better now.

I know that I'm on the right path. And yes, it's a journey. It's not easy at times. There was times, like I said earlier, you know, I would wake up and it was rough.

But then I've seen the other side that there is hope and there is places to go. Yes, Dr. Holtorf is gifted. Well, John and Dr. Holtorf, thank you guys so much for joining us today on the summit.

And both of you guys are a blessing to me and I'm sitting at a table of pioneers. So I feel honored to be here and I just appreciate it. Likewise. Thank you, Michael.

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