How Functional Medicine Helped The Body Fight Cancer Naturally Transcript

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Summit Introduction and Guest Welcome

Hey, everybody. My name is Mike McNeal, and I want to welcome you to the Peptide and Bioregulators 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, a Doctor Kent Holtorf tour and 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 Doctor Holtorf kind of walk us through what you went through. Thank you so much, Michael, for that introduction.

Yeah. So I think it all I should start with last year, I was diagnosed with bladder cancer. Now, what what led to this was, earlier in the year I had, severe case of kidney stones.

Now, I didn't have to have surgery for that, but I did recover from that. I had, 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.

John's Bladder Cancer Diagnosis

And, after about six months, I had a routine CT scan. It's. They call it a kidney protocol. And the when they got the results, they 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, you know, aggressive cancer and, very likely invasive as well.

And so, now, did they do a scan when you had the kidney stones? No, this was after this was. Okay. So it was probably there or. Yes. 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. And so while I was waiting for this surgery, that during this time is when I met Doctor Holter and it was through my sister.

She knew Gina and, someone very close to Doctor Holter. And it wasn't in the clinic, right. It was helping us with a with a contractor. Oh. That's awesome.

There you go. Very cool. And, she had asked. She had asked me to, you know, come in and and take a look at me. Doctor Holt. Ervin. It was very he was very pleasant, very knowledgeable and so forth.

So, Yeah, I that's how it really got. Oh, that's incredible. And I heard you talking earlier, John, that there was something that Doctor Holdsworth 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 yes, and it can be pretty overwhelming. What was the one thing that he told you or what built that trust, a 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 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 we've waited too long, John. You know, so this and that and so once I did have surgery, the, the, they found that this tumor had grown doubled in size.

Okay. And, it was really I was really. I was down I was really down with that. And I had a process that I was processing life and death, and I. And I actually went to go see Doctor Holt or if, after this.

Finding Dr. Holtorf and Building Trust

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, you know, 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 Institutional 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 all coordinated. And again, we, we don't tell people ever to not, you know, do what their oncologists say. They usually question their what they're called to say.

But we we never we say, you gotta talk to your oncologist and see what they say right. When it. Yes. Thank you. However, they they didn't offer much. And I can say that as the months went, 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, Doctor Holt or if 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 not 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 and I would wake up in the morning and look at myself in the mirror and the my skin tone was greenish gray, and I knew something was really wrong with me.

And I was processing this disease. And so I began the treatment and or let me interject because, yeah. So basically is in college just gave him really no treatment option, not even chemo or no radiation and said we were

going to take everything out.

Right. That's pretty disturbing. Like you're going to have to, you know, have no bladder. You just have a tube that comes out of your skin. And so the first thing we did, we we used a lab that's in Greece and Germany and, RGC and they do a number of things.

They will look at all your genes, but not not genes in the sense of you have these static genes, what genes are upregulated, which ones are downregulated that either directly or indirectly cause they allow this cancer to grow.

So, you know, as you know, bladder cancer is a disease social with poor immunity, with aging, with toxins. And but as we found out and this is great, we'll show you what natural things will kill the cancer, suppress the cancer.

But things are needed for the immune system.

Functional Testing and Personalized Cancer Strategy

They're upright, they're downregulated. And 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, it would basically secrete its own peptides to stimulate itself. Right. Okay. And and so we found that he had all these upregulated, genes that caused activation that suppress 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. His natural killer cell function was so low that, you know, that that is what basically fights the cancer.

So you think of the immune system as very complex. But if you break it down to two sides, think of one. It's stuff inside the cell teach you to step outside the cell.

And so this kills cancer and this causes inflammation. And as you get older it goes like this. Or if 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.

It can 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 proteins so it couldn't survive stress or oxidation. So right there you know, ozone, hypothermia. But we want to lower that and lower the inflammation.

But we want like, basically inflammation like the 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 and I'll even tell you what, what chemotherapy would work.

But, you know, basically those are so toxic that you can just, you know, limit it due to, you know, by dose and now, why are oncologists doing this test like it's just one size fits all?

Here's the protocol. Wait. We don't know if it's if it has those genes, if it's needed, if it's going to work or not. Well, but it didn't work. This 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 an oil nucleotide therapy or else called shot, that they will find a gene that is in the cancer that's not in the, the regular genome.

And they will make a, a basically a messenger RNA that will bind. So when the body when the cancer replicate, it basically has to, basically transcribe these genes so it can replicate.

And, but so we'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 a, a basically a messenger RNA that binds to that piece of messenger RNA.

And it floats around. So it's stabilized for about 3 to 4 months. So anytime that cancer wants to replicate, it 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 adjust. And that's what we base the initial on.

Then there's a second company that's Nobel Prize stuff, which is a Neo seven. And they also look at the epigenetics, 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 days ago.

But we got all this change in his his condition before we even did that. Yes. Incredible. And it is incredible. It is incredible because I experience the results.

I mean, I shared earlier how I struggled to go up this year, the skin tone once I started these, therapies, I was reinvigorated. I had 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 pick me up and would throw me against a brick wall. And I was like, really? In, in really discomfort.

And I experienced like, wow, this is what it feels like to to age. I'm only 63, and I was feeling like really old and struggling going up the stairs. But then once I had this, I've, I, I've ozone therapy and some of these other therapies and, and peptides.

We only had what, 3040 treatments. Right. I feel 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, basically it's analytic. So, you know, you basically as you as you get older, the cells becomes kind of damage and they go into what's called senescence, and they're not the normally the body should get rid of them.

But what happens is the way the immune system is with the low one, you can't get rid of those senescent cells. And so they're still around, and instead of doing what they're supposed to, they're causing problems or secreting all this inflammation.

And, and then, 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, multipronged, that one thing was helping your cancer survive. Yes.

Therapies, Recovery, and Improved Energy

And that's an added benefit. I mean, I, it was great. So it was really great. It's, it's it's all exactly just like doctor Hunter just mentioned. But then I started noticing my skin better.

My family, even my family even started saying, hey, it looks like your hair is growing back. You know, it was great. So, 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 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, how am I going to do it's going to take me forever.

But after the meeting, which lasted only about an hour, I, I 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 they have at HMG really works.

I was like blown away. Well, because I was like, because of how much of the things that are incredible that your cancer secrete 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 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 up stairs. 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, 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 call just go, oh, here you go. It's like, you know, you have this. Okay, you got this. Like like, do they even look at that, 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 and when you went back to go get. I was worried.

When you go back the second time. Right, right. They were they were planned to take everything. Yes he was and I'm like, oh no. If there's even if it's so much better, they will take everything out because that's what they do.

But but yeah, it tell us what 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 for physician, the surgeon said that, it looked 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 is not good. What 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 to confirm on my second surgery, we got to take everything and just take everything off. Yeah. However, there was a different outcome, 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 were all four came negative. Wow. And it was it was it was a miracle.

I mean, I thank God almighty and and what did he say to you about that? He said you must have gotten really healthy all of a sudden. You must something something just must, must have happened to you.

But you got 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, and blamed you.

Yeah, yeah. And so but, like, did he, did you mention anything you were doing or anything like that or he just. It must be your. Yeah. You're healthy eating.

I, I did mention that, now we kind of, you know, leave it up to you. Yeah, yeah, I did mention that I was seeing, a very good dietitian, which I was, and I had, excellent physician, of course.

And it was by divine appointment.

Second Surgery and Negative Biopsy Results

Really, that I met Doctor Holt or if, if it had not been for him and his assistant, really, I would have had a different outcome. I know I would have, you know, I had 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 when the the stitching when they sewed back the, 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 what they're saying. Well yeah. The surgery was successful.

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

And he said, maybe in ten years you can get 10% better with with intensive, you know, cardiovascular rehab. And I come back less than a year later standing up.

And I was like, well, that's interesting. And, you know, I think, oh, it's normal. Did he ask me one thing I did? No. Wow. I like, yeah. So it just it just blows me away.

You know, they're just kind of like, okay at it next, next, next. And, 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.

And 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. You know, I now know God had a different plan.

He wanted me to be under Doctor Holt or scare in my heart. But yeah, I know, I know, I know, but my heart overwhelm overflows. Because when we look at your your initial rank test, like 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 need to get rid of. So all these things and so we're, we're going to keep the pressure on and add we just added the new custom peptides and under IRB and it's just review board.

So it's all reviewed by a panel of doctors to be safe and effective. And but that's the thing. We're just going to keep the power. And the stuff is nontoxic. Right? Right.

Compared to chemo, where you're just feeling horrible, you feel better, and. 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 I think probably, you know, too much to, you know, to absorb here, but, you know, just for people that maybe have a loved one or themselves and, and, 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 have to. I had I appreciate that because the oncologist do have a place surgery.

I mean, I needed surgery. Granted, I get that where where I've, where I would not have had hope is waiting for just the second surgery and. Yeah. Then tell me, hey, we need to take your bladder out.

That's where it was really important for me is to to stay with, doctor AJ's, protocol. Yeah. And, 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 doctor AJ's words were like, hope fuel to you? Yes. This goes out to a lot of people and a lot of people that are probably dealing with the things that doctor H.

You know, has a protocol for something. But yeah, 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? I'm just curious. It's very stressful because you have your standard doctor says one thing, and if we say something else, oh my gosh, what do I do?

Hope, Faith, and Advice for Patients

You know, and 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 that I but I knew that 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, these therapies and so forth. They were just foreign to me.

But I saw immediate results, and 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, I would love to say, hey, go to 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 the leap of faith, you know, and say, oh my gosh, you know, I get we get the question all the time. Well, if it's so great, why isn't everyone doing it right.

And or I used to bring labs to every party I had to because people would come up. You know, oh my gosh, I'm sick or my daughter's sick or my husband or wife and I talk to them forever and then, you know, go, okay, this is what's going on to do this.

And then they go, well, my doctor says that's that's not what's happening. Right. How's that working for you? You know, 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 those are unnecessary, like, okay, you know, so I stopped doing that. So people have to, you know, 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 it most doctors will do a CBC, a chem panel, you know, maybe a TSH, if you're lucky. You know, cholesterol, try to put you on a statin, which is the worst thing you can do for, like, 90% of the people.

And, 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.

What. 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 is a vicious cycle and all these conditions that go along with age.

I just gave a talk where aging is basically treating aging. Same thing is treating acute illness. Right. And this is like, you know, what's, you know, aging versus cancer.

They're actually one in the same. Right. And the same things are upregulated downregulated. And and so we found that it works for every neurologic diseases, chronic infections, you know, the most multisystem eye 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 caused 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, you know, they had the lowest telomeres, shortest telomeres, like they were in good shape, but they were like 108 and telomere and biologic age.

And they all had the terrible immunity they all had with Lyme disease. And it's a big story that we'll we'll talk about when we interview, Jesse. Right.

And, and, 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 monitoring clinic because that's part of everything.

It's that immune dysfunction that sets everything off. Yes. And and same with cancer. We're finding and I remember this, integrative cancer doc came to me and says, why are you still treating Lyme for cancer so much easier.

But but it's kind of it's all the same system. And you got to look at the multi-system illness. And we have the benefit of having these amazing tests which will tell us before we even try it.

You know, we we've started right with, with ivermectin and then, then right off the bat. Right. And the studies are showing that that, you know, works very nontoxic and works.

So, you know, we play percentages. We did not have the, the exact whether it would work for your particular cancer, but it works for so many different cancers and very nontoxic.

And turned out it did. It did were genes that did work that you have upregulated or downregulated that the cancer is living off of? Yeah, yeah. It was it was definitely aggressive and without that I, it would have gotten much worse or if I could some it I feel like I have seen this come to me is that in order to get unconventional results, you got to go in unconventional way.

And I know that Doctor Holter, if you've paved a way to make the unconventional acceptable and understandable. But you know what, I disagree. I don't think it's unconventional. I it shouldn't be.

I it's evidence based. It's like the most intelligent way to treat the most progressive evidence based. There is 100%. The other is not evidence base 100%.

Can I say it's effective? Let's go. That's it. It's effective.

Personalized Medicine and the Future of Care

And 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 just causes this because of that this like, oh my God. It's like, what was I supposed to take?

I think they understand because I'll do four hour visits easily and they understand, but then they go home, 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, is having the patients basically we'll give them a 35 to 50, a, lab test, to do ahead of time.

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

And these are for complex illnesses. So, so that, you know, it's like, oh my gosh, there's 20 things that may well or 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 bio regulators especially you know that they actually work better together. Yes.

And the lack of toxicity. So that 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 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.

We don't have to know exactly the mechanism of action in that, but we don't want people. I take the blue pill the morning we take him. 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, right?

Right. 100%. No, I agree, and I was informed all along. Well informed. As a matter of fact, I, I consider myself so my family sometimes says, hey, you're practically, a doctor.

Let's go. Well, no know it's all good. Yeah. Now it's, it is true. There's no cure for cancer. I mean, you mentioned that earlier, but I believe this is a way.

But we're not saying it's. You're right, you're right. But I do believe everyone has cancer in the body all the time, right? Correct. But I do believe that this, your approach, your multilayered approach is essential to getting to the core issue, getting to stop this.

I mean, we're talking at the DNA level. We're talking, messenger RNA. This is this is fantastic. This is this is really noteworthy. And breakthrough, is as far as, like, the neo seven.

It's just amazing. Yeah, it's it's not well priced. 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.

Oh, yeah. In. Well, you know, in the future, you know, you'll say, 17 years ahead. So the annals of internal medicine and the, doing the journal medicine found that most doctors are practicing 10 to 20 years.

What's behind in the medical literature? So they said, why is that? When doctors don't read medical journals, they don't they they don't have time. If they do, the region abstract.

But they don't even do that because why should they? They just basically have to do whatever the insurance company says. So the it takes on average for a proven, proven new therapy to get it to get accepted to mainstream

medicine takes on average 17 years, unless it's a new drug.

It was a new drug. They have a sales force that come in and go, the doctor here it is. And what what freaks me out if you look at a product insert for a medication, hey, what's the first thing you look at?

Mechanism of action. Right. Because we look at physiology medical doctors don't they go what's the dose and what's the indication? It's the medicines. The action is number 12.

It's down there. They don't even get to it. They don't know the mechanism action. 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 it's really bad. And so, yeah. So it takes an average, you know, 17 years.

We have a whole thing 17 years ahead where we, you know, don't talk about new, upcoming therapies, but, it's it's bad and it's getting worse because of the, 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 like, oh, geez, you know, just give him a hand in depression, get him 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. Wow. And keep you out of the office in general. Unless they can do some high ticket, procedure and, and but if we don't get patients better, they 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.

I can ever imagine. It is. It is. It is amazing to me that, that it's just like, assembly line for the, you know, Western medicine. It's just an assembly line there.

Just it is getting worse, I'm telling you. But the 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. You know, they didn't need the med, the Western medicines, pharmaceutical, pharma, 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, touch on that and my functional medicine journey. You know, there's a doc just like doctor whole tour back in my day when I was 16, 17 and my conditions, and they gave me hope in a similar way.

But I've been in the functional medicine community now for like, well, almost. I'm gonna push 20 years here pretty soon, but I've never met someone like the whole tour 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, Doctor Holtorf, 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 very selfish reason to get myself better because I couldn't function.

I was going to end it, know, because I was very evidence based. I'm still a very own space, 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 their left they and nothing for me. So I snuck after the integrative conference and like they've been lying to me.

It's more evidence based. And with their, you know, the stuff that they're teaching us. And, and now it's so complex because you look at you have the studies now are wrong and they can just they do these huge studies that 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, and even when it's shown to not be, you know, being efficacious, it stays on there.

And people like, look at statins are showing me all the, all the meta analysis now showing the higher your LDL, the 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 yeah a question you know you got a question. Everything too that I've had many added benefits.

One was what the doctor 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 doses where you don't need a medication.

So even if it's going, you know, they're like, what do we do now? Less and less to treat or do we know I can't give you anything. It's so crazy. It's just crazy what I do 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 is times, like I said earlier, you know, I would wake up and it was rough, but then I've, I've seen the other side that there is hope and there is places to go. Yes.

Doctor Holtorf is is gifted. Well, John and doctor. Well it's worth 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 both y'all. Likewise. Yeah. Thank you. My team here.