Introduction and Guest Background

Welcome to another interview for the MS and Neuroimmune Summit. I'm here with my good friend, Michael Karlfeldt. He is a Naturopath. And he also has a PhD.

he's devoted his career to practicing and promoting Natural Health. he is a high demand speaker, author. He, is doing many, many wonderful programs to teach the public that there's so much that we can do to better manage your symptoms, improve our quality of life.

he has, personalized naturopathy health care at his multi-discipline integrative medicine center, in, Boise, Idaho. And I need to come see you in person because I think that I'm sure it's a beautiful, beautiful, part of the country.

He treats the root cause of diseases and strengthens the body. He's practiced most over 30 years. And, he works to increase awareness about the natural ways to treat complex chronic diseases, including multiple sclerosis.

He's been on many, many TV programs. again, to let the world know there's so much that we could be doing. again. Welcome. I'm so glad that you're here.

Well. And this this going to be so fun. Dr. Wahls, I'm so excited to, to talk about this because it's, Yeah. Neurological conditions is something is becoming more and more of an issue, and people need to have powerful tools to address it.

So I would say probably the majority of people on today's summit are have have multiple sclerosis themselves or a family member. We will have some folks who have, other autoimmune conditions that have also the neurologic and psychiatric symptoms anxiety, fatigue, some brain fog and pain.

And that's probably the driving symptom, whether you have MS or another autoimmune condition, pain, fatigue, and problems with mood. If I came to you, Michael, with with whatever whether it's MS or the other autoimmune condition with one or more of those main symptoms, what would your approach be?

Well, and anytime we deal with the autoimmune condition, you'll always want to look, you know, like you mentioned, I focus a lot on root causes. You see, you want to see what are the underlying drivers. Why?

Why did it take place in the first place? Because I have an autoimmune condition. Doesn't just happen in in a vacuum there.

Root Causes of MS and Autoimmune Symptoms

There's always drivers that that promote said it frequently. What I see when I work with with MS patients, you know food is a big deal. And I know that you community, you know, talk a lot about that and the impact that it had in your life.

also see heavy metals, you know, mercury, aluminum tend to be big factors that that I always I don't think I've seen one MS. Patient where I've hadn't, really gone after clearing out heavy metals.

then frequently also, you deal with infectious agents so you can identify and see, you know, what infectious agents are you dealing with? You know, sometimes it can be some some type of virus that is, it causing the immune system to go after the myelin sheath, you know, so it's kind of hiding in there and the immune system gets, hyper vigilant.

so we need in addition to obviously, kind of modify the immune response, we also want to make sure that the

immune system is sufficient or good enough to be able to clear out that virus, you know, or whatever, whatever that agent is.

So it it initially, it's always an assessment aspect where, where I see, you know, what is it that's going on with this individual. And Lyme is becoming more and more, a bigger deal as well.

And mold is becoming a bigger, bigger deal as well. You know, that that we're seeing and patients and how that is really impacting them. And I, I think that relates a lot to what's going on with, you know, some of the 5G, some of the kind of more, exposures that we have to electric smog.

And I think a lot of these pathogens are responding to that and are becoming a little bit more active and more stress in our system. So, so I think it's kind of an extra layer of stress.

Yeah. You know, I think as we have more, disruptions to our, health and resilience, I become more vulnerable, to the harms of, perhaps, mold exposure or the harms of, pathogens that were in my body that were controlled when I was young.

but as my, I suppose my diet deteriorates, my sleep deteriorates, I begin to have some unresolved conflict at home, or perhaps unresolved conflict at work, that all of those perturbations accumulate in my immune cells are, less effective at having the right response.

Yeah. And I, I couldn't agree more. It tends to be a bucket effect that you're dealing with. And you have the immune system in the body. when when we're young, we're able to kind of handle more, more stress.

And then as that bucket starts to fill up, then all of a sudden our our tools are not efficient to manage what's going on in this system. And, so as a, as a provider, what I have to do is and I have to then assess and see what's in that bucket and then start to kind of empty it.

But it's good to do that in, in a strategic way. you can't just, for instance, you know, all of a sudden I'm going to go and kill all the pathogens and then your body is not, in a place where it can can handle that.

I mean, because, you know, once you go to war with pathogens and, you're going to have a battle zone and your body becomes that battle zone. So you need to make sure that you're able to kind of clean out whatever it is that you're, you're killing off.

you want to make sure that the immune system is, modulated enough so it can handle, some of the inflammatory response from, you know, going after, you know, these pathogens.

So it is very important that you take appropriate steps when you go through, you know, once you've assessed the terrain and assess what's going on in the body and that your treatment protocol is, is, not haphazard, it's very strategic.

So I think I'm hearing the first time I come see you, I would have a fairly comprehensive evaluation, based on the interview, the history.

Diet, Food Sensitivities, and Healthy Fats

So, you know, what my risk factors are, and then you'll target, how we investigate, and I come back, I get the info on what the investigation's found.

and then, and you probably have seen me work on improving myself care, modifiable lifestyle factors while we're waiting for those results. So, when you look at that, what are the, key lifestyle factors that you would be talking to people about?

Well, so, yes. So diet is huge. and, going to an anti-inflammatory diet and nutritionally dense diet become a key.

when you're dealing with anything neurological, you want to make sure you have good quality fats, and bring that into the picture.

So those are our very strategic looking at anti-inflammatory, foods, looking at, alkaline type of foods, which also tend to be anti-inflammatory. And then also, it is good to evaluate some people have, sensitivities to certain foods that you may not be aware of.

like, for instance, somebody may have a reaction to avocado. You know, even though we think in our mind, avocados. Fantastic. and then it would be good then for that individual to be able to then remove those foods that are triggering the immune system to become hyperactive, common ones, obviously, things like gluten, corn, egg, dairy.

Yeah. Those are soy. Yeah, those are common ones. And then often we'll look at the, the nightshade foods, like the tomato, potato, eggplant, pepper, you know, those are common ones as well.

some people, need to kind of look at the oxalic acid and food, you know, and if they, if that is triggering inflammation. So, it is a little bit from person to person, but I would say no matter what, I would eliminate the common allergens and then bring in focus on foods that are very anti-inflammatory.

So heavy meat, heavy grain would be inflammatory and would be acidic, producing. so you want to be aware of, of that and move more towards, say, a diet that is not high in sugar but, an anti-inflammatory in itself.

Now, you mentioned fat. you know, I went to medical school. I was taught that, you know, fat fat is terrible. You know, a low fat diet. I, I've since I moved away from that, I would and want people to have good, healthy fat.

In your practice, what are examples of good healthy fats for people. Yeah. So for for me it is good to do a variety. and I, I believe in doing things like flaxseed, coconut oil, good quality olive oil.

I like avocados, fish oil. so I'm, I'm more of a and it's good to assess to see because there test out there we can check and see your arachidonic acid versus you know your may guess and your, you know, omega six versus omega three.

A lot of us tend to be very, omega six heavy, and omega three, you know, low. So, there are tests, very simple tests that that doesn't cost that much money where you can learn all of that.

anytime you deal with neurological conditions and brain, cell wall membranes, inflammation, then then fats become really, really important. because it, it helps to control a lot of that.

And it helps with the integrity of, of the cell wall membrane that helps with the, you know, the myelin sheath that helps with with brain function, neurological function.

and so you have people instructed on, the fats to increase. and so, the test you're talking about sounds like an omega index. It is like an omega index. Exactly.

Yeah. Where you can then see the different components. Yes. so again, for all of you who are listening, you can talk to your personal physician about checking your omega six fatty acid ratio.

You may get three fatty acid ratio. And you use a fasting lipids in any way to guide what people do. I, I, I do I'm, I'm not a, a big, I do. And in regards to kind of the cholesterol HDL, LDL you know all of that I'm I'm not a big stickler.

I don't like it when it's too low in those areas. But but looking at the, the regular lipids, you can also go into, there's more and more research in regards to plasma allergens.

And I, you know, done a little bit of that as well, which is quite fascinating. in regards to neurological conditions as well. And, and you learn a lot about your different lipids through that as well.

Yeah. So for those there's plasma allergens and other part of that phospholipid, layer around all of our cells, fossil to the colon, and there's a bunch of, phosphate, little compounds that are, super helpful.

The plasma allergens are in that branch, and, just like the other phospholipids, as we mature, we don't have as many of those. and so, I, I take phospholipid supplements, and I've started taking plasma in supplements.

So, I'm curious, are you using fossil little, choline type supplements and plasma and supplements in your patients? I do, yeah, because I, I feel, plasma allergens. Yes.

I mean, it's a little bit newer. It's the last year or so, phospholipids has been for for a long time, especially then the, you know, phosphate choline plus fiddle serine.

Yeah, a little bit more of a spectrum of them. And then bringing in IVs, you know, in addition to oral, you can then do, intravenous phosphate.

Advanced Testing and IV Therapies

Little choline, becomes really powerful. And a lot of times combining that with glutathione on, that that's a powerful combination to, to help to reduce inflammation along the cell wall membrane and, and replenish, what what's going on there?

So, it sounds like you have a much more intensive, program for people, perhaps have more ill disease to help reverse the biochemical damage and improve the physiology.

So you just described I. V. infusions. So, I I'm it's which makes me curious when somebody has a more advanced neurologic problem. can tell us what are the kinds of things that you guys do for those individuals.

Yeah, we we we do have a, a larger center where we offer a large variety of, of therapies. so, we're about 17,000 square foot facility, where, patients fly in from a little bit all over the world.

and we in, in regards for people dealing with Ms.. You know, to to work then on the pathogen load, you know, we we do things like, IBU you know where or UBI, you know, which are different ozone type of IVs.

IBU is literally where you, you pull blood from one arm of the patient that moves through a machine that ozone eats it, then oxygenated and gets filtered and then moves back into the other arm.

So you see dirty blood coming out from one arm. It gets treated and then clean blood goes into the other arm and it, it it we treat in an hour, you treat about four liters of of that blood and with that you're able then to oxidize a lot of pathogens.

You're able to oxidize a lot of chemicals and heavy metals, to kind of clean out the blood, because all of these obviously are currently putting stress on the immune system.

So to lower that stress becomes really important. I do love also the different collation type of IVs, you know, using DMPs, EDTA, to help to move chemicals, to move heavy metals out of the system.

But also it functions as a biofilm breaker for a lot of the different pathogens there. So by combining that with something like ozone or a high dose vitamin C, or even doing some photodynamic therapy, along with that becomes really powerful.

And, and I, I tailor this to the individual ones to understand what, what we're dealing with and what's going on. photodynamic would be that you introduce does a photo or like methylene blue or riboflavin.

but even things like Percom and EGCg, poly MVA, you know, those things can function as, as photos sensitized or and then you follow that with a intravenous laser therapy where you have a optic needle, that you introduce into the

vein.

And as the blood passes by, it gets and treated by that laser light and, we have then different colors, you know, all that, those laser lights, you know, so we have, UV ultraviolet, we have blue, we have green, we have yellow, we have red, we have infra red.

And so the different photosensitive surface will then match with a certain part of the spectrum. So if you would use methylene blue as a photosensitive or them that would then match them with the red spectrum.

So then we would treat a little bit more with the, with the red laser. and then in addition to the benefit of that is that it also works on the mitochondria, which also becomes really important when you're dealing with any kind of, Ms..

Because, it tends to also, in addition to these stressors that we talked about, we also want to look at the body's ability to repair itself and the energy factory.

And then the mitochondria plays a huge role in that. So so that's another component, you know, that that when you go through this journey that's really important.

So but then sort of visualizing, people coming to your center, having the, intake, you know, the careful history exam, thoughtful, assessments, and then, you probably instruct me on modifiable lifestyle factors to start tuning up my self-care routine.

how long? then I must come back to get the plan based on, your diagnostics. So would I be coming back in about a month? about two months. What's, Yeah.

So frequently the the initial, depending on where the individual live, lives, frequently the initial is, is done through zoom. And that way we just kind of spare the person's need of having to travel here just for the visit.

And, and then I would then, you know, go through the history of the individual, understand where, you know, the potential gold for our treatment would be, you know, let's say that somebody has done any of these aspects that we talked about.

They modified their diet and the eating extremely clean. They have gone through, worked on a lot of emotional work, you know, as we mentioned earlier, a little bit that traumas and emotions, play a huge role.

So maybe they've done a lot of that. they've done some detoxification, but they haven't really looked at some of the pathogens. So then I think in my mind, well, potentially, you know, because whatever has been done so far, you know, they've done a good job in these areas and it hasn't moved the needle yet.

Then maybe lean a little bit more in the areas that have not been touched yet. and then really assess in those areas. Still not forgetting obviously, the areas where they are currently working on, so we would do then the, the assessment, you know, go through history.

I would order some labs to, to learn more as to, you know, what we need to look at. and then devise a plan, you know, and that would look then for lifestyle factors, diet, movement, sleep.

and also being out in nature, relationships, traumas, and also kind of emotional well-being overall. and then with the labs, we would then see, you know, things like heavy metals, chemicals, pathogens, you know, the different pathogens.

if there's somebody that lives on the East Coast, and they say we were out in the forest and we get tick bites all the time, you know, then then you start to want to look a little deeper there and maybe do a tick borne panel for that.

somebody says, yeah, we lived in old houses and was mold and, you know, I had this respiratory. I have, you know, sinusitis. Yeah. Then you, you know, push a little bit harder looking at the mold aspect.

but there are some blanket and labs that we can throw, throw out that covers a lot of these areas. And then we can just see what it is that pops up, and then we can then devise a plan, you know, with and natural agents.

And if we need to bring in some pharmaceutical, we can. But I tend to want to do more natural if we, if that is possible. and then if they, if there's a need, we would then device and a plan for the patient to come here for, 2 to 4 weeks.

And then we had them go through it. That's pretty much getting therapies from 8:00 am till 4:30 p.m.. getting different IVs. You know, whether it's ozone silver, IB, collation, different anti-inflammatory, hydrogen peroxide, hydrochloric acid.

So it's a it's a plethora of different IVs that we can put together in a strategic way then to address what it is that we, we feel we need to go after a little bit heavier.

so, this could be a very intensive program then 2 to 4 weeks, and, could could you give us an example of a recovery story, that you've seen? I know we've had folks, with progressive M. S., either primary or secondary, that, the current FDA approved drugs might slow the decline, but they don't generally restore function, for these folks.

Do you have a record, recovery story, that can inspire hope for the listeners? Yeah, we've we have. Yeah. I'll give an example. As a young, young mother, number of children, diagnosed with, with Ms..

You know, starting to, to lose, lose function. not not able to, you know, fatigue.

Recovery Stories and Intensive Treatment Programs

also emotionally having a tough time, but but, starting to lose function and gait and and also being able to, yeah. Open jars and, and handle utensils and so forth, and, and we did, we did a lot of the therapies, where we and she was here local.

So she had the benefit of being here local. so we started to assess and see what was going on, seeing the different pathogens, you know, addressing those changing diet.

she did a phenomenal job with that. working on the emotional. We do a technique called APM here, applied second or biology that looks at traumas that are a little bit, deeper and stored.

And so assessing that. It, well, how did it her function change? So she comes in, and, it sounds like she had an intensive, treatment plan. What happened?

So, it was, is fascinating. We we brought in, so we did all the different therapies. You know, we're cleaning out all the pathogens. And what's interesting also is that, we we we talk about removing the stressors, but then we need also to repair damage.

So that becomes as the next phase. And there are a lot of things that we we can do in regards to that. And with her, we did stem cell lives, after and it was it was amazing.

I mean, her recovery right now, you would know that she has Ms.. At all. You know, she she's she's doing great. And this is what was her. Hang on. Michael, what was her level of function when you started?

So she I mean, she was mobile. She was not in a wheelchair. I mean, she was mobile, but she was having. And difficult with her gait. She was having difficulty with, and being able to hold on to things and, and so, so that that is kind of where.

So walking was impacted and sounds like her hands were impacted somewhat. And they were. Yeah. All right. Fatigue. You know her mood. Yeah. anxiety, depression.

having her her memory was impacted a little bit as well. so there's a number of kind of co factors that was going on at the same time. it sounds like it would.

So those level of problems, employment becomes increasingly difficult. Yeah. And you know, the average age of disability acquisition where we have, permanent, impairment of hand function or walking function, disabling levels of fatigue that begins, age 45 for the adult onset, in most patient in age 35 for the pediatric onset, population.

and so what I'm thinking, I'm hearing you tell me, Michael, is that when people come to you, with these fixed deficits, so some level of disability, we know that the FDA approved drugs are really good at stopping new lesions, relapses.

But none of them have approved, for reversing disability, for reversing, loss of hand function or, like, function or really reversing, the cognitive dysfunctions, brain fog, disabling anxiety, disabling, depression.

And I think I heard you say that people you've seen a variety of folks with Ms.. Come in with fixed disability in these areas. Hand function like function, the cognitive stuff, you know, brain fog, anxiety, depression, poorly controlled pain.

And you're turning that around. Yes. Yeah. So that that that is what I've seen, you know, and, and and I wish as, as, you know, I mean, you wish that you have success story all the time.

and that is impossible to have. But I would say that, I the number of cases that I've seen and improvements in these areas where, you know, I have had people in wheelchair, gentlemen, that pretty much lost all function.

He, he couldn't really that they had a challenge to move him from the wheelchair into the car in order to be able or the van in order to be able to get to my office and, and he just he was able to, Yeah, it's fully functioning.

He still has a little of an issue with his gait, but not not really because he heals. Yeah. He's it's is is doing pretty good. It's it's a little numbness in his feet, but otherwise he's doing really well.

He went on a cruise. You know this last. Wow. That's that that's pretty exciting. Yeah. And and I actually dance with his wife and we're hoping to that he can dance even more next year on the cruise.

You know, and I think this is really important for, the listeners, the, the DMT, these are very powerful drugs. Super helpful for preventing development of new lesions, for reducing, the frequency of relapse.

None of them have approval, for reversing disability, for restoring, walking or hand function or reversing some of these cognitive stuff. but Michael's telling us how his intensive is a very intensive evaluation.

And his intensive rehabilitation by treating the root causes has in many cases, led to improvements in motor function very hard to achieve. Improvements in cognition.

also, hard to achieve. So again, for those listeners who are looking for a, functional medicine approach to understand why you developed your multiple sclerosis or other systemic autoimmune disease, it sounds like, Michael's center is really expert at being able to do that, get to the root causes and then design a very specific program to address as many of the root causes as applied to you. How?

so if I embark on this program with you, do I come stay there in Boise? with you for the duration of how long this intensive treatment is? You know, like a two week session. Four week session?

How would I know how long I would be, staying for my treatment protocol? So it depends a little bit on the severity and what we're wanting to achieve.

usually a minimum of of two weeks. when when you're here. I hardly have anyone longer than four weeks here. doesn't mean that it's a one and done that.

You do that, and then all of a sudden, you know, you throw away your crutches. it is a, you see, then a tremendous improvement. But then it's, it's I liken it kind of like you have a, a big boat that's moving in one direction.

And, and with the Ms., you had this greater and greater disability, and that's moving in that direction. So then we need a lot of force in order to be able to change that direction, change that boat.

And so when you come here for the, you know, 2 to 4 weeks, then that is then utilizing a strong force to turn that around and then a lot of times we can then utilize what, you know, dietary supplement to keep that boat and the direction we're wanting it to go.

we may then that's the next step, to do more of a restorative. So we we the first time is. And where we clear out pathogens, you know, work on heavy metals and chemicals and kind of hit that a little bit harder.

and then we, we follow up, we, we, we continue with that direction and then support that direction. And then when it's time for regeneration, if there's a need, then people can come here just for a few days and we can then do things like stem cells, exosomes, IB, peptides and and bring more of the restorative type of, of therapies.

But that would be a shorter visit and that would probably be, you know, down the line of like five, five months or so. So but those restorative therapies you do after you've addressed the root causes.

Yes. Yeah. Because there's no reason to throw in stem cells into an environment with heavy metals and pathogens. You know, it. It becomes a expensive and time flattery you know program.

That really in my mind, it's not the timing. And the timing is that when you cleaned out a lot of the root factors, and then after that you can then bring in some of the restorative.

You can if you'd like to, if you really if you're really desperate and you say, I need to, can I control my symptoms quite quickly?

Stem Cells, Exosomes, and Peptides

I don't mind then throwing in something like exosomes and, and peptides at that time. but I, I would rather than wait was, you know, stem cells a little further down the line, you know, for more of that regenerative, you know, when we removed stressors from the body because for regeneration we want to look at, you know, stem cells is important.

You know, tissue repair is important cellular function, you know, mitochondrial activity. and so, so all these components becomes more important as we then move into the restoration phase.

So, you know, again, for all the listeners, what we're taught, what I think I'm hearing, from Michael, is that we want to have the environment addressed and as optimized as possible.

Then once once that has happened, then we could move on to, these additional therapies, to set a better stage for your ability to repair. so, you mentioned stem cells several times.

Where do you get the stem cells? Do you just, go shop for them, or, what do we do? Do I am I buying stem cells? like, how am I getting those stem cells?

Yeah. So, so the and they're different ways that you can have access to stem cells. The, the way that I like it is through, umbilical cord, you know, where, it is, healthy pregnancy vetted.

and then also, the stem cells are very active, you know, a younger version of stem cells are much more active than if we would use our own stem cells.

we we can obviously, you know, you can get it from your own bone marrow. You can get it from your own fat. those are other ways to get it. I do prefer doing the umbilical cord.

and so I have resources, you know, to make sure that is, you know, pre-COVID umbilical cord and pre-COVID stem cells. And so that it's they're all vetted and clean for people that are concerned with, you know, spike proteins and so forth.

Then, the next question, you mentioned, a term called exosomes. what are they? So exosomes are, like signaling molecules. And, and what they do is that they go into any environment and they, support the, the production of, of it.

I call it kind of like a pharmacy, an intelligent pharmacy, you know, where it goes into the tissue and it supports then the, the release of whatever that tissue needs, it will support the release of the medicine that that tissue needs in order to be able to restore, calm down, inflammation, regenerate.

Yeah. So it is, it's it's a fantastic therapy. It works faster than the stem cells. but it it's not, as I wouldn't say, as long lasting or as as, it is more kind of quenching fires a little bit quicker and how quicker result and then stem cells works over months, you know.

So the, the full effect of stem cell IV would be potential after about three months, would, would be the full effect exosome. So you can see within a day or, you know, within a few days.

And then the next term, you mentioned that people in that may not be familiar with is peptides. Yes. Yeah. What are peptides and what can they be doing.

Peptides are have at our small little chains of amino acids that are, you know smaller than you know, if it's kind of the if, if they were larger they would be called proteins.

But they are I can't remember I think it's like 40 plus, amino acids in a chain. And that would then be considered peptides. So peptides, we know about 7000 of them.

there are a number of that we, we use more readily, like insulin would be a peptide. and so they, they signal functions within the body. they're also kind of signaling molecules, common ones that that exist.

You know, BPC 157 is a common one that is used for tissue regeneration, for, you know, pretty much any kind of regeneration then and then as whether that skin, whether it's got, you know, whether it is joints.

then we have a lot of the immunomodulatory type of peptides, like, you know, TB 500, which is a thymus and base. you have thymus and alpha one is the common one as well, which is amazing at modulating the immune system.

and then you also have a number of, that support human growth hormone production for regeneration, like CJC. Apomorphine are common ones that we, we use to support the, production and release of human growth hormones.

That's needed then for repair of any kind of damaged tissue. So so that becomes part of that restorative regenerative aspect. And, you're probably selecting the peptide based on your assessment.

My response. So it's very personalized, to the individual. It is. And and you can even there are ways, that we can gather, gathered the individuals blood and then create personalized peptides for that individual.

that will then, help to address the specific condition that the individual is dealing with. And, and that can be used for autoimmune, for MS, for cancer, for, you know, any or just for anti-aging.

Finding the Karlfeldt Center

But it's, that's a little bit more of an expensive type of therapy, but it becomes really targeted and personalized, because it's peptide that are created based upon exactly what's going on in your body.

Well, well, these are, really wonderful, amazing technologies that you're describing. Michael, and, again, for the guest who are listening, to this who have particularly, significant functional limitations, I this sounds like a wonderful resource to explore.

Michael, where do people find you? And for more information. Yeah. The best is to to go on my website. our Center's called The Karlfeldt Center. So thekarlfeldtcenter.com.

and there's a huge amount of information there. you can even type in your name and they'll find an interview with you there. So it's a huge amount of resources that's available.

and, and then just give us a call, schedule an appointment. You know, you can reach us on, on our phone number, you know, (208) 338-8902 and, and be happy, happy to help.

this is wonderful. Thank you so very much. You know, I, I really should come to, Boise would be a beautiful place, to visit. So we'll have to get that coordinated.

I would love to have you here. That would be be my honor. Thank you. Michael. Thanks so much. Thank you.