Introduction and Guest Background

I always say retraining the immune system is like training a three year old to pick up their stuff. You know, it's going to take a really long time to get those T cells to a place where they can be tolerant to things for a long time.

And one of the other problems is you can upset that tolerance. You know, if you get a chronic viral or an acute virus. A lot of times that can undo that treatment and you have to get a booster.

So usually what I tell patients is this is probably going to help you, but I want you to give it a year before you're willing to say, I'm not going to do it anymore, or this therapy sucks.

This is doctor talks. Real talk from real doctors. Only issues that matter to you most. Hello. This doctor can't hold tours for another episode of the Peptide Summit.

Today we welcome Doctor Christopher Wakely and he said he is speaking about secrets to fatigue, brain fog, insomnia, mood disorders and chronic pain. So excited to hear about how to solve those problems.

And so many patients are suffering, and doctors just can't put it together. So looking forward to this hour. And I say thank you so much, Christopher, for being on.

I appreciate how you're putting up there in Washington. Any riots or anything going on up there? Not in my little neighborhood, but yeah, Seattle's a little bit of a mess.

So, yeah, it's like, well, you other news, we always see the the worst, right? But yeah, just a little bit about Christopher is born and raised in Maine.

Which I think, man, that must be called. But, and then he moved to Washington, where he pursued a doctorate in acrobatic medicine from the austere university.

Is dedicated to helping patients with complex chronic illness. So we've been seeing between 11 and 17 physicians. And that's the week when we published our results.

We had 7.2 physicians before seeing us. And that just got more and more. So that 11 to 17, I think is right on, especially there vector borne illness including Lyme, Bubka, Bartonella.

And the list keeps going, you know, basically keeps being added pain and environmental medicine, autism. I'd love to hear couple of things about your experience.

But with autism, of course, that's just skyrocketing measles. A wide variety of tools including homeopathic antigen therapies, drainage injections, herbs, peptides, and pharmaceutical and pharmaceuticals.

He's a member of a m Arkham International Peptide Society. In his spare time, what little there is. He enjoys spending time with his wife and two daughters, strength training, reading and watching the Boston Red Sox.

So goes off awesome. But yeah, I think the World Series is, was it game three or something? Yeah. But yeah. Tell me, how did you. Kind of get into, you know, treating these sick of the sick, these patients that no one can figure out?

You know, in last year when you're going through naturopathic medical school, you see some complex patients, but you don't see a lot. And in my preceptorship, which is like an apprenticeship that you do, you know, I worked in a doctor clean arts clinic with Doctor Katie Dahlgren and Doctor Michelle Grind staff, who I work with now.

And man, they were seeing some really sick patients and they were using tools that I had never heard of back then. So I think for me, it's kind of like going to a different plane in medicine and you start to see that, hey, it's not as simple as just giving somebody a B12 shot or glucose, iron or.

Yeah, diet's not going to fix these people. They've already tried that. They did that 20 years ago. So I think the curiosity in me and kind of that endeavor to always be learning more is really what got me into treating patients with complex chronic illness.

Yeah. Do you regret? No, no, because I'm blessed. It's challenging, you know? I mean, you you do it too. And it's not easy, but. It's not boring.

How Complex Chronic Illness Patients Are Evaluated

You know, I never go home and say. Yeah, today was boring. It's true. And, you know, you know, especially more and more, it's like, okay, you know, one cause, one illness, one treatment, you know, and that whole paradigm is just on a part.

Yeah. Yeah, it was standard medicine. The patient is in a box and they get this. And if they're outside the box the oven just kind of gives up, right.

Yeah. Or for just a. Minor referral between. Specialty you know, it just the psych referral. And they don't believe and I'm sure we had, you know, so many patients like cry the first visit and she said, you believe me?

We're like, of course, you know. And we'll show you on paper that you have all these problems. And the doctor says, nothing's wrong with me. You know, when you don't do the right test, that's what you're kind of on, right?

But when when you see these patients, what are some of the things you think of? Because I'm a natural, empathic physician, my approach is a little bit different.

The first thing that I'm always looking for is how are their organs of elimination working? Because they'll come in and they'll tell you, right. And I always I always say to patients, you're coming to me with a full bucket and a clogged spigot.

So if you've got stuff coming in your bucket, whether it's aluminum or gluten or stress in the home or whatever, and your spigots clogged, then you're just going to keep spilling over and making a mess on the floor.

And those are the symptoms that they're coming in and talking about, right? Oh, I have headaches. I've got pain, I've got gut stuff. All right. So you're diving deep into peptides and longevity on this podcast.

And we're right there with you. Integrative peptide stands out trusted by over 10,000 doctors to deliver real results for their patients. These premium peptides are your key to unlocking vitality recovery and a longer, stronger life.

Visit Integrative peptides.com and use the code Pod life for 10% off your first order. Again. Integrative peptides.com. Use the code pod life for 10% off.

It's time to elevate your journey starting now. So I'm looking at the spigot first thing. And, you know, the spigot is the liver, the kidneys, the gut, the brain.

Are these things able to detoxify in a sense. So I'll start there. I'm always looking at immune system because that's a huge, huge thing, especially when you're dealing with patients who have complex chronic illness.

I mean, if it was just as simple as treating somebody Borrelia, which, you know, even standard of care, I mean, you got to have them on antibiotics for like three years, and then you've got persistent cells and it doesn't even work.

Look at the relapse rate, you know, 2 or 3 weeks of doxycycline. You drive it into the tissues and it's like 80% come

back. And those are the ones that they're even documented.

But they come back gradually as, oh, I got migraines. Now I got quadruplets syndrome, I've got M. S., they go, oh, you had Lyme or even like, you know, Michael J. Fox.

And you know what I Parkinson's and we call them. Sure. So many people did and said if you check for Lyme like, oh yeah, he had it and cured it, you know, and it's like, oh, you know, and you know, his doctor saying, oh, that's crazy, you know.

So that should tell a physician if they're thinking that should tell them that they need to look at how the immune system is functioning. All of our patients come in and most of them are too dominant or they've completely lost tolerance to things that are like, sort of normal.

How many people have Epstein-Barr? How many people have hives? Six antibodies. Right. It's not an Aids defining condition. So is it even really an infection?

That's when you need to be looking at the immune system, trying to restore some balance and hopefully initiate some tolerance in those cells so that you can kind of live in the world and breathe air.

Yeah. When you have five, six, seven infections, what's the problem that you just having to get all those infections. Yeah. Now you know. Or it's like you know you I'm sure you've seen the patients that come in with 22 separate diagnoses.

Right. Like what? Okay. What you are the most unlucky person or there's some common thing, you know, going on and what test you like to do to assess the immune system.

Well, we're always looking at bloodwork. So we're always looking at CBC, CMP I run the natural killer cell assay on just about all of my patients. I think that's really important.

And you do Quest Lab core out. Usually lab core. I mean, will, you know, we'll write labs for quest if that's what is close to the patient or that's what their insurance covers.

But typically I like to use lab core especially for that natural killer cell activity test because it's kind of finicky. You know, they have to send it out to a drop, and it's going to be done Monday through Thursday.

And, you know, that's the biggest problem. And just like a it's it's disheartening. I'm gonna tell you just a real quick story. We sent our a media guy just standard labs.

There's lab core in a class right on top of each other. He went and did like, you know, basic CBC, chem panel, insulin. You can go to A1, see Quest Lab, Carver, what was on top or whatever.

Didn't eat in between one. He was diabetic. The other one had similar A1. C was 5.2. And so and that's what. Unreliable. That and that's a basic test.

And so you get these more complex tests and people hang their hat on any one test, which like I like to do a lot of tests and paint a picture. Yeah. You can't.

Well this test is negative. So oh forget that now you know. And then the tests are, you know, they might be very specific in general if you're positive you're like a positive.

If you're negative it doesn't mean much. But I think even just running a CBC, if you're looking at the ratio of neutrophils to lymphocytes, you know it should be like 6030 right.

And if somebody comes in with a with the neutrophil level of 74 or they're flip flopped and they're lymphocytes or 60% or something like that, well then you know probably something viral is going on or you know if the neutrophils

are high probably something bacterial is going on.

A platelet count can tell you a lot about their coagulation status. Like I guess I'm agreeing with you and saying that. Yeah, it's nice to have a lot of tests.

But in the end your patient's either going to be spending money on tests or they're going to be spending money on treatment. If they've got all these chronic, complex issues I would rather treat empirically and just kind of march about the process and use as limited, limited lab work as possible.

I do, and. I agree with you. And though with a caveat, and one is I totally agree, is that, you know, most doctors especially, they have oh, everything's normal, right.

But you look at any of the lowest 2.5% look at this ratio and glean a lot of information from the basic tests. And some patients I'll do very little test but depends on the patient.

Like a lot of times I feel I have to convince the patient that they have something going on, and because if you don't, then they go back and they go, maybe, okay, I'll take the treatment.

Their doctor says, oh, that's ridiculous. You don't have that. Their family members say that. So sometimes I over test he's not I know what the tests get to come out are very likely do a little defensive medicine to but also so there have bought into it you know.

I think it's great that it's in. And there's medicine. Yeah. You know we always look at thyroid I always run a heavy metal profile. Lab core has that test.

It's heavy metal profile too that looks for mercury, lead, arsenic and cadmium. That's been really, really useful. And so. And that's a serum test. Yeah.

And or maybe plasma, I don't know. Yeah. So is health sensitive. You found that because you know generally that's you pretty damn high for those to come up.

Yeah.

Detox Pathways and Heavy Metals

Well you know, it's interesting I have these patients who live on the western seaboard, you know, the Gulf side of Florida, and they live really close to a golf course.

And their arsenic levels always come back elevated, and their cadmium levels are high, too. And, you know, they're using a ton of fertilizers that have a lot of those metals in there.

And that's been pretty consistent. I would say there's a lot of times where I'll get blood that levels back that are, you know, somewhere between 2 and 8, which, you know, that's not 40.

But yeah, still. I mean, something I mean, you get a blood that level of two and you know that you're going to be hanging on to, you know, 40% of that.

It's going to go to the bones or the brain or the liver. Over time that's going to become an issue. Yeah. And that's not where it is when you're finding all that.

Right. Yeah. Yeah. That's that's huge. Yeah. We we find Mercury. You know sometimes you know people eat sushi and. Yeah it is. And it's like you could spend all your money on tests or and so many things are so common.

You know how many people have no heavy metal issue, you know. Yes. I mean, I haven't seen any patient yet. Really? That doesn't have something. And then you've got the forest fires that, you know, we're going on in

California and blowing all over the country, those pine trees and everything else, or by accumulating metals and toxins to.

California, you can't have a wood burning fireplace, but you can have thousands of acres go up, you know. Right. It's where those and two, I go back to the heavy metals.

You know, the patients with not enough cellular energy, they need the solar energy to kick that heavy metal out of the cell. And if they don't, it's all sitting in the cells.

So like everything vicious cycle, you know, and like autistic kids, you look at their urine is low because they're not excreting they're not excreting.

Right. They're going to accumulate it, hang on to it. Their mitochondria aren't working. So yeah, it's a it's an issue. Yep. Vicious cycle. And so you mentioned were we briefly talked about kind of that complex patient of pathogenic pi.

Oh yeah. Yeah. Pathogenic pi. Well, if we see patients who have chronic complex illness, we all kind of either develop our own little thing around this or hear somebody else talk about it, but yeah, pathogenic pi.

So somebody comes in and they've got this profile of toxicity. And like we said earlier, it's not just one thing. One thing may be primary. Maybe they have Borrelia or maybe they have elevated Epstein-Barr, or maybe they have heavy metals.

But what ends up happening, and I think the reason why so many people go to so many doctors is that they're not thinking about this. They're not thinking about the interplay between these different pieces of the pie.

And when you treat one piece of the pie, like if you put somebody on spore or ox, whatever, antifungal, nystatin, it doesn't even matter. Even oregano oil.

Well, those fungal species bio accumulate heavy metals and they're biofilm. So when they die off, not only you're going to be dealing with, you know, an antigenic problem from dead fungal species or mold or whatever it is.

But now you've also liberated heavy metals in the blood. So one thing that I try to do in my practice is make sure that if we're treating one thing, we're kind of looking for 5 or 6 steps ahead to make sure that we're accounting for the interplay between toxicity or toxins.

Yeah, because, you know, everything's connected, right. And in standard medicine it's like, oh, well, you don't do that part. You said that over there.

You said that over there. And that just doesn't work. No. You know, and, you know, you have to think about all of them. And there is there's so many different areas, you know, you think about, you know, how might conduits function, you know, from the infection, from the inflammation, from the immune dysfunction, yellow hormones, which causes the line of con to be worse, which then hyper liability from the infection.

Now that organ is hiding under that, you get, you know, gut gut issues, which then, you know, just it is it's just everything's a vicious cycle. So it's kind of how do you decide where to start?

Well, you start with the organs of elimination, the entries. You start with building or modulating their immune system, and then you start trying to peel back layers of this kind of pathogenic pi.

And or if you go back to, so you say you look at detox, what are like favorite things like, yeah, let's group or detox. Yeah. So there's a lot of different drainage remedies that you can use.

Some of them are energetic, you know, homeopathic drainage remedies like the numbers I found to be really useful. They're a little complex to get into because there was like 78 of them.

But if you learn them and you figure out that, oh, you know, when you put under one and, to 243 together patients, they don't have liver pain anymore, right?

Or you give them, you know, some other number and then their urinary excretion starts to increase. So I think homeopathic drainage remedies can be really helpful.

It just made me think that like for you to treat this one section, what you had to learn to do that and you were willing to do that, you know and learn.

It's very common. 78 things to treat this one section. But knowing how to do everything else, you know. So you wonder why not many doctors go going. Well, because it's not taught.

I mean, it's not even taught in naturopathic medical schools. Now you've got to go get additional training when you bump up against patients that are really complex, you know, you don't switch specialties, then you've got, you know, you got to get after it.

Herbs can be really helpful to like greater salendine sheldonian for the liver can be really helpful. Juniper, you know, the berry that they used to make gin.

That's an herb that can that's a great thing to help open the kidney among tree. I'll change Rebecca to Jim. There you. Go. Yeah, get on it. Get on the gin.

So, herbs and homeopathic bioenergetics remedies is are what I'm kind of using to get the trees working. I do a lot of neural therapy. So using like 1% prochain and specific patterns over different organs to treat the autonomic nervous system.

Get those sodium potassium ATPase pumps working. That has been really, really helpful. You know, it's an injection, so it's a little invasive. But in most situations when.

You do that, I'm just very interested in the autonomic nervous system. You know, it's a major issue. And what do you do to kind of diagnose that. And what do you see when you do that treatment?

Well, there's a couple different things that you can do to diagnose it. Obviously you can look at labs, you know, if you're taking a good history, they're going to tell you what's going on.

You know, they're going to tell you, hey, you know, my urine stings all the time. I've had a history of bladder infections or. Yeah, I had to have my gallbladder removed.

My digestion is really slow. My stool is green. So then you can say, okay, well, I'm going to do, I'm going to use neural therapy over, over the liver.

The other thing you can do is if you're trained in muscle testing or autonomic response testing or something like that, even though that's controversial, that can be helpful.

And it's helpful in my practice. So that's what I do. Like you have to say, when I went up to see a mutual patient with Klinger. And I'll try to be very brief, but I had periodic gland inflammation, just terrible pain in my pride.

Glands and spasms go into the. And he goes, yeah, it's inflamed. It's infected. You couldn't see it, but, you know, seek antibiotics. I'm like, oh, I'm on seven eyed antibiotics you know.

And then I happened to go to heart with a mutual patient. And I'm like, hey, you know, I didn't we didn't go there for treatment. But I'm like, he's like, hey, let's see what's wrong with you?

You quiz him? Yeah. Well, I'm like, I'm going to see if, you know, by anything you pull that and he goes, you got prodded gland inflammation. I'm like, shut the heck up. All right.

That's it wasn't in my chart. You know, I think he even look at my chart. And I'm sure he didn't make. That out like, hey, you can argue that, you know, it's.

Yeah, it's definitely a good tool. I mean, you've got a couple it with science and a good history and good physical exam and good live laboratory studies, but I think it can be helpful.

Yeah, it's another tool. And I think some people are really good at it like himself. Some people maybe the abuser a little bit. And are not that good.

Yeah. It's I, I'd seen it and it also when they come and say oh we think the patient is this, is this more times and not the labs like damn what they said the infections were they.

Yeah. Yeah. Well you can bias it you know.

Pathogenic Pie and Drainage Therapies

And when I use art to test patients, I try and blind myself as much as possible to it. The other thing that I think, and maybe this is just me, but, you know, I think if you're not being honest with yourself or with your patients, your patients aren't going to get better.

Right? And then they're going to bounce, they're going to move on, they're going to go find somebody else. So if you're really trying to serve the patient, you're going to do a good job regardless of what tool you're using to diagnose, you're.

Not there to prove that it works or not. You know you're there to get them better. Yeah. So in terms of yes. So detox and then. We're talking about immune system.

And so what you have been system. And so what do you like to do for the immune system. Well you know a question I was talking about natural natural killer cell activity.

I use quite a bit of mushrooms in my practice. So like turkey tail Canada, Burma, lion's mane, things like that. Turkey tail has been shown to increase natural killer cell activity.

I think that's a really big deal. It's pretty well tolerated. It's kind of it's turkey. Tail and some like. It's so good. I take it. You know, my kids take it especially around this time as we're where.

It's not even a lion's mane. It's incredible. Yeah, it's a big deal. It's a really big deal. You got to treat the gut when you're looking at the immune system.

I mean. Yeah, like. Most of our systems in our gut. So that we start introducing peptides. So peptides are definitely a piece I think BPC 157 is I mean it's definitely in my top three things to use for treating the GI.

I like it when it's with CD4 two, just because you're healing those leaky junctions in the gut, you're healing those leaky junctions that are in the brain.

Yeah, leaky gut equals leaky brain. Totally. I think LDA and LDI can be really helpful too. If you're working with immune system and people have a failure of tolerance, they cannot tolerate being.

What with what those are. What LDA and oh yeah, so the theory behind LDA and LDI is that you end up in this vicious cycle. Of something comes into your system, an antigen, a protein, whatever you want to call it.

You know, I that's what I say to my patients. So it doesn't matter what you call it. It's a protein. It's antigen. It's stuff. Whatever it is. And, you know, goes to the dendritic cells, the dendritic cells in your immune system. See that?

And they say, hey yo, you know, not supposed to be here. We're going to go down to the lymph nodes and let

those naive T cells know. Right. Which turned into effector cells.

And then you start developing immune cells against these antigens. And then you end up with tons of D granules and tons of histamine. And what does that do?

Well, that creates more inflammation. Right. So there's your cycle right there where LDA and LDA come in is if you can kind of retrain those naive T cells to behave a little more appropriately to these things that are normal, right.

Normal ish. You mean everybody's got strep in them? A lot of people have Epstein-Barr and have no symptoms at all. So if it's really not an infection and you can teach the immune system how to become tolerant to it, then you're going to reduce inflammation.

You're going to get out of that huge two shift and people are going to feel better. I mean, it's been a huge game changer for me personally. It's been a huge game changer for my wife, too.

I, I think it's nice and I know my sense is, if I had to guess, say only people works and all comers, 50, 60% of patients get 50 to 70% better, I would say.

And that's my guess. What? What's your sense? And it's just one little shot. Wow. Due to shots. Yeah. So inhalants and foods right. Yeah. So yeah I would say the majority of patients get better.

The time frame is what kind of irritates me inside. You know, because I'm a guy who, you know, I want my patients to be better yesterday. Right. And I always say retraining the immune system is like training a three year old to pick up their stuff.

You know, it's going to take a really long time to get those T cells to a place where they can be tolerant to things for a long time. And one of the other problems is you can upset that tolerance.

You know, if you get a chronic viral or an acute virus, a lot of times that can undo that treatment and you have to get a booster. So usually what I tell patients is this is probably going to help you, but I want you to give it a year before you're willing to say, I'm not going to do it anymore, or this therapy sucks.

Now, most people get better way before that. But me, for example, it took me 18 months to get over my environmental allergies. You know, my my hay fever, the grasses, the dogs, the trees, the bushes, the shrubs.

Yeah, I'll just. Stick it out. But the thing is, it's not incredibly expensive. It's not. It's once every seven weeks. Yeah. So. And just so tying. Yeah.

In fact, I brought some I went to a conference a couple weeks ago, and one of the docs they hadn't done, and I said no, I was bringing some of my bag bring, you know, I give it to you. Yeah.

It's been really helpful for, strep, especially in kids, you know, because you can do it. Sublingual. You just give them squirt and I have had scores and scores of parents tell me wow, that's strep remedy.

That really helped with their agitation with. That for kind of general kids or just like the pandas kids and pans. Yeah, I don't do any. Well child exam fortunately.

Yeah. Yeah. So the kids that I see are usually pan this pan somewhere, somewhere on the spectrum. But it can also be good for, you know, patients who.

Oh yeah, I have strep throat twice a year. My tonsils are a hot mess. Yeah, that's what I was one of your talk about. I haven't seen someone use it for that.

That's what I was wondering. Yeah. So what? Autism. Tell me about your experience with autism. What are some things you found helpful? And let's say I think there are, you know, so many parents and they the standard what

you do for your autistic kid is terrible, barbaric like when they come in.

What types of things, do you generally do and what you generally see and tell them what to expect? You know, it's obviously going to be different in every kid.

I'm always looking at the got, you know, because usually they're got some mess. A lot of times we will put them on either keto often you know that old school anti allergic.

You know, because usually there's a little bit of a mast cell piece which is just another symptom of of something bigger. And one of the biggest things that we've seen to be helpful is, you know, treating infections.

And that's hard to diagnose. Right. Because they're a little kids. They don't like to get their blood drawn. We'll do an oat test on them, an organic acid urine test on them.

We'll usually do a stool test. I like the GI map right now. I mean, no stool test is perfect, but I think that one's pretty good. You know where we're checking for things like parasites, Candida, different neurotransmitter issues, but really infection.

And, you know, when you start treating me infections, they'll sometimes get a little bit worse, you know, you know, a little bit worse before they get better.

But once you get that low down and you can use a whole bunch of different things to, to treat them, I mean, you can use herbs, you can use peptides, you can use tonight resolve or albendazole or belcher side.

Not really so much antibiotics. I don't use a lot of antibiotics. And that how how young do you treat. My youngest patient right now I think he's going to turn four in a couple months.

Do you like stem cells exosomes.

Immune Modulation and LDA/LDI

You know I do, but I don't have any experience with it. Yeah, just theoretical experience. So unfortunately I can't speak to that. But I've heard great things about it.

I think from what I have seen now, this isn't just my, you know, my own personal bias. Sometimes I feel that patients while parents will take their kids to get stem cells too soon and it can flare them.

And to me, that means that there are some sort of infection, their latent infection that hasn't been treated. And, you know, they get a flare. And I've had a couple patients say, yeah, my kids was way worse after that.

Yeah. And that's the last thing I want to do. And yeah. And it's like looking at their labs. I was, you know, I first started treating autistic kids. It was just kind of like started out with a mouth line.

Parents say, hey, can you talk about this? The kids are like, okay, let's say like, damn, these labs look just like your labs, you know? Right. And they got that immune dysfunction.

And I think, yeah, a couple things really were I love exosomes and stem cells in those kids. But we're really started with peptides. First you'll see like C Max real TV for BPC for Towson.

Like which is like the bonding hormone. Love that gut. Of course. You know huge to their gut. Yeah. Let's let's see what else we've had. And it's just I think even more satisfying.

Like treating a line you're getting a better satisfying. But it's, you know, autistic kid gets so much better. It's like, you know, that's a feel good thing.

It's like, wow, you know, because it's affects so long people's lives. Not only the kid but the families. And it is so stressful. Yeah. Well, I couldn't imagine.

I mean, you've got a kid that you want to get better so that they can live a healthy, healthy and happy life. And, you know, even above that, as a parent myself, you know, I'd be worried, like, I'm going to die someday, you know?

So I'd love to get you to a place where you could be normative call and, you know, kind of function on your own there. And I mentioned on a previous one we shared, but one of our patients that we brought brother Kenny, we could not touch him that close to him.

F-bombs, you know, we bring them in beforehand, send videos and playing basketball, which is that you have just looking forward the basketball going by and after I'm sure how long but maybe six months.

We start seeing big improvements like nasal exosomes, peptide aids that got, cheap, really cheap. Three works great. Most kids, little course. Old growth hormone is great.

They're almost all old growth the hypothalamic pituitary dysfunction. He now comes in and says kind of a hug. He gives his own shot. He jokes he's sarcastic.

Yeah. He he is playing basketball. Gymnastics. It just like a you can't believe the sink in, right? Yeah. It's amazing. I feel like these kids are harder to treat than what they were.

I mean, I was a practicing medicine 20 years ago, so. But from what I've heard from other doctors who do a lot of autism, one of my colleagues, Doctor Dirksen, her and I, you know, work and I work in her clinic.

She's treated autistic kids for a long time. And she said, yeah, it's it's more complex now than it used to be. You know, you used to put them on a little bit at B-12 and a probiotic and, you know, they would get better.

And now it's much more complicated and like that. I think they're being poisoned even more and more. And one thing I couldn't believe, you know, looking through studies and so many studies are pointing to Tylenol maybe being the number one cause of autism.

I'm like. Why isn't this all over the news? And they're adding. Up Tylenol. Like, crazy, like, don't give Advil, get Tylenol. It's nuts. And then, of course, the whole vaccination controversy become a crazy anti-vax.

Am not anti-vax. But you know, why are we giving kids hepatitis B vaccines, right when they're born? What are they going to start going into prostitution?

When do an IV drugs? I mean, it's crazy. Well, when you look at the immune system of a kid, I mean, the immune system doesn't really fully 100% develop until they're about seven years old. So I don't know, I think it's a little nuts, but.

And it really. Yeah, really depends on also, you know, the mother stress level, which then if were, started, they could have a vaccine risk mitigation looking at the kids immune system.

And if their immune system's way off, they're much more likely a vaccine damage. And you look at your what, you know, a huge risk factor for autism that is not controversial is, maternal infection.

Right, right. And so the baby now has the same immune response because all those, you know, same cytokines are in there. But the response is very strange when they say, well, see, that's why they need to get a vaccine.

Well, wait a minute. The vaccine is making them think they have an infection. So, it's just like mind boggling. But yeah, you know, you get into that do become.

Yeah. Get to watch out. It's it's the politics unfortunately. And I love medical debates, but unfortunately it's rare. You

know, everything becomes very political and right.

People take it very personal too, you know. Yeah. So kind of back to the title. So how about, you know, fatigue first comes in I'm fatigued I oh my God I was so tired.

It's been progressive over the last 3 or 4 years. What what type of things do you look for. Well, aside from the things that I've already talked about, you know, immune system and making sure that their organs of elimination are working and treating latent chronic infections, you know, and you mentioned hyper coagulation.

That's a big deal in my practice. You've got to look at that thick layer of fibrin that's getting laid down. We definitely use you know I think heparin is great.

Even sublingual heparin I've seen work. But if somebody is coming in with fatigue then obviously I'm going to be thinking about, well, what's going on with your mitochondria, what's going on in your intracellular and extracellular environment that you know, you're not able to kind of function at the at the level that you want to.

So you know, we'll do a lot of different IVs. We'll put them on different mitochondrial formulas. I think there's some peptides that have been, you know, really helpful.

Aside from the ones that we've already talked about, I think thymus and Alpha one, you know, when a patient first comes in is a really good opener just because you're dealing with senescent and kind of removing that camouflage, if there are any latent infections there, I think might ask, you know, as an exercise mimetic, it ramps up Ampk.

There's, you know. So yeah, so so a lot see I haven't there's so much research going on and mitochondrial dysfunction and you look at every just about every condition, especially diseases of aging, neurodegenerative diseases, diabetes, the mitochondria dysfunction, you know, the mitochondria are burning energy.

They're they're basically causing inflammation. And so some of these peptides like Mots C five amino one MQ, or if I put the Hexa in there but can really make all the difference in there, are there a lot are in clinical trials for Alzheimer's and these things.

But yeah, we've had great results with with those mitochondrial peptides. Yeah. Yeah. The the problem I had with my SC well I didn't have the problem, but my patients had the problem is that the form that we were using seemed to be a little bit finicky.

You know, you got to draw it up. You got to use it within a certain time and having to reconstitute different things. And I don't think that there. Yeah, it's just great.

Yeah. And if I've been to one and cuz great. But it's really a new drug you know. Yeah I don't I haven't used that. Yeah. And I won't go to the, you know the politics of that.

But I get people ocv two days it's gone. Wow. Yet people him one of our employee's kids use a college pull that all or or eyebrows and within just a couple of days on it to start.

Yeah, yeah. Crazy. And seeing like diabetics or just triglycerides coming down their energy levels going up. But also the other type of thyroid will always be a low thyroid, which comes from mitochondrial dysfunction.

Right? Is that the thyroid is not getting into the cells. But yeah. So it's all that vicious cycle. Yeah I think T3 is really helpful when I dose it with patients.

I always I try and do it twice a day.

Autism, Infections, and Treatment Approaches

I, I don't know you're, you're much more well versed in thyroid stuff than I am. There's arguments to everything.

Yeah. Like it's good for theirs. But you give up. You know something twice.

Very patient does it? But yeah, you can. You know a lot to be perfect. Yeah, yeah. Know I'm not trying. Like I said, it's all right. Let's be concerned.

But, No, I mean, I think, I think there's a lot of ways to do it. All right. So kind of like asking, a chef, what's the best way to bake a cake, right?

Right. You know. Yes. Five and six. Never answer the other thing, just to get back to the fatigue that I haven't really mentioned, is looking at heavy metals.

I've seen that be a big cause of fatigue. I know that's been around in alternative medicine for a really long time, and I feel like more and more practitioners are starting to kind of get away from it just because there's some heat associated with the treatments, you know, you got to be careful or.

There's going to be heat. And, you know, and I've kind of mentioned maybe two marks, but everything's at risk of going away, you know. Yeah. And what are you going to do?

I mean I it's going to kill all these patients that change their lives and also all the practice sugars, all the suppliers, all the compounding pharmacies.

And it's the FDA. It's that they, they own, you know, the big pharma owns them. They're the Bulldogs for the FDA. And especially if something is helping someone is safe, they're going to try to shut it down.

Yeah, we've seen that even with some of the some of the peptides. So it's they're the politics. I could certainly do without. Let's see. Brain fog. What, what what are some of your things that you like?

Well, since I'm thinking about peptides, you know, obviously celiac and C max would be a really good place to start. I think C max is really important for cognition.

You probably read that mouse model study that was done where they gave rats the infusion of lead, and then they put them through a maze test. Right. And they're learning and memory way down.

And then they split the group they gave like half of them C Max and the other half high dose vitamin C, you know, based on their based on their weight and the group that got C max, their cognition improved just as well as it did with with high dose vitamin C.

I think that's that's a really big deal. I think making sure that patients, you know, if they if they've got fatigue, chronic pain, fibromyalgia, they need to be on a good diet.

You know, you can't be feeding your body a bunch of crap and expect to get good gas mileage out of it, right? You need to be living a clean life. You need to be exercising.

Exercise is a huge thing. I mean, hey, we. Were we got peptides. Now that makes your body think size and that you're fast things. All right. Who needs a and it wake up religiously and do a shot with the C backs and see like that.

Yeah they're interesting in the C like really seems also help tolerate stress as well. And she likes to replace them. Yeah. When we when we could get it.

Yeah. Which really can't get injectable anymore. But you will be able to get it orally which is shown to work with EEG studies where one cap equals about two ccs.

But that's been around forever and tons of studies on that. And I think two are going to find, you know, with all these chronic illnesses, people are living longer.

There's going to be so much dementia, Alzheimer's. And, you know, you're like you look at those studies with Harvard Brain Bank. But he found Lyme and all the Alzheimer's patients.

And you're getting, you know, basically prions way or these misfolded proteins which are actually part of Alzheimer's from infections. And, it's crazy.

The more we know it's all scary, but it seems like there's things that we can do to start now instead of waiting till, well, there basically nothing you can do.

Right? Cbd's been pretty helpful for a lot of my patients to like 20 to even 40mg a day. It's kind of high. They say it doesn't make them drowsy. Now, do you like do you find give us a broad spectrum versus.

We use a broad spectrum. That's the one that we do. We have in our clinic. Am I allowed to say brand names here. Yeah. This one. Yeah. We use that in Doka products I don't have any affiliation with.

You're not surprised. So yeah. No I don't. Have the zero. The company so no. Yeah. Yeah. They've said that's been really helpful. Yeah. And Doka. Yeah.

And there's actually I mean you know they know their stuff. I mean how it's amazing and I've I found you know I think some people do better with little THC.

If I have the, the most my new amount of THC, I'm like freaking out, you know. Me too. But so I mean, that's not for me, but some online piece I think do better with, with the THC like CBDs and other, you know, great anti-inflammatory and there's a lot of great properties.

I think binders are a big deal too. We haven't really talked about binders. I use a ton of binders. I mean, almost every single patient that I have is on some sort of binder.

And they are. Yeah. Which ones in particular do you find for one patient with particular type or. I mean, or. Yeah, Irene's tough you know I like it I think it I mean it's probably the best binder there is, especially when you're talking about mycotoxins and things.

But so cons to painting smells like crap. Patients don't like it. So I'll use, toxins bind. That's a product. Again, I don't have any affiliation with any products at all.

That's been really good. And it's non cons to painting. Yeah. So you work you back and say what is a binder? Yeah, a binder is a sponge. That's what a binder is.

A binder is a great example is charcoal. Charcoal is a binder right. It's going to bind up toxins that are in the gut and, you know, put it in the sponge and then you're you're going to excrete it.

And patients will say, well how is that going to help me systemically? You know, if it's just staying in the gut? Well, there's only one cell layer between the lumen of the GI tract and the blood system.

So I think that it's having some synergistic effects with how people are feeling neurologically. I think Zeo Bind is helpful. Sometimes Chlorella is really good, even if they swallow it and not chew it.

That's been really helpful for brain stuff. Charcoal is a big deal. They like all masks. Yeah, well, what are some of the mild ones that people can start with?

Well, if we're talking about mild yet effective, I would say I would put chlorella in that category. And the way I dose it is usually like nine tablets three times a day, modified citrus.

And then there and then there's binding all the other stuff and they're on a like yeah. That's the thing. You know, if you're doing it three times a day, it's a pain in the church because you've got to take it.

I always tell him, take it 20 minutes before you take anything else. That seems to be enough time for that binder to get in the GI tract. And not bind up other things 20 minutes before or 60 minutes after.

And I know there's controversy around that. Modified citrus pectin, I think is a fantastic binder. You know, there's been research on that showing. What is it? It I'm having a brain fart here.

I think it inhibits galectin three, which, you know, we know was important in cancer progression. A license big part. Yeah. Yeah. Yeah. Exactly. Yeah.

And then there was that study that they did in China where they looked at lead excretion. It wasn't a great study because there was no placebo group. But you know, their urine metal levels went down their cadmium their arsenic and their and their lead levels.

And that one's easy. It tastes good. You know, if you use, like, the, clinical synergy or something like that, kids love it. They're down. Little oily. Flavored tablet.

I haven't used that in a while. And then I'm like, yeah, I'm about them for a long time. But yeah, it is. I mean, there's the problem is there's so many great supplements.

But it reminded me we talked about something will happen and you know, it's very low absorption. But I read a study the last time or anything this morning.

But, it's, they gave ultra low black or white heparin with tyrosine, and they got significantly more absorption and they were looking at mast cells. And, you know, if you talk to mast cell guys, heparin evolve.

Right? And oh my God, that's it. Because they they check it. You know mast like they see a tie and all the MSA, the mesh that no mast cell group very tells the people.

And I'm like, you can get me out of a group. But I use heparin on these mast cell based. I'm telling you they do better. And even they kind of convince me, oh, you can't do that.

And I started trying to take the patients all and switching like, low and on to the. I'm not going off or crazy, but this study they actually showed was sublingual with kind of same suppressed medicines.

Unreal. With the heparin. And so that's part of the I think the effect that we find. And I think you find a chance like so much shortness of breath or so you give a little heparin there like my shortness of breath has gone, you know.

And so Schreiber BCA patients and things like that. Well we've had patients in the IV room before who, you know, they feel like they're going to vasovagal they go in, they have a little bit of a panic attack, and we'll give them a squirt of sublingual heparin, and it'll pull them right out of it.

I mean, maybe it's placebo, I don't know, but I haven't not had it all that yet. I love that. What made you do that? I was at a conference a few years ago in Butch Schrader.

Doctor Schrader was talking about LDA and LDA and what to do to pull somebody out of a flare. And he said, give them a little. I kind of pull them aside, I think, and ask them.

I don't think he said it in front of a group. But he said, give them a little sublingual happen and see if it works. And so I just said, well, I say what?

Yeah. And it's so easy. You know what I mean? Very low risk when you do it. All right. And that's like I was going to say I feel vindicated. Yeah. So yeah, I've done it.

It's been thought to be bad and it's a mainstay. It's like and when people have coagulation, that's a term that. And the bad news of kidneys that is yeah quite late.

The good news they've got coagulation problems and we can clear this up. You know hepatitis enzymes as well. And now the Carney's lumbar kinase. But I think that those are you can use them together.

Fatigue, Brain Fog, and Mitochondrial Support

But I think for someone as active I think heparin really just outperforms that, you know, the enzymes. But to keep it away, I think enzymes are great.

How long are you having somebody on enzymes before you start to see coagulation stuff? Turn around now, you put me in a tough place. Yeah. I mean, I usually will start Hepburn right off the bat.

Yeah, I try to find a reason to get that part. Yeah. I mean, I think it takes too long, you know, with the enzymes, I love them. I love the idea of it.

And of course, his work is amazing. She's wicked smart. Sorry to find New. England coming out. Yeah. So I'll add it with it and sometimes not. And then kind of use that to keep it away because, well, once you kind of get it away, they do pretty well for a while unless they have reactivation of it, because it really only comes up if it's just sitting there and like, you know, lining the vessels.

And, infections are hiding there. And so for the everyone listening, so what happens? It's not immune activation of flagellation a number of infections can do it.

Especially Bubka is a big one. Lyme even some of the viruses is that the body tries to lay down this fiber in the wall off the infection, which is good in the short term, but now it has.

It's not a clot, but it's kind of a free clot. So now our bones can't get through nutrients can't get through, waste products can't get out and the body can't really get the infection.

And then also oxygen that usually two seconds get in the cells now takes up to two minutes. So people get like short of breath and a little parlor trick that you can do to show patients.

And it's pretty consistent. But it it does depend on the people's basically how motivated they are. As you put a pulse ox on, right, you blow out all your air and hold your breath.

And then so a normal person, so you have the oxygen now normally comes from your like dense, you know, in from your lungs into the blood, goes into the cells, gets used up.

Okay. So that would go down but your breathing get replenished and so we cut that off that saturation to go down. So they start dropping deep. But people with coagulation they barely drop.

They'll stay at 9695 and they don't go down in the standard. Well that's great. You got all this oxygen. You're but it's not getting the tissues right.

And yeah. And so it's a little pain to show the patient and they'll have like we'll do with patient. And then their friend and they'll see there's basically flat line and their friends goes down and they're like well mine's better now because the ox is not getting what it should be.

I think ozone is, really helpful too, for increasing oxygen utilization. And plus it, you know, stimulates NAD, which is a big deal. That's been a big help in our practice for muscle activations under our.

Yeah. We love ozone and yeah, you're right, it's, immune modulator. You know, it's where you're getting an answer there, but it. Yeah, stimulates antioxidants.

It converts to oxygen in the tissues instantly. Instantly. Like, within milliseconds. And so it's there's so many great properties. And you know Rohan going over to cerium and treating the ball.

That was cool. Yeah. And, and I like tech like, and yeah, it's pretty much a mainstay for to our practice. It works with a lot of things are amenity immune dysfunction chronic infections mitochondrial dysfunction.

Yeah. You name it. We've had patients with pans, pandas, flares. You know they come in and they get, you know, a little bit of ozone. They walk out better.

Yeah. Yeah I love that. For our immunity. The BPC Tb4 EAP Italian is also great. It's kind of gets a little complicated. And then stem cells awesome. And then the bone marrow ones.

This is one thing I think they're better at doing is immune modulation for autoimmunity. But you know most standard doctors that you can't do much about oh you're not immune there.

It but almost always you reverse it. And you look at the studies almost always as a chronic infection driving the auto immunity. Right. And you have the Lyme patients, you know, they go to rheumatologist, they say, oh, they got mixed connective tissue disease, which means they have all these different antibodies.

But he doesn't fit in the category. And they get anti fossil phospholipid syndrome. And they go oh or all these things are genetic. No they go away you know.

Yeah. So yeah it's a part of that immune dysfunction. If you've got viruses that are living inside your cell because the virus is just a parasite, that's all it is, right?

It needs a host in order to be able to do its thing or even aspire Key. Then of course, your immune system is going to become activated and say, hey, you're a bad cell, right?

And then if you add on to that, you're looking at things like all of the toxicants that are in the environment, from chlorine to whatever, you know, chlorine is displacing iodine in the thyroid cell.

And of course, your immune system's going to look at that and say, hey, you're not functioning right. So yeah. And highly associated with autoimmunity and it's interesting.

And there's a lot of study on the obese children. And looked at Hashimoto's. And they found that majority of obese children had Hashimoto's with negative antibodies.

And also another study they did thyroid biopsies on people who were just fatigued. And they found inflammation in the thyroid trigger with thyroid regardless of their thyroid levels.

And the over majority got significantly better. Another study showed that people with chronic fatigue syndrome did biopsies had eight active HHV six in their thyroid, but nowhere else in their body.

Right. Yeah. So it's like, you know, the course is normal. But of course, right. Yeah. Your thyroid is fine. Don't worry about it. Let's see. Neurologic symptoms.

What what type of neurologic cells? I always tell patients that the weirder the symptoms, the more likely it is it's Lyme. So for neurological stuff, we run the gamut.

You know, we have everything from anxiety, depression, anger, irritability, OCD, paranoia, I mean, full on paranoia to, you know, just kind of your regular, anhedonia, not really feeling good about life.

Other neurological things like twitching, muscle cramps, you know, usually our patients there, when I do a muscle strength test on them or check their reflexes, they're always abnormal.

Do you see the Asians a lot? Yes. Yeah. Especially early. Early in treatment. And then when we work on the infections, that gets way better. Yeah. And so that's the space where your muscles kind of look like a bag of worms type thing.

And it's basically has the lung for an upper neuron disease. And I had terrible physical stuff like, oh my God, I've got upper neuron disease. And but it's amazing everything that Lyme done is attacking the nerves, you know.

Right. So that happened to you. I had terrible situations. Yeah. Yeah. And what was the thing that helped treat that for you. Well yeah. Three and a half years of antibiotics did squat really peptide stem cells ozone.

They did a lot of things. But those were the three key things that got me better. And at 33 in there too. Yeah okay. Cool too. It's I, you know, so I did a lot but that was it.

You know, I remember when I went to heart failure and I, I couldn't stand up straight, I couldn't it would take me 40 minutes. Got stairs, I went and did ozone stem cells like I didn't do on the same day, but I did stem cells and peptides.

Pain, Coagulation, and Injection Therapies

And then I got home and I just walked up the stairs and I'm like, Holy crap, I just walked up the stairs, you know? And then the cardiologist said that you can maybe get 10% better in ten years.

And I'm I'm Stover. And as I was not be able to walk, you know, yeah, maybe 10% better ten years I'm like, that's a death sentence. I then go back a year and I'm like, normal.

And he goes, oh, that's nice. That's crazy. Yeah. Sorry. Thanks for. Sharing. I was curious what your experience was with that in terms of your second question, treating treating pain.

Yeah, I do a I do a lot of injections. I'll do pros own, I'll do neural therapy. I'll just do, you know, injections with 5% dextrose. Sometimes I'll mix in a little bit of protein.

Sometimes I'll do a little bit of light. A cane injections have been really helpful because you're bypassing the gut. You know, when you when you do an injection on somebody and if you do it intradermal rate underneath the skin, then you're treating the nervous system right.

Because that's pretty autonomic nervous system is. And there's not a place in the body that isn't being fed in some respect by the autonomic nervous system. Yeah.

And then you're doing those are you going into articular or in soft tissue or. Yep. All the above. All the above. And you know what's interesting. And now I'm very used to it I need to talk to some anesthesiologist or now do more of this where like the buddy who does, you know, stem cells, exosomes, he just does subcutaneous, you know, and he will give the people's money back if they're not significantly better before they leave the room.

And you know, we have one dollars. Oh that's crazy. And he was career and he had frozen shoulder which I did I didn't know I knew him by now. And so he does it.

It's like well nothing's happening. And he goes okay. And it's like then he goes, I don't know don't it? But. And that was just subcutaneous exosomes.

Yeah. Yeah. Unbelievable. Yeah. Anyway, he had some peptides to it too. And it just a consistently. Yeah. So he gives that guarantee. And I know a lot of anesthesiologist new are converting to that which is like heresy you know right.

Yeah I think injections are really helpful. You know it's a little bit of a barrier for the patient. You know it's an added cost sometimes. And somewhat barbaric. Right.

But hey, you know, you're subcu are easier than inter articular. Yeah. Yeah. But when you've got somebody who's got chronic knee pain and you know, you've got infection that's living in the joint because it's it's immune system poor and there's a ton of highly chronic acid in there which we know bugs love to eat.

If you can go in there and put a little bit of ozone, they're going to respond really well. I mean, I would say I've probably had 85 to 90% success rate just in terms of people being able to walk downstairs and bend down and get stuff out of the cupboards.

Sometimes it's just after one injection. But, you know, this was 20 years ago. All they needed, you know, hip replacement. And, you know, it's well, well I although it you know.

Yeah. And the orthopedist is ramping by the weights and he's like yeah you need hip replacement. Like what about you. This is like PRP and stem cells and ozone is doesn't work.

And then I'm like what do you recommend. He's like so this is the surgery we're ever doing is I had the same surgery. Oh my. What's wrong with your leg as well?

My bone collapse. So there's some traction for a four months I got nerve damaged. I'm like, okay. And then so, you know, I go and you get a combination, you know, initially PRP, stem cells, ozone and later on we could serve peptides.

You knows was probably within a year with 3 or 4 injections 70% better. I couldn't economic shoes and then second year 80%, 90%. Now I haven't got an injection and five years, you know.

Wow. Yeah. You know we've talked a little bit about Tb4, but Tb4 has been great for pain in and BPC. 157 I mean, even, you know, whether you're doing it intradermal or orally, I found that to be really, really useful.

Yeah. And it's actually equal potent orally or systemic. Yeah. And they both you know more studies on TB four. But a lot of people feel b b they tend to have the same effects with different mechanisms of are great to use together.

Yeah I love it. Yeah. There's a lot of studies on tb4. I mean I was reading some stuff. It's anti fibrotic. We know it's anti-viral. There was that liver protective when that I.

Suppose your, your partner was saying I guess cheese is more TB for a frag. Are they use more TB for. I'm switching now though. I like the frag better.

I feel like patients tolerate it a little bit better when I was doing TB for, you know, the injection I was doing that big loading dose, you know, in the beginning and then, you know, whatever, 20 lines or 0.2 miles, you know, every other day or however, however, I was rolling it out, I was having a lot of patients who works on that.

Yeah. Yeah. So I doctor about how, you know, TB for a person, you know, acid has multiple domains. And one of the domains stimulates mass zones. And so, you know, in general you get TB for the mass cell patient in general they're going to do better because the B modulation.

But you've got a competing effect of it's directly stimulating the mass of. So the TB for a frag takes out that domain estimates math cells. But it has a look at the studies.

You know the it'll be a lot more jittery. You know I drove entry to hearing that de fibrotic. Then there's a different frag and a different domain that simulates air.

So if you want to go there it's probably better to use the frag because it can get in the scalp better than a spend. The long peptide chain. Very cool.

I didn't know that about the hair. And so I mean I would be bombed. I I've had hair transplants many years ago and it was and I can't I'm up then looking about to pull off the Vin Diesel and then and that's my kind of big star.

But like I had braid surgery so I like I got to get my hair girl. And so this is actually the biggest it's been in 30 years. Wow. That's awesome. And is that just from taking it or doing the TB for frag early.

And I do a, serum on it. Oh yeah. Yeah. Cool. Yeah I do sometimes injections of. But I'm, I'm wimpy with that. Plus with the scar makes it hurt a lot more.

So I, I don't do that many injections but I play have. What about the, GHQ.

Hair, Peptides, and Closing Remarks

Have you seen that? How has not. They've. Yeah, I think it's good. It actually it's interesting that the literature is mixed on really how much it absorbs.

So the GCC see you don't see those are much better than the GCC. So if you get if you get that make sure you get with the see you on it. But yeah that that's great. And he had a you can add that to the peptides sometimes to make them absorb better.

Then you get an increased cost and things like that now sort of become new drugs. So we're playing that. But yeah, I love the GCC, 5 million maybe even better than TB for.

But the TB for frag for hair is smaller. So it's going to get in better from 5 million. Although 5 million absorbs better than you would think because it has some non-polar amino acids stuff.

Yeah, you can tell we've been working on this, but so you have good results with with different serums. But yeah, so we've made the whole gambit. We went from fatigue, pain, brain fog all the way to hair there.

Yeah. Tell us they have. So, so yeah. So we're, we're in LA. So it doesn't matter how you feel. It's how you look. Right? You got it. Here with my tooth from Amazon and super quick, So, hey, great talking to you.

Just, I think we came across a bunch of different pearls and love your approach and, you know, just help it. So many people. I think your group is awesome and which is rare to get a awesome doctors together.

So that's great. And thank you for taking the time to be on. I'm sure we're going to get a lot out of this and we appreciate it. Hey, you're very welcome.

Thank you too for having me. And thank you for everything that you're doing for medicine. You're doing a lot. Oh, thank thank you, thank you. I appreciate that.

You do keep the right work. All right? All right. Take care. Thanks. Thank you for tuning in to Doctor Talks. We hope today's episode has enlightened and inspired you on your path to optimal health.

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