Opening and Podcast Introduction

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Yeah. Yeah. are talking about where their back hurts and I look down and go, it's right here and said, well, how did you know that? Like I'm looking at the hair pattern.

So now, now, now what comes out of that is lateral lines on the neck. So I went through a lot of ultrasound training, about starting about 13 years ago and really went down that rabbit hole deep.

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And so I'm looking at their lateral lines and it tracks to areas that are sore and palpation. And so I put the ultrasound on and I see what level they're torn.

Welcome back to the My MD Unscripted podcast. I'm your host Dr. I'm your host Dr. Clint Carter and it's my privilege to get to talk to Dr. today. The question I would pose to you is what if the root cause of your chronic fatigue and joint pain or even brain fog wasn't something your primary doctor even knows how to test for?

And then what if the solution involves something like ozone, light therapy, immune retraining instead of prescriptions? Stick around as Dr. David Wickenheiser is the natural pathic physician with 30 plus years of experience pulls back the curtain on natural and regenerative medicine that's helping people get their lives back.

So Dr. Wick, thank you so much for joining us today. Dr. Carter, thank you for having me on your show. Tell, introduce yourself a little bit. Tell us a little bit about how you got to where you're at and, you know, kind of a little bit about what you're doing.

Tell us a little bit about how you got to where you're at and, you know, kind of a little bit about what you're doing. Bit of a unusual way that I went through school.

I went through school when I was out of high school. I went to community college, graduated from a business program, and then worked for a while. Went through British Columbia Institute of Technology.

Dr. Wick's Background and Training Path

I'm in Kelowna, British Columbia, Canada, South Central Canada. So went through British Columbia Institute of Technology, pressure cooker. This is when I was 21.

graduated, yeah, that was in marketing, went through sales, did a whole bunch of different stuff in that, and then at 31 decided, no, I really wanna be a naturopathic doctor.

graduated, yeah, that was in marketing, went through sales, did a whole bunch of different stuff in that, and then at 31 decided, no, I really wanna be a naturopathic doctor.

So yeah, I know, everybody goes through transitions in their life, uh like, we've gone to a lot of school young man. Yeah, well they were, yeah, they took some convincing and they did support me emotionally and somewhat financially, although that was a different time.

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Things were more affordable. So at 31 years of age, I went back through, because it had been too long since I've done sciences. I really love sciences, but hey, it's been a while.

So I redid biology, chemistry, physics, 11 and 12, plus went through, got a science degree. went to naturopathic school, got a four year naturopathic degree, Portland, Oregon, got a board certification in five specialties in my uh naturopathic world.

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When I graduated, I got an honors in research. That was an interesting thing that we went through a lot of extra work for that. That was an interesting thing that we went through a lot of extra work for that.

I was young, I was foolish. And I mean, you get motivated because I get really passionate about helping people. And there's different ways of helping people.

Unfortunately, I'm like many doctors. I really get passionate about stuff that's affecting my family members, my close friends and myself, which is kind of scary when you think about what I've worked my way through.

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Joint pain, brain nutrition, oxidative therapies that help boost the immune system. There's a lot of different modalities that I have gone down rabbit holes and gone off and done all kinds of cool training.

But it makes a difference because now I've got the experience and the ability to help a lot of people with really specialized care. That's yeah. And I'm with you on that.

You know, you, get into a situation where you're like, I don't feel good and the solution to this isn't clear. And so, and in some ways, you know, my being, when I burned out in medicine, I was depressed, low T, Hashimoto's thyroid, you know, miserable, right?

miserable to be around probably. My wife is a saint. So uh yeah, those are some of the first things that I was like, how do we fix these things? Right?

These are the things I need to learn how to fix now that I have a chance to address it and the freedom to learn. So natural pathic medicine, what, so what drew you to the natural pathic direction?

Why not just go to standard medical school? Well, first off, I didn't qualify to go to standard medical school because I wasn't 22 years of age with a straight A degree in sciences.

Well, first off, I didn't qualify to go to standard medical school because I wasn't 22 years of age with a straight A degree in sciences. So I wasn't within the narrow set.

Now I did do some cool stuff when I was doing undergraduate, Simon Fraser University in Burnaby just outside of Vancouver. Now I did do some cool stuff when I was doing undergraduate, Simon Fraser University in Burnaby just outside of Vancouver.

I did actually get to do a work term where I was a student analyst at the Provincial Toxicology Center. So I was running So I was running a gas chromatography and liquid chromatography test unit.

So it was fairly fancy equipment, but still I'm too old. So it was fairly fancy equipment, but still I'm too old. I'm not a 22 year old. You know the deal.

Medical doctors are really selected and really nurtured along a certain path. Medical doctors are really selected and really nurtured along a certain path.

Well, and I will say that I think if you'd have gone through this thing in a more, you know, say in the last 10 years, med schools have found that, um, a little diversity is not Well, and I will say that I think if you'd have gone through this thing in a more, you know, say in the last 10 years, med schools have found that, um, a little diversity is not the end of the world, you know, get someone that's lived a little life.

Get one of my, one of the dudes I went to medical school with his major in college was trombone. You know, now he did all the prereqs and he's a smart guy and he's running an amazing clinic outside of Fort Worth now.

But it's, they, you know, they finally have learned to appreciate some diversity in their students. don't have a bunch of, you know, people who don't know how to handle people, but are really good at sciences.

Well, but it's so easy as an academic to just look at their marks. You've got straight A's. You're just socially inept because you've spent so much time in the study halls.

Right. But then you you need your community service. You've got all those things ticked off. But are you really good with patients? And that's even what I saw at the National College of Naturopathic Medicine, now National University of Natural Medicine in Portland, Oregon.

A lot of my classmates, mean, I think maybe a third of the graduating class actually went into practice. Because a lot of, yeah, because they were there.

It was a mission for me, but it was a distraction for a lot of them. They're, you know, very affluent families and they're there to be a success and something was interesting.

They're, you know, very affluent families and they're there to be a success and something was interesting. More because I was a mature student. I was 10 years older than the average student there.

Right? I knew what I wanted to do and I'd given up a career to go through school. I had a huge investment and I've come committed. And enough, little bit of life, a little life perspective.

And I guess if you're a trust fund kid and you want to do whatever you want, that's, I almost applaud them for doing naturopathic school instead of just, you know, going to Europe and messing around.

that, that knowledge base hopefully is in God's plan to benefit someone someday, somehow. Well, what I've learned personally, we won't do a lot of religious stuff, but as far as I'm concerned, I have no idea what God's doing.

Well, what I've learned personally, we won't do a lot of religious stuff, but as far as I'm concerned, I have no idea what God's doing. I'm along for the ride.

I know there's a plan. I have no idea what my plan is. I mean, I'm doing my best. I'll stay open and I'll do my best. And this comes down to being what people say, my goodness, you're a healer.

No, I'm a technician. Now I really like studying medicine stuff. I have a real flair. I have a certain joy and it's bizarre but reading studies and looking how they're set up and going to seminars and courses and all the different stuff I've gone to over the years, it's really fun.

I have a certain joy that doing it, that's God given. But as far as me knowing what the plan is, I gotta trust because there's just no way I can figure my way through it on my own.

But as far as me knowing what the plan is, I gotta trust because there's just no way I can figure my way through it on my own. But as far as me knowing what the plan is, I gotta trust because there's just no way I can figure my way through it on my own.

and you wouldn't have drawn up the path you took and we're glad that you took the path you did because what you're doing is super fun. me, tell me a little bit more about what you're doing now.

Okay, so let's talk about where I start with people. Now I have some basics that I do with people philosophically and in practical terms. I wanna feed, clean, balance the energy.

So we start with nutrition, because too many people today with a modern lifestyle, they don't have good nutrition. They don't have enough of what they actually need to regenerate, to live, to get enough energy.

They're eating garbage. And maybe it's verified or validated. soil depletion since the 1940s. may be all kinds of, you know, use of glyphosates that uh round up that increases the autoimmune reactivity of people.

may be all kinds of, you know, use of glyphosates that uh round up that increases the autoimmune reactivity of people. It's all kinds of different microplastics.

my goodness. So all these different inputs to today's world, most people are not fed well and they respond so well. So all these different inputs to today's world, most people are not fed well and they respond so well.

Now I don't believe in just giving people pills. We got to start with food, but too many people are not fed and they clean. We got to start with food, but too many people are not fed and they clean.

Well, we're they're not getting the good stuff and they're getting way, way too much of the other stuff.

Core Philosophy: Nutrition, Detox, and Energy Balance

and too much of the other stuff depletes nutrition as well. It's not just you didn't get your bees, you used up your bees processing what you had handed to you through the drive-through window.

Right. I mean, what is it, Southern California, they say one and a half meals a day go through a drive-through window. And I know people are busy. Well, I know.

Okay, here's some stuff. Rules for nutrition, because this is important. If your food did not grow crunchy, and it's crunchy, don't eat it. So it wasn't boiled in oil, and usually too long in an rancid oil because we're not changing the fryer every day at the fry shack.

So it wasn't boiled in oil, and usually too long in an rancid oil because we're not changing the fryer every day at the fry shack. Right. So now you've got trans fats that aren't any good and that get incorporated throughout your body and throws off your hormones and so many imbalances.

So then next is detoxify. Just inhaling the toxins from traffic exhaust alone. Yeah, everywhere. Yeah. No, you don't. What do you do with it once it's already snuck in?

Right. So do you eat enough good nutritional fiber, dietary fiber to carry toxins out? Do you drink enough water? Do you exercise? Most people don't. Do you move your lungs?

Just what are you doing to detox? Then electrical, there's all kinds of homeopathics and different equipment that we can help with the electrical balance.

That goes more over to homeopathy and Chinese medicine. So that's kind of where I start with each patient. But when they walk through the door, I want to know, are they broken or just out of gas?

Yeah, right on. So I'm sure you're doing that assessment too, right? There's a few things that you just notice. most of my folks are broken and out of gas, because it's they, they haven't fed their, they haven't put the right gas in, a long time, but they've been driving their car anyway.

And eventually things break. Yeah. do you answer that? How do you deal? Do you start with diet as well? You know, yeah, you know, the way that we bring them in, it's more of a, I'm less uh systematic than you are in that way.

You know, yeah, you know, the way that we bring them in, it's more of a, I'm less uh systematic than you are in that way. Get them in, get, you know, do the well rounded physical exam, get them in, start talking about their labs and all of the things that we already, we kind of know to be true.

And then in that process of getting to understand them and they're like, well, yeah, I haven't been eating like I'm supposed to. really? Tell me about that.

and I haven't really been exercising like a shit. really? Tell me about that. Was there a time then you did? and so it's more of a conversational piece that's, uh, you know, sometimes there's a fire to put out.

and so it's more of a conversational piece that's, uh, you know, sometimes there's a fire to put out. and as an ex ER doctor, those are kind of hard to resist.

I do love the systematic approach that you're taking though of, all right, first things first, what are you putting in? How are you using it? How are you getting out the other stuff?

How's it going? Exactly. And what's your his- well, what are your goals? What's the biggest thing? Because there's a list here and we'll get to them. But if we're really worried about a big item, we got to focus there.

We'll deal with your insomnia later. Right now, you're coughing. Let's deal with the cough. Yeah. They're not going to hear anything you say until you get that done.

Yeah. Which, and there's a reason why they went to Dr. Wick and not their, you know, government, subsidized doc, you know, down the street. and that's because they were, they're not getting the answer they want from other places.

Right, and most of my patients, not all but virtually all of them, come from referrals. So they know what to expect and they've had their arm twisted by a friend or a relative saying, no, it worked for me, it'll work for you, get in there.

So they come in and then we do some, depends what the problem is. You know, give me a problem, I'll give you a sequence. So physical exams, absolutely.

So if it's orthopedic, I can't wait to get my hands on them. Yeah. A lot of doctors, uh chiropractors sure, but medical doctors, at least here, they're not anxious to touch their patients.

And I'm not clear why. I would say in their defense is it's not that helpful in the system that they're in, right? I would say in their defense is it's not that helpful in the system that they're in, right?

I would say in their defense is it's not that helpful in the system that they're in, right? If you're going to have 10, 15 minutes with your patient, you need every second to be super high yield and listening to their heart and lungs when they don't have any complaints and they, they, you know, they otherwise appear healthy.

Sure. But I could be asking them, I could be getting, you know, But I could be asking them, I could be getting, you know, more history or I could be running more tests or I could be, you know, time is precious.

It is a thorough physical exam. I don't mean that the exams we learned in school took like an hour, just the exam. I don't mean that the exams we learned in school took like an hour, just the exam.

Right. Yeah. Right. And then what do you talk about all the things that you found? Right. It's a, and quite frankly, that's why no one does an hour long physical exam anymore, but you don't.

need all of that. You need to know how to do all of it. So when you want to do a focus section of it, you can, but, I find that I don't, uh, some of my, uh, you know, physician assistants or other doctors in my practice probably do a more thorough exam than I do because once I get in and they start handing me these nuggets of things they want me to fix, I, know, the, the, the ER, ADD doctor in me is like, okay, let's go to, know, let's go to that.

Oh, and your labs are over here. And I look back and like, Oh, should I listen to your heart? You know, So the physical exam is, it's becoming a lost art that not ought to be lost.

So the physical exam is, it's becoming a lost art that not ought to be lost. right. Now one of the things that I really am fascinated with because I do a lot of joint care are booms and echoes.

Let me give you an example. So we've got a patient who's got pain up here on their shoulder. So palpate, everything around, but what I've learned over time, I have to find out if it's primary or secondary.

In other words, if they fell on their elbow, they slipped on the ice, they fell, it, so your shoulder is like this, and if it tore at the bottom and now it's jamming at the top, In other words, if they fell on their elbow, they slipped on the ice, they fell, it, so your shoulder is like this, and if it tore at the bottom and now it's jamming at the top, the echo is where the pain is, but you gotta treat, you gotta inject down here to get regeneration of the ligaments so that the shoulder isn't jamming so it's in the right position.

But there's so many booms and echoes in the body. Correct. Yeah. I love that. Booms and echoes. I love that. well here's another one. You know about lateral lines on the neck.

No, I mean, go for so were you taught about goatsbeard? Okay, so this is something that came out of our training. Okay, so this is something that came out of our training.

Now we had a lot of chiropractors that were chiropractors, naturopathic physicians, so they've had different types of training. So you know that from each spinal segment comes a nerve root that goes to the tree of nerves, and each bundle has bundles of nerves that go to the skin, the skeletal muscles, and internal organs.

you pinch one and the other two get pinched. So you look down someone's naked back, summertime, so you're looking at the beach and you see clear skin and then a line of hair that's aligned straight across and then it descends down.

They call that goat's beard. Now I've had some patients that they had it at the base because they're a flooring tech and they're putting in heavy stuff that hurt their back.

But they also, when they were 18, jumped in the wrong end of the swimming pool and they jammed their neck so they had goat's beard at the top. Yeah. Yeah.

are talking about where their back hurts and I look down and go, it's right here and said, well, how did you know that? Like I'm looking at the hair pattern.

So now, now, now what comes out of that is lateral lines on the neck. So I went through a lot of ultrasound training, about starting about 13 years ago and really went down that rabbit hole deep.

So I went through a lot of ultrasound training, about starting about 13 years ago and really went down that rabbit hole deep. And so I've got ultrasound equipment that I'm testing out, you know, all kinds of people.

And so I'm looking at their lateral lines and it tracks to areas that are sore and palpation. And so I put the ultrasound on and I see what level they're torn.

No way. That's awesome. because now we know that's not the cool part. The cool part is with treatment, you get the tissue to regenerate and fill in and the line recedes, which is what we'd expect, but you can see it.

exam sounds fun again in like the last two seconds. That's great. I love that. Well, simple stuff like that. something that you may want to get into, do you know about the nutritional physical exam?

You'll have fun with that one. So you can see all kinds of different nutritional levels in the person. Now, here's one for you. Thin lips or big lips.

Do you know what that means? No, yeah, what's that? adrenal burnout. So this is, so the irony gets pretty thick when you've got all these women who've burnt themselves out, driving through their high pressure life, their lips get thinner, now they're getting pumped up so that they look like they're not stressed.

they're getting pumped up so that they look like they're not stressed. Well, let's solve the real problem. Well, let's solve the real problem. You know, the boom, not the echo.

The echo are the lips. The boom is their adrenals are sideways. know, their adrenals are really a secondary problem on, know, their ability to not say no, or, know, all the, you know, they've also got hormonal other hormonal deficiencies.

They're all playing a big role. It's a, it's a domino of booms and a domino of effects. Yeah. I love it. give you the next one. You're very aware, I'm sure, that all health issues are related to a pronunciation error.

Physical Exam Insights and Booms vs Echoes

Overcommitment, getting exhausted, you know, not good. Overcommitment, getting exhausted, you know, not good. People just commit to too many things. epidemic and one, and you look at other people's social media and you look at these, what other people present to you as their life and like, look at all the things they can do and they're happy and not burnout.

You're like, no, what you're looking at is a lie. So you may ignore that now. It is, it is. They were, they made their family smile one time for that picture.

Otherwise everyone was miserable the whole time they were there. That's great. would you buy into that? Well, because I'm projecting myself onto that to combat.

Whoa, whoa, whoa, whoa. Stop it. that I'm supposed to quite frankly, you know, we, you know, we don't think, for a living anymore. We just react. There's, too much pressure from outside.

It's like middle school all over again. you know, if I want someone sort of like me, I gotta, I gotta have to look this way. one for you. You know about the externalization of the locus of control.

Okay, that one sounds more familiar because I can almost put those pieces of words together, but I'll let you tell me the punchline on that one. Bette Midler, famously in one show, she's going on and she's hogging all the social interaction.

Bette Midler, famously in one show, she's going on and she's hogging all the social interaction. And she says, okay, okay, enough about me. Let's talk about you.

What do you think of me? Yeah, so taking her sense of self and putting it out to the world and saying, everybody, tell me what you think of me. Well, no, your opinion of me should not have any effect on me.

Well, no, your opinion of me should not have any effect on me. Well, no, your opinion of me should not have any effect on me. I just live my life according to my choices and what my values are.

I just live my life according to my choices and what my values are. walking up to everybody with fashion or big lips or whatever. How am I doing? How am I doing?

Well, you're never going to get consensus. Someone will always try to knock you down because they're competing. And it's… oh middle school at all, you'll know that, you know, you can't please them all.

And the harder you try, the more they know you're trying. It's this game. It's like we never grow up. one for you. You know, when people are stressed, they flash back to childhood traumas.

Have you ever seen an adult, an adult male standing there, jumping up and down on their shoe? They're just tap dancing. Well, that's the peepee dance.

That's when they were two years old and they had to hold it to try and get in the bathroom. But mom's in the bathroom and get up. So they just got so stressed they flashed to a childhood trauma.

So how many people are flashing to childhood trauma or middle school or whenever? Correct. That's right. gets into some brain nutrition that we're all dealing with.

Yes, absolutely. Well, tell me about, tell me about your philosophy. How it, how has it evolved over the last 30 years? You've been doing this for a little while.

Tell me about it. You've gotten here, one patient at a time. how, how has it evolved? We've all gotten here one patient at time and some have been good patients and some probably our lives would have been better if we hadn't have met them.

So there are certain traumas we've all dealt with. When I got out of school, I thought I had a whole bunch of answers and I was scared because I didn't think I had any really.

So I went to a lot of courses and that rounded me out. I was a little bit older. So when I graduated from naturopathic school, I was 37. So, you know, hey, it's a bit of a deal.

And so I went to all kinds of course. I learned biological terrain assessment. And this is really funky out of Europe. And it's got a philosophy that if you want to be healthy, and this is going to be trite and I'm going to be explaining it.

If you want to be healthy, don't be sick. Okay. Now that's, that's, it's a European statement for sure. So what they meant was check your biochemistry, mineral levels, pH.

RH2, is the energy of each cell, cell membrane permeability, how well can you get nutrients in and waste out, all of that when you measure it and it's in the right zone, you'll be healthy because that stuff goes sideways years before you run off the road.

And so if you can actually keep it within the proper range, you'll express your genetics. They call it epigenetics. You'll express your genetics better and actually have better health.

So control what you can every day. turn on the right genes, you get the right results and it all comes from intracellular health in the first place. Man, it's hard to argue with that.

basic chemistry. Remember Emanuel Ravici? He was a Czechoslovakian MD. He lived to 102. He was seeing patients in his office in New York City at 100 years of age.

His niece carried on. His big thing was membrane permeability. So what you ate for oils allowed nutrients to get more efficiently into your cells. Now when you eat too many hard fats, you get stiffer, you go anaerobic, and you favor things like cancer.

So by feeding the body to be softer and to accept nutritional levels into cells, you actually can treat a lot of problems. Eat enough of the right stuff and not too much of the wrong stuff.

It's basic chemistry. I imagine he was probably blessed with some good genes, but he's doing something right. He's doing medicine at a hundred years old.

well this is a big deal for all of us is what's our place in life because i do believe we have a destiny and how do we realize it well you have to make good decisions every day respect your body as as a temple i mean it sounds corny but it's completely true you put garbage in i don't care if you think it tasted good because your tongue is not always going to give you the truth.

Evolutionarily, would have been, know, some of that salt and some of that carb would have been life-giving, but the things that you're chasing are, they're not what your tongue thought it was looking for, you know.

Well, everybody craves sugar, salt and fat. Now, sugar is supposed to be seasonal fruit sugar. The fat is supposed to be from animal sources like your grass fed beef and sugar, salt, fat, salt, should have been sea salt, 22 nutritional minerals and sea salt.

Now what we've got is adulterated fats. So that means they're not good for you. Salt is sodium chloride only, not the rest of the 20 nutritional minerals.

and sugar while high fructose corn syrup is not going to help you to have a healthy life. And so all these… Well… sugar you can get a hold of is what your body is looking for.

Right. But it thinks it is. So you look the difference, right? Yeah, absolutely. um that's where we have to step in and be the adult in the room and say, no, I'm not going to swallow that.

Yeah. And well, you have to have a pretty dang good reason, right? Because everyone else in the room is, and they're having a great time and your brain and your tongue both tell you that it's great.

So that's where we get into edu spending the time, educating our patients. Well, learning the truth first, right? You can't pour out what you haven't filled poured in.

And then, you know, giving a convincing reason why that is actually killing you and you don't know it. right because by the time people realize it in their 60s and 70s it's kind of a bit too late.

Yeah, if you stop, if you stop eating what you're eating after your first heart attack, there's, there's a limited benefit. It's like stopping smoking after you get diagnosed with lung cancer.

Like, yeah, you should probably stop smoking, but a little bit late. Like, yeah, you should probably stop smoking, but a little bit late. Like, yeah, you should probably stop smoking, but a little bit late.

you know. of success. I mean, watching people who've been successful in their lives is really important, and yet too many people don't do it. And if you have testing that says that what their, that their changes that they're making are doing, are making a positive change in their cell membranes, et cetera, et cetera.

That's super valuable. What are some of the, what are some of the cool things you have in your office? Even outside of testing, you know, you've got different therapies.

these are the things that I'm super jealous of because these sounds super fun. what are you some of your favorites? let's talk about what's really working right now.

So ozone is energized oxygen. Now, you know what cytokines are, the chemicals of healing. So as people know, inflammation, pain, redness, heat and swelling is a symptom pattern that tells us that the cytokines are in play.

Now they often get hung up after trauma or even infection. So when we inject or expose the body to energized oxygen, it allows those cytokines to move all the way through their cycle and turn on healing.

Now I've been certified to use, I learned about ozone in second year. One of my classmates, when we were in first year, she's dating a fourth year student.

And he went to work with Bill Turska, who at the time was 82 years of age. He was an MD. in Mist, Oregon, and he had illegally practiced ozone therapy for over 50 years.

Illegally. Now it was legal when we were there, but so he was using it to balance the immune system and turn on healing and all kinds of cool stuff. So I learned about it.

And then when I got out of school, I went into the first office I went to practice and they were using it to regenerate spinal discs. They were injecting it into the muscles along the lumbar spine.

Pretty, pretty cool. Yeah. Then I did certification in March of 1996. So I was legally able to do it and I did a lot and have done a lot over the years where we're injecting joints and muscles.

And this is Frank Schellenberg's uh pro ozone, which is pretty cool. He sort of copyright wrote the name and it works great. And then I did micro dosing, which is injection of.

small amounts just under, now I called it microdosing in 04 before they were doing psilocybin, but whatever. It still makes you sound super cool though.

So you should definitely stick with it. Yeah. last thing I want to do is be super cool. that that judges my life. But now I went through a training three months ago with one of my ozone trainers, and we're doing ozonated glycerin.

Have you heard about it? Okay, so so this was pretty funky because, again, I've been into ozone for 35 years and following it and gone to lots of courses.

with European trainers and North American trainers and I thought I was up on it. And then Robert Rowan had a training and apparently Japanese doctors have been tracking ozonated glycerin since 2001.

And then during the pro, the presentation, they talked about a book that I picked up. Hold on, before I make a mess here. Looks like a pretty fancy book, right?

Okay, so this book was, well I'll give you the story here first. Alternating current was created by Nikolai Tesla in 1890. Ozone was first generated by Nikolai Tesla in 1890.

Ozonated glycerin was created by Nikolai Tesla in 1890. So this book that looks really new is a bad photocopy. of the 17th edition published in 1907. How do I not know this?

So instead of putting ozone gas with high energy into the body, into say a knee joint, and it creates ozonides, but it's painful, so we really need to freeze, and then it modulates the healing.

Pretty cool. This reaction is in the glycerin, and when, now I haven't injected it yet, I'm not, probably not gonna do that right away. but we put it topically on or we'll use it with a nebulizer to infect the lungs or we'll use it on topically

on basal cell carcinoma and three doses one per day, some of the patients, it's fallen right off.

So it's kind of like, okay, this is economical, available, well, we're gonna make it available to round, but it's kind of cool. So it's one of those things that we're using for joint pain, for…

boosting the immune system a bunch of basic ways. I love doing the injections. I love doing all the different ozone treatments that I do, but this one has its place.

But the next one is a topic that I know is close to your heart and we're getting going because it's become available through pharmacists in our community.

Peptides. Yes. They're so effective and from everything I've seen. relatively low risk. don't know the risks that are so huge. We're watching, we're dealing with it sensibly with people, but it's just really helpful.

Some of the cases that I'm starting to see with my patients is really good healing. I love telling my patients, know, I have a very limited biochemical experience, right?

But it's like, Hey, the way your body works is you've got DNA, which makes RNA, which makes proteins, which do things in your body. And so if we over time, decrease our body's ability to do that and to create that protein, let's help it out a little bit.

Let's give it back what it needs, put it back into balance and give your body the ability to put your growth hormone back where it's supposed to be, to fight off your infections Let's give it back what it needs, put it back into balance and give your body the ability to put your growth hormone back where it's supposed to be, to fight off your infections more efficiently, to help you feel full and increase your metabolism like it used to before we ate what we eat, all those things.

uh A peptide-based strategy to health makes perfect sense. I just love it. Well, low risk, high benefit, cell to cell communication. Now I'm gonna project, but it's so naturopathic because it tunes up your natural ability to heal itself.

That's what all medicine should be at the start. Now, certainly there's places for heroic medicine and as an ER doc, you'll know many of those interventions, but to do simple things like this first just makes good sense.

And it's fun. It's just, you get such fast results, you know, when you just, so much of what we do with the medicines that we do have that even, you know, that are safe and effective.

It's you take this medicine, which does a thing, which does a thing, which does a thing, which eventually makes a difference. But to watch your body take a protein that it was made by its creator to use and just use it.

It's so fun. Well, it's so clean. It's so elegant. It's elegant. a perfect word. Yes. forcing the body, you're just supporting it. You know, you're never going to get too much growth hormone by taking semiglutide.

You're not pushing it out. Not some of that either. Right. But, Sir, morelin or one of those, you know, secretive dogs, it, it's not going to make you, your body do anything it doesn't want to do.

It's just encouraging it to find that, that homeostasis instead of just being burnt out because you ate late at night and had poor sleep. for the last 50 years, right?

Like let's give you back the balance that you would have while we're learning the habits, to fix the habits that broke us in the first place. Diet, exercise, sleep, all the things.

So let's talk about NAD. Are you using that intravenously? I have done it in an intravenously. It's a little bit of a hassle. takes time. You know, okay, let's do this.

I got a story to tell you. So I was doing ultraviolet blood treatment on a patient. And his wife comes in and she's and

I know her, you know, she's been around, I've seen her at different appointments.

But she's standing by the door when I'm doing a treatment in my exam room just next door. And this is three years ago now. And I'm in a parking, I've got an office with a parking lot and people are running around doing stuff.

It's an generally pretty good but sometimes not. She looks like she got bumped by a car. She's white as a sheet, she's standing there, she's not doing well.

of course I look at her go, what happened to you? She says, I have been diagnosed with congenital heart failure. She says, I have been diagnosed with congenital heart failure.

To which I promptly said BS. This is a woman who's 54 years of age, husband at the time is 56. Five pregnancies, six children. congenital means from birth, it would have shown up with the first pregnancy.

Right, otherwise no. So again, are you broken or just out of gas? So we did a simple IV, normal saline, no conflict with, possible conflict with another nutrient, normal saline, 100 milligrams of NAD, did a drip.

Now, I'm busy, it's September, I'm off to a conference, I come back, lose track of her. She comes back in about five weeks later and says, I'm really tired because I went to Taekwondo.

To which I exactly, that's the look I went pardon. To which I exactly, that's the look I went pardon. To which I exactly, that's the look I went pardon.

You were watching? No, I was on the floor and I said, well, I can't agree with this. can't, you know, I don't know that you did or didn't have congenital heart failure, but no, no, you behave yourself.

Peptides, NAD, and Cellular Support

She says, well, I was just doing my sets. I wasn't sparring. No kidding. Okay, well, okay, well, let's do another one. Now we're going to do this treatment with vitamin C.

B vitamins, magnesium, and some NAD. Again, don't see her for a month. She comes back in, she's sitting in a chair, the husband's doing chelation, he's industrial, so he's got toxic metal exposure.

We're looking after her. This is long-term care. And she says, well, she gets a phone call. It's quarter to five on a Thursday night, and she starts crying.

She's a pretty solid woman, so she's not just gonna cry. tears are running down, so automatically, I think something happened to one of the girls. Something happened.

So she gets off the phone said what was that? She says, oh, that's the cardiologist. They mm-hmm. Okay Keep talking what? So, know what an injection fraction of the heart is so as a fluid pump You don't pump all the fluid but 55 % of it is kind of good 50 to 55 percent she had been 20 which as you know is not compatible with life and by giving her the NAD it went up to 50 which which she asked her cardiologist, the four medications you put me on, would any of that increase my ejection fraction?

He said, no, that's not how they work. I know. So now I'm not saying NAD IV cures heart disease. I'm saying she was out of it. Now, how many people have certain diseases?

Okay, get fully assessed, no question. Do your stress test, all the rest for the heart. But how many people are simply out of gas and not broken? Correct.

Yeah. You know, I did, I did an infusion for a sort of a neuro protocol. had a little autoimmune, probably COVID related attack on my spinal cord. And so, you know, my doc was like, all right, NAD, you know, neuro protocol, here we go.

And, otherwise I wasn't really feeling out of gas and I didn't feel much, you know, I was kind of like, Ooh, NAD that's, know, I'm going to feel energetic.

I'm going to, you know, it's like, no. it's really just giving your body the tools it needs for all of these biochemistry to work like it's supposed to.

And so, I did it a few times like a good boy because I'll do anything to keep the myelin around the nerves in my spine. But I haven't gone back to it because it was four hours and the drip speed is annoying.

And so how are you doing it? Because I've had patients ask and then when I tell them the protocol that I'm familiar with is kind of long and laborious, they're like, yeah, I don't have time for that.

Exactly. And people try to speed it up and then they start getting crampy and they're complaining. No, no, no. I was standing up, moving my IV pole around the office, and then I sat down, just the difference in gravity was too fast.

was like, I just, you know, I had to immediately slow it back down. Okay, we're now doing it, the same injectable,.2 mils, sub-Q, five days on, two days off.

Okay, we're now doing it, the same injectable,.2 mils, sub-Q, five days on, two days off. Okay, we're now doing it, the same injectable,.2 mils, sub-Q, five days on, two days off.

So that gives them independence, they're at home, they're doing it, and everybody's perked right up. So that gives them independence, they're at home, they're doing it, and everybody's perked right up.

We have a 59-year-old executive who went back, was top-level insurance, he went back into it, he wasn't sure, he was worried if he'd perform at the right level, as a consultant that's pretty high stress.

He did this and he's been doing this for the last about a year. He's just happy. It just he's perked right up his brains on on target. Everything's working.

The woman who was doing the IVs, she's now doing this and she's happy. It's sustainable. Now it's not even every month they do it as they need it. But this subcu stuff, I mean, if you're doing BPC 157 peptide and all these everything, the NAD is really cool.

I love that. Well, you know, once again, you're just giving your body exactly what it needs to do its job. You know, if you look at the biochemistry of, you know, all the major processes where you get energy and make things and it's like, NID is just plastered all over that, all over that diagram.

So, gosh man, I feel like we're running out of time. There's so much I want to talk to you about. We may have to just come back and do this again. Tell me about your podcast.

What inspired you to do your, you have a natural facts podcast. What inspired you to do your, you have a natural facts podcast. Tell me about that. I was a new graduate in 95 and I was introduced in 1997 to the owner of a health food production company.

And so I got to work with that company and then another company for six years. And when I was with the first company, they got me on a radio show in Vancouver, a weekly radio show called The Natural Facts.

And I had lots of fun. and especially just hit me with a question I'll come up with an answer so I was labeled as an infotainer and it's because I'll come up with something fun I want to be fun I want to be entertaining I want to help you with information that affects your life and you don't really want to pile all that onto all your patients because all of a sudden you're doing a routine in your exam and you just don't have time so they can't take it in, you know, you get to meet them where they're at.

yes. So an info tainer. Well, I can, I can see you as an info tainer. Yeah. you too, I think it's part of your mix. So to

give out information that makes a difference in their life, so it's important to do.

It's not just, you know, all that was funny and I'll forget it. No, this matters. So to actually get down to it, I've wanted to do another radio show for whatever that is, 22 years.

So finally now I pulled the trigger, got in with a group of people that you're in with that helps us produce the podcast and it's time to get down. to interview people like yourself that are really interesting, that are doing stuff that I'm doing, or at least have an appreciation for it.

That's pretty cool. you know, there's so many, there's so many answers out there that I don't have that I'm learning so much on these podcasts. It's, it's, you know, there was lots of reasons why you might start, one might start a podcast.

I've come to find that I think my favorite one is just the constant learning that I'm getting. You know, the more you know, the more you know, you don't know.

It's been a slap in the face. can't. I love it. Every guest, I just soak it up, man. It's so fun. Well, have some answers. Friends and family may disagree, but I have some answers.

But I've got some really good questions. Right? Well, you've stumped me with like every question you've asked me. Well, you know about this, right? Well, no, we will.

What about this? Well, no. Okay. I'm just, I'm just not a very smart doctor, Dr. Wick. Thank you for no, no, I'm joking. it's just getting exposed to a few more angles.

But once you know it, once you know this, you do it with a couple of patients and now you're an expert because you pilot onto everything else you know.

And it's like, I know how to deal with that. Let's go. Yeah, I got several patients because I have heard rumor of the, of, of a sub-q protocol, right?

Podcast Origins and Future Directions

And I was like, what do I, you know, where do you get the, it's not easy to get. and so. Yeah. get started, takes a life of its own. You get lots of feedback from patients.

It's really good. But some of this stuff has just changed lives. I'm really happy to be part of it. idea what's next on the frontier for you? You've done so much.

You've gone, you know, you're doing, you you, you've gotten into peptides fairly recently. What's, what's next? How's it, what do you see the evolution of regenerative medicine for you?

I think more of the same. The peptides, the ozine and glycerin, regular ozone, injecting platelet rich plasma. Here's one for you. I've started using platelet rich plasma as topical eye drops.

It's reduced ocular pressure, regenerated in some patients, not promising it, but some patients they get retinal changes. That is so cool. That's being crazy.

and I, and I would like to let the audience know I have actually heard of that. So there we go. There's one that I've heard of, but it's the, the potential to use the body's own ability to heal itself and just drop it right in the right place with an eye drop is unbelievable.

right. And then even taking, when you spin down blood, just the clear yellow low platelet-poor plasma, just putting that topically on the skin regenerates it.

It's just topical. So there's a bunch of simple things like that. PRP for joints or hair restoration, which is funny for me, too little too late for me.

And we're like, well, we've got this platelet pore plasma here for you. And they're like, what do do with that? Like, just put it on your face tonight.

Just put it on, let it dry. Yeah, it's great. So. more of those simple things. Possibly in a future podcast, we'll talk about some of the German electrical homeopathy that I'm getting into.

my goodness. uh to regenerate the face. In the info taining world, that's called a teaser. So that's awesome. Well, hey, we're doing a little, we are doing a little of, of, know, aesthetic medicine for the patients who we've taken to that point where they're feeling so good.

That's what they're asking for next. So I can't wait to hear about that. Where can we find you and follow you for, for more of this stuff? I have a website, it's thethenaturalfactsfactst.com, naturalfacts.com.

I've got more information, expanded discussions of different topics that everybody wants to know about. So you can find me there and Dr. Carter, thank you for having me on.

It's been fun. Definitely an infotainer for sure. Appreciate your time. Let's do this again. We will. Thank you.