TH1 and TH2 Shifit + Ozone Therapy in Chronic Illness Transcript

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Introduction to the Interview

Welcome. Welcome to another edition of Mycotoxins in Chronic Illness. This is 2.0. We're here again. And this time we'll have a chance to talk to doctor Frank Shellenberger.

Doctor Shellenberger is, just a very important man in my life because he's the person who really, help teach me about ozone and make me realize how important it is and all of its many uses.

He's also inspired me, to really pay attention to the mitochondria. And we're going to talk a little bit about both of those today. But we're going to concentrate on, Doctor Lamborghini's approach to chronic infections.

And, how he looks at this is something that's been an interest of him, of his for a long time. And I think he wrote his first paper about it in the late 90s. So, without further ado, welcome, Doctor Shellenberger.

And, pleasure to have you with us. And so tell me, what what got you interested? Actually, you start with what got you interested in chronic and chronic illnesses in the first place.

Because I well, I that's that's, I guess that's a good question. I guess they just started coming to me. Yeah. You know, you're probably in the same boat, but, you know, after a while, you just get all these patients that have seen so many doctors that just do more or less conventional, kind of restricted to conventional approach, and they're not getting anywhere.

And so they end up on, our doorsteps and, you know, you say, okay, what what the heck is this all about? You know, I got a patient here and they've seen board specialists and all these people, and nobody can actually figure out what the heck's going on.

So that point, you have to dig deeper and and, you know, say, well, what what what was it that they didn't teach me in medical school that I'm missing here?

Metabolism, Ozone, and Chronic Illness

You know, that that that's what I love is that I think that makes, you know, doctors like you special is that you go back and you, you actually think about what's happening in that individual, you know, and that's something that I think has been part of, your approach to, to really thinking about metabolism, you know, so maybe, maybe we should even start there because I know that that's, that's, that's been a driving interest of yours.

Is, is human metabolism what makes energy. So. Yeah, that's exactly right. That's, that's sort of my my big baby, if you want to know. And we talked a little bit about ozone, but I kind of got, I got into this whole thing, because, you know, after I learned about ozone back in the 80s, started using it on my patients, and it just worked with almost everything I worked on, it didn't matter if it was an infection, an autoimmune disease, a cancer, whatever the heck it was.

Ozone seemed to be applicable and work pretty well with that patient. So I'm thinking I'm, you know, why? What is it about ozone, that is so applicable across the board?

And then I started thinking, well, what is ozone? It's oxygen. It's high potency oxygen. What does oxygen do in the human being? Oxygen really only does one thing.

And that is it's it's our energy source. We get energy from it. And then you sort of realize, well, what happens to what's the most common complaint I get in my office?

It's I got low energy. What happens to us as we get older? We as we get older, we go through this aging thing. Things start breaking down. We become more vulnerable to disease.

But what's coming to that is lack of metabolism. You could just I mean, it's it's we all know this. The metabolic metabolism just goes straight down in a linear fashion absolutely associated with aging.

So when you add all that stuff up, you gotta start thinking your metabolism must be at the bottom of almost any problem we ever have. And then, you know, you know, what I started to do is I started actually, and we talk a little bit about this, but I was measuring metabolism and it didn't take me.

But a couple of years after measuring it to, to notice, hey, you know what? The people that have good metabolisms never get sick to people. I mean, they might get a cold or flu, but, you know, they don't get anything serious.

And and the people that have lousy metabolism, they're the ones that are sick with these diseases. So you had all that up, and here we go. Yeah. Well, you know, but it's getting to first principles.

This is one of the things that I always like to emphasize to patients is that the doctors who often lead the way, and I consider you one of them, are people who think with first principles.

You know, you say you don't just it's not all the stuff they made you memorize in medical school. It's not the cookbook medicine that, we were taught some of.

And now, unfortunately, is mostly the, the diet in medical school. But it's thinking from first principles and that's what you've done. And what's interesting is that, you know, I know that you've applied it a lot to aging, but you also used it to look at chronic illnesses.

And so, you know, you talk a little bit about how you seem like the overlap between people, you know, the aging process and the folks who are getting ill now at 20 and 30.

Well, yeah. So that's that's an interesting thing. It brings me back to a study I published in 2004 where we, we took 50, young people between the ages of 30 and 40.

All of them were, quote, healthy, eight completely asymptomatic. Most of them were, you know, very active and athletic. And, and so I took this group of people and I studied their metabolisms.

I studied how well, their mitochondria processing oxygen, amazingly, only about 52% were perfect, underneath that. So 48% of them were less than perfect even in their 30s.

And I'm judging them against other 30 year olds. Not not against seven year olds. And but here's the here's this was amazing. 12% of them were were had the same mitochondrial function is like 70 year old person.

Now these were healthy. They were asymptomatic not complaining about anything. So this is early onset problems okay. Right. Yeah. But you got to look at those group of 50 people and you got to ask yourself who's likely to be the one that gets sick here.

Is it going to be the 52% with normal mitochondrial function is going to be these 12%. And and so and it starts at an incredibly early age. I didn't go back into the 20s.

But I will tell you and I you know, you've seen the same as I have people in their 30s get stuck with the things that they can't get over. And what's up with that?

I have to think that we're looking at a subset of the population, that has certain problems that just makes them vulnerable when something comes along.

Yeah. And, and one of the things that I believe, because they said, you know, you've been practicing just a little bit

longer than I have, is that we've seen this sicker, younger population increase over the, over the last 20 years.

You know, I mean, like, it used to be rare to see teenagers who were, you know, bedbound with anything except, you know, very rare, strange diseases, you know, or or trauma.

And now we're seeing them in our offices.

Early Mitochondrial Dysfunction in Healthy Adults

So there's a lot of them out there. So something, you know, is, is happening that that is making that is exposing the vulnerabilities earlier. Thank. Yeah. Yeah.

That's that's that's definitely that's for sure. Childhood cancers are up. Childhood autoimmune diseases are up. Childhood sleep apnea. What the heck.

Yeah. It's just pretty crazy. Yeah. And yeah, it's, you know, we we we talk a lot about, the toxicity of the, of the planet, and it really is it seems to be happening, you know, and what I'm interested in is just, you know, ways that, you know, we can do our best to help those people.

You know, it's to what, this the way you have of measuring metabolism is something maybe we'll just talk a little bit about because it's so interesting.

I don't think many people are aware of it, and I don't know many people who actually, use it other than you. So can you just explain a little bit about how you measure metabolism?

Yeah. First of all, Eric, let me just say that, you know, metabolism is incredibly important. Why don't we hear more people talk about. Well, actually, the scientific literature is full of it, but what?

Why don't we hear, you know, could clinicians and doctors, people like that talk much about it? Simple reason. They're not measuring it. And, and if you don't measure it, you don't know what you're doing.

So, you know, I make the analogy is it'd be pretty hard to diagnose and treat blood pressure without a blood pressure cuff. You guys can actually measure things.

Then, number one, you know something's wrong. And number two, you know, by monitoring it, if what you're doing is actually fixing the problem. So that's sort of the big thing.

Hardly anybody is actually measuring mitochondrial function these days. But but the way you do it is surprisingly easy. It's about the biggest no brainer I think I can think of in medicine.

Oh, you hook yourself up to this gadget. It's like a scuba mask, and it's connected to an analyzer that's basically going to only analyze two things. One, how much oxygen are you processing?

It's in an in an amount how much oxygen you process. And two in real time how much CO2 are you producing. Because as we process oxygen into energy, we release CO2.

Turns out that the better your mitochondria are functioning, the more oxygen gets consumed, the less CO2 gets produced. So all we have to do is just look at that ratio.

Well, the ratio of CO2 to O2. There are analyzers that do that. The, the the main thing is when you get all this data and there can be like 100 pages of data in a test, you got to have a, a computer program to analyze it and sort through it and, and give you pertinent information and throw it into various algorithms.

And that's how we do it. It's it's really it's a no brainer. Yeah. No. And that that's really important because I mean, something that you talk about is that, you know, and we see this in, in our patients is that when you're healthy,

usually you're pretty good at burning fat for energy.

And, you know, through the yeah, we've got electron transport chain and making water as the end product. And if you're not so good at it, you wind up burning sugar and making carbon dioxide as your own product.

So that's, that's yeah. And that's so often what happens. I think that's why many of our, chronically ill patients, are, are, you know, stuck on glucose because they're just not able to.

Absolutely. You know, absolutely. Yeah. It's it's it it requires more things to be in a row to burn fatty acids than it does to burn glucose, glucose is pretty easy to burn.

It's the last thing to go if you can't burn glucose, you know, you got diabetes. Things are really starting to hit it. The the bad time. But the very first thing is it goes exactly as you pointed out.

Yeah. Okay.

Measuring Metabolism and Mitochondrial Function

Now, by the way, let me just mention for the listeners, if they want to learn more about, how you how we do this and, and, and measure energy and mitochondria, I just you just go to YouTube and in the search engine plug in Shellenberger disease is optional.

Oh, I've got a YouTube series in there. It's not long. It's a pretty short series, but it'll go in detail and explain, number one, why this is important.

And two, how just very fascinating it is to have the ability to measure some of these mitochondria and how we do it. Yeah. And that's really I think that would be the exciting part of this is because we keep trying to do it.

You know, with blood tests, but unfortunately, they're not great, you know, partially because, you know, when you measure chemicals in the blood, you we forget that many of the things that we measure are involved in multiple reactions in the body, so we don't get clean answers.

It's not like, you know, because you measure your, you know, people often measuring their, lots of tests. There's succinate in there, malate and tumeric, acid, all these things that are part of the Krebs, you know, the Krebs cycle and but these chemicals are used for lots of reactions.

So we're not able to, to, to be so clear. But, you you've, like I said, it's like many great ideas. You brought it down to the basics. Okay. Yeah. Blood blood tests are just kind of blood tests are just kind of a snapshot in a way.

Yeah. The analogy kind of would be, you know, you can get an electrocardiogram on a patient, tell you a little something about their heart. But if you really want to know about their heart, you put them on a treadmill and you stress them and the whole time, then you're looking at the cardiogram.

Now we're getting you. Now we're getting something in real time. We're seeing a real movie about what's going on versus just getting a little snapshot.

Yeah, yeah, yeah, you got it. You know, it's life and life is in motion. You got it, you got it. You got to do it that way. That. That's great. So I'm really glad that we have that that, you know, you have that resource for people because I think it's something that I know most doctors don't know about.

And if you're really curious, it's a good tool. I especially like it for the people who are interested in, you know, longevity, the, that the healthier folk, I find it's it's even more, eye opening to them because many of them, you know, like, if you're if you're a, a weekend athlete, you might not realize how far you have slipped.

Yeah. This this stuff gets you even while you're asymptomatic and feeling good. You know, it's that that ten year

period that leads up to disease where you actually feel good and don't know that you're down, going down that road.

Yeah, yeah, yeah. You know, unfortunately many, many of our, many of our patients and our listeners are in that phase of life where, they're having to struggle, with the system, you know, not functioning well.

So they even though they could be 20, 30, 40, they are already having fatigue at minimal activity, which we would hopefully, hopefully never have. You know, when when the system works well, you get to live to whatever, you're going to die and you die or something, but it's, you know, you don't have that period of, of of, of exhaustion and fatigue.

Yeah, yeah, yeah. No. Good point. So, so it well, so I just want to switch over to unfortunately the chronic disease people. You've done a bunch of work looking at, immune function and how that immune function often gets skewed in chronic illness.

So tell us a little bit about about that work. You know, I discovered this first back when I was studying Aids. And I was so interested in the fact that, back in the 80s, we were testing all these antibodies.

So the antibodies or everything, all the viruses, antibodies for Candida antibodies for Lyme, whatever, we were out all these antibodies and and from doing that, after a couple of years, I realized, you know, what these people that I'm seeing with these chronic illnesses for high antibodies to like all kinds of things, not just one thing, it's sort of like they're antibody factories, you know, and and they're they're having antibodies to stuff.

We all get exposed to. We all have antibodies to these things. But these sick people had way more antibodies. So then back in the 90s, I read this really crucial paper where there were looking at, men with Aids versus men without Aids and so forth, so on.

But the bottom line was in this paper, they talked about two aspects of the immune system. One would be the one system, with the helper cells and suppressor cells, and the other would be the T two system, which produced the antibodies and what they were able to show in this, this paper in 1993 was that the controls, the healthy controls, were already shifted away into producing too many antibodies.

They were already in a too dominant state where they just making all these antibodies. And, you know, we were just having the discussion before we started this about how these antibodies create problems all by themselves.

You know, we like to think, well, antibodies are great and everything you well, everything's wonderful unless you get too much of it. And so we started so that's that's what turned me on.

And I started looking at the reason people getting sick is not so much the thing that actually initiates the process, which could be a bacteria or a virus or a petrochemical or whatever.

But but it's the the imbalance in the immune system, this one to to shift that actually is responsible for them being vulnerable to it. Yeah.

Immune Imbalance and Chronic Infections

You know, I mean, you bring up, a really important point that I always like to remind people of that the trigger we often that we spend a lot of time looking for the trigger for the illness, because sometimes we remove the trigger and it does make a big difference, you know? So it's always important to do that.

But unfortunately, most of the time when illness is persisted for a few years and you're not getting better, the trigger is no longer the dominant force.

It's, you know, you. Yeah. And that's what you're talking about is that persistent that persistent habit of the immune system. And so and so tell us I mean, so you, you you look at that as, well tell me more about how you look at that.

I, well, I, I yeah, I started studying it, looking at it and saying, well, okay, what's causing this shift? And it turns out it's really fascinating because the there you're certain, certain certain triggers tend to trigger that one.

Certain triggers tend to predominantly trigger the two. So, so and then what we learned was that when the two is triggered, it shuts down the one it actually inhibits it.

When the other one is triggered it inhibits the two. So it's sort of like the body is saying, you know, I'm one, I've got this. We don't need your antibodies right now.

Or the two was saying, no, no, you need you need us antibodies right now. So I'm going to just shut down the one innate system so that we can concentrate on the antibodies.

So they, they they actually suppress each other. So I was what I wanted to do was look at and say, okay, what's in the literature as things we can look at that stimulates predominantly to and what's in the literature really surprised me in a way.

One was parasites. Parasites selectively stimulate two, they don't stimulate one. Petrochemicals and pesticides selectively stimulate two not one vaccines.

Vaccines selectively stimulate two, not one. And and fungal infections predominantly stimulate two. They don't stimulate one. And that got me going because all of a sudden something's starting to make sense to me.

You know, we got these people, they might already be in a kind of a shift where the two is over balanced, and then they get around these things and it'll selectively push them right over the cliff.

Yeah. Yeah. No. And the thing is, and what makes it even more interesting is that sometimes some of the, some of the bugs will actually shift the immune system a little bit in that way to protect themselves.

They'll kind of like push us a little bit towards that two system. So we kind of leave them alone. A lot of these bugs are intracellular. The the two antibodies can't get to them like viruses in particular.

But the mycoplasma, they're intracellular. That too. The antibodies don't do that. The only thing does that one write you better. You better be having your one up or you're not going to get to so many of these infections. You can't get to them.

You can stop the free floating organ organism. But to actually get to the factories that are making them forget it's useless. Yeah, yeah, yeah, it's it's interesting, you know, like how how so many of these, you know, the things that are the two are, you know, now I'm thinking about it, they're, often very things we've been exposed to.

You know, I think of the parasites in the fungus. You know, we've grown up with them, you know, so much of that and the petrochemicals and how we make antibodies.

And if we get rid of them, those antibodies go away. Usually. Yeah, yeah. It's like a backup system. Yeah. You don't want to predominantly be making antibodies.

You want that's your backup system in case somehow one fails for some reason or you need extra help. So, so at this point, you know, how do you work with people to try to rebel once that.

Well, yeah, there's there's the art of medicine in a way. Right. You know, you're looking at individual people and you're looking at, first of all, I want to know about petrochemical oils.

I didn't mention heavy metals, but heavy metals tend to poison everything. The whole package. So we we kind of want to look and maybe go back in history, you know, good clinicians.

They're going to spend a lot of time on the history. What is the sequence of events I like to tell my patients? You

know, it's like we're going into a crime scene in a crime that was committed 20 years ago.

So we're going to have to go back and pull out all the old data and look at the sequence of events and try to determine what got this person here. But I definitely want to know a vaccine history.

I definitely want to know, where, you know, where they working with chemicals, toxins, pesticides. Are they a farm or, you know, what was their history around things like that?

I definitely want to know. Antibiotic use because the antibiotics is pretty much everybody knows. Now just stimulate, all these, mycotoxins and all the mold and put us into a new type of thing.

And, yeah, we can look at antibodies. I don't typically look at them anymore because it seems like a waste of money. I just know they're going to be all way high and they don't.

They aren't very helpful to me. And one of the things I like most, though, is that ozone therapy pretty much all by itself, for the most part, will solve this problem if you take out the offending causes.

Yeah. I think that's that's one thing that, I've often found so interesting is how, the ozone can kind of get that, that, that stuck immune system unstuck, you know, it's stuck in a habit pattern, a loop, and the ozone, seems to give it, I, you know, I mean, do you think it's because it's changing the, the the structure of some of of some of the antibodies or, you know, you have any thoughts?

I mean, cause I said I've, I've, I've read some of the literature on that, but I've, I've never been certain I quite got a good picture, you know, on like how I think it's about cytokines and cytokine balances.

And so cytokines, for the listeners of these molecules that the immune system, cells, utilize to talk to each other to orchestrate the total immune system response.

Because this immune system response is a lot like an orchestra. There's all kinds of parts that have to be working properly. And and it changes on a, on a fairly rapid basis very quickly.

It can change the immune system wants to change.

Ozone Therapy and Immune Regulation

And this whole thing is run by cytokines. And what, what we know from, studies going way back into the early 90s, in fact, is that one that the major thing.

Well, one of the major things ozone does is you take, one cell or two cell don't matter what what you're taking or both of them take both of them, expose them to ozone, they instantaneously start correcting the cytokine balance all by itself.

Don't ask me how it does it, because I don't know that any of us really know, but we it's very conclusive. A lot of good studies have been published on this that if if my cell is supposed to make a certain cytokine like IL two, and that's what I need right now at this particular moment in time, and my cell's not making enough IL to to keep the system in balance.

If I expose that cell to ozone, it starts making up to 3 or 4 times more. IL two. It's a, automatic regulator. Yeah, I think the regulation is what we see.

And that's something I think what's difficult for doctors, anyway, is that we tend to think of interventions as drugs, you know, and when we have something whose own to me works more like herbs in the sense that it does, the body gets to decide what it needs to do with it.

You know, when we give a drug, the drug kind of like a hammer, it's going to pound something in front of it, no

matter what it is, whether it needs pounding or not. Yeah. Yeah.

Well, you know, the herbs and ozone is more is, is is a much more, Ask permission. Is this the right thing for you to be doing, you know, before it, before it makes its move and, it really it really allows the body to make a choice of which direction and rebalance itself, I think.

Absolutely. Well said. That's exactly right. There you go. Yeah. And one of the things that I've, I've been always interested in really appreciated. Another thing that I learned from you was the usefulness of rectal ozone.

You know, because, in the early days when I first started using ozone, I, I just, you know, it was a little bit in that, I was just. Oh, this is powerful medicine, you know, and it's intravenous, and that's what makes it.

That's what makes it powerful. And like, I, I kind of like, thought all those people using rectal ozone. Oh, you know, I kind of, I didn't realize it's utility and how effective it was.

And, you just tell us a little bit about the history, if you will, or just how how effective you have seen it be. You know, it's an underutilized form of therapy because really, nobody wants to get tubes stuck up their rear end.

You know, that's they don't mind a tube in their vein, but the tube up the rear and, you know, it's it's it's got some issues around it. That said, it's a, it's a very brilliant and very fascinating form of therapy.

Because of first of all, where's where's that tube going. It's going in your large intestine. And if you put enough gas in there, by the way, it will come out of the mouth.

We've done that before. You put enough gas in there, you're going to treat the small intestine right down to the jejunum. So it disease starts in the intestine, in so many people.

So number one, we're going right to the heart of why a lot of people are sick just by putting it in that particular location. Number two, the ozone travels straight to the liver.

And the liver is such, as you know, is is such a regulating force. It takes stuff out. It puts stuff in. It's it's sort of like the second brain in a way.

It's busy just monitoring like a thermostat, just taking care of everything. And that liver's going to get all beat up if you got to to over balance with all these immune complexes and immunoglobulins floating around, that liver is just going to get beat up.

And so those two reasons alone are enough to account for why rectal ozone is an underutilized, way of doing business. And we, we do it an awful lot in the clinic.

We do a lot of blood treatments and other ozone treatments, too. But that's one of the more valuable things we do. Yeah, yeah. No, we have, I have seen in your rectal ozone, especially for people who are, fragile.

If they start very, very low, tiny doses because it, it will gently allow the liver to begin to detox better. And you know, the problem we always have with the really sick folks, if we do anything quickly or strongly, if they're there, it doesn't work.

You just get really good point. Yeah. Another thing I like about it is our patients can do it at home. They don't need us. Yeah. So that saves them a lot of money, saves them a lot of inconvenience.

And in a perfect world, really every all our listeners would have their own ozone generators at the house and they would know how to use them. Yeah. Now they're really I think that that is so true because I remember, the data from, from Cuba showing how, you know, you really can mimic the effect of the IVs if you do enough rectal ozone at home, you know?

Absolutely. It's really amazing. That's one thing. If you could just just for that because you you're you're the man who I, who I always feel knows the literature on ozone.

More than anybody. And, I just for our listeners, because I realize we're talking a lot about ozone is those it's something that people are aware of and accept is real.

And, you know, you mentioned it to the average doctor. They're just going to say, oh my God, this is what are you talking about? This is toxic. You're going to you're going to inhale it and hurt your lungs.

And you know, you know, that's all people know is this is it is as a toxic substance. But I think, you know, we're talking about, you know, very, very low doses.

And obviously not inhaling them into your lungs. Though we can't use them in the nose, but you got to be very careful. And that's a have training. Don't go.

Don't don't do don't do that. But but just a little bit, just maybe 2 or 3 minutes because I know you can talk about that. I've heard you talk about it for an hour about ozone itself.

Just why is it so special how it, what's different about ozone from oxygen and maybe how important it is to make sure that if you are using ozone, that you are using oxygen to make the ozone.

Yeah. You know, in the kind of like, maybe the first thing I want to say is, you can go to the American Academy of Ozone Therapy website. Everybody can do this.

And it's a what got us a lot done us. You go to that website, you click on the library tab, you will pull up 3500 abstracts on the clinical and scientific use of ozone covering almost any disease.

You can search that website. So the first thing I would tell somebody if they don't know about ozone in medicine, hey, how about understanding that there's over 3000 published papers on this in peer reviewed journals?

It's for real. The second thing I like to remind people is that, also it goes back to the 1850s. We're not we're not looking at anything brand new here.

It was used in medicine in the late 1800s. Tesla was the first, person who who developed a factory to produce medical grade ozone generators for use in medicine.

96 Nikola Tesla. We have some just giants.

Rectal Ozone and Practical Treatment Use

Renting was using ozone. We have all these giants over the years that have used this. So we have a very rich history with this. It's not the new guy on the block.

And, so for for listeners, if you don't know what what it is, we, we take pure oxygen, which is 022 oxygen atoms stuck together. Oxygen doesn't travel by itself.

It needs to pair up and share electrons. So the oxygen that we breathe in is O2. So you get a tank of O2, which is the oxygen they have in hospitals. You run it through a converter box.

The converter box converts the O2. 203 so what comes out the other end is pure. Oh three now you've got three oxygen atoms sharing the electrons that make two oxygen atoms stable.

That's an unstable molecule. It's not enough electrons to go around. So as soon as that ozone gets in contact with any organic substance, it instantaneously grabs an electron.

So we're talking about instantaneous electron movement. And if you know anything at all about physiology and metabolism and energy production, you know it's all about electron movement.

So so here we have, a prime mover of electrons in a heartbeat in a second. And that's really from a physiological standpoint, that's why it's so applicable across the board.

And that's why we have 3500 papers published on just about any disease you can mention. Just plug it in the search engine. You see something. So it's it's for real.

Unfortunately it's not well accepted here in the United States at all. But in European countries it's very well accept insurance pays for it and all kinds of things.

Yeah. So it is difficult in America because we. Yeah. I, we, I had a, I had a friend who actually went as far as, trying to get an IRB, with a hospital to use ozone.

And, the FDA, said that he had to get what's called an, investigational new drug, approval, which wouldn't be so bad, but they wanted to animal experiments first.

Despite the fact that we have all this literature, you know, and all this and all Clinton, all this clinical experience on the safety of ozone. Yeah, and tons of animal experiments, by the way.

Yeah, I know, but they wanted new ones, you know, I mean, it's just the, the, the, you know, and again I would get upset. I don't think the FDA, I might be a rare one.

I don't think the FDA is out there is bad in itself. I just think that they their judgment, is flawed, you know, like they, they, they mean, well, but but but they, they, they've designed this system to prevent anybody without, you know, $100 million from getting very far, you know, and fortunately, doctors can still use it.

It's not against the law. Not yet. Yes, I know I say that jokingly only because of our experience with, with, with our current infection where, you know, so many things I happened to, my, my, my website had to go down for a while because I, I mentioned, how people could use some of these therapies at home, to deal with infections early on.

Yeah. The Federal Trade Commission thought that, yeah. You know, so it's just unfortunate that I'm hoping that that medical freedom, you know, it comes back because, you know, the idea I am a great believer in studies and in double blind, placebo controlled studies when appropriate.

But, it's it's we've gotten to the point now where specialists, don't understand, the disease process. They only understand the disease in their organ, and so they can no longer make judgments about because we're taught what we're talking about.

Right, is. And what you really said is this symphony of an immune response. So it affects organs all over your body. And I think that's what keeps a lot of our patients, the people who are our audience ill, is because they don't have something that's just wrong with their heart or their lungs or their brain or their guts.

If they did, they would probably be better, because then the specialists that they saw would have, yeah, these are good guys. You know, these doctors.

I mean, I just want to, you know, always tell people that I have great respect for the specialists. It's just that they fail because they're looking for a disease of an organ.

They're not understanding a dysfunction of the system. And, And that's what with what Doctor Shannon Berger's talking about is looking at the looking at the immune system across, across fields.

Because, you see, it's not just you go to the immunology and they'll go, oh, you're t you know, like you, you have too many immunoglobulins or you're, your t 17 cells or TH1 cells are too many.

You know, that's not helpful. They're, you know, like they they just look at that and go, Where is the disease? Where is the one thing that's wrong? And what we're talking about, again, is something that's not necessarily broken.

It's merely out of balance. And your specialists know about things that are broken. They don't kind of care about what's out of balance, because in most people that out of balance is transitory.

It's something that happens for a while and writes itself. And what Doctor Schulberg is talking about is those places where the system, say, stuck at a balance, but you're not dying, you're just fatigued or can't think straight, you know, or and have trouble dealing with a mycotoxins or a pesticide that your body isn't able to get rid of because you overtaxed your liver or some other organs.

Anyway, I can get off my soapbox. No, it's just it's just the whole thing of of of the, the medical, legal world. A is, is is very upsetting because I said these are good people who are trying to help and protect us.

I just think they've they've lost sight of of, you know, of what health is about and what medicine is about.

How Ozone Works and Its Clinical Evidence

I have a good, I think, example, or way of explaining this to patients a little bit similar to what you're saying. And I tell them, imagine you've got a chain and one of the links is broken so the chain doesn't work.

So, our specialists, if it's just one link broken, we'll figure that out pretty quick and they'll fix the link and we're all back to good again. But what have you got for links broken.

What have you got? Five links broken. Well, if you got 18 links broken, those are the people are going to end up on my doorstep because you got to fix a lot of links and it's impossible to do that.

Our bodies were made to fix those links. We have to ask a different question, not what links are broken. We we need to ask that question, by the way, but we need to ask another question.

And that is why isn't the body fixing these links? What's missing there? Because there's no possible way we can fix all these links we have to depend on on our own internal, internal doctor, if you will, to fix those links.

And so we work on those levels. Yes, absolutely. It's as that, as that scenario calls it. I mean, I'm not the only one the black box of healing with. Exactly. Okay.

But yeah, we have to get that activated. And that's where things like ozone, and you know, just many of the therapies that help bail balance the system, they don't have to go in and fix one piece.

They just help bring your body back to balance can be so, so helpful for all of us. So, yeah, it's it's an amazing it's an amazing world. And I, I, I hope that we can, you know, just have more people realize that that, you know, we talk about many different therapies on this series, and.

No, no one therapy is going to help everyone. Okay. And not one therapy is going to get you better, but just be open to, looking and don't give up. And remember that you know, that, you know, try and see if something really does begin to bring you back with a little more vitality and a little more ability to, to detox and to heal.

Because, you know, I'm glad I'm glad you brought that up the way you did, Eric, because it's in there. It's in our nature, I think, to to go in to see the doctor to and have this thought, oh, he's going to give me this special herb or he's going to give me this special treatment, where it takes so much more than that and change the change in lifestyle.

There's so many issues from stress, right on down intuition to everything. And it's not so simple is just taking that one pill. Yeah, because I said the one pill.

The one pill things have you know, usually usually people would be in these situations. But as far as the, the interesting thing, about, you know, mycotoxins in the gut is that, you know, is the way that they do tests the liver and kidney back again.

I think the rectal ozone is such a nice way to just give the liver a little, a little help, a little chance to to heal, to get a little more energy, and to revitalize its ability to, to do one of its major jobs, which is to, to to detox us, you know?

Yeah. Deliver the liver in the gut. They are where things start. And keep us going. Yeah, absolutely. Yeah. So, it just just to to wrap up, is there, you know, anything, other than, I mean, like, any what other favorites do you have, if you will.

I mean, I know, in, in trying to help shift people out of this, you know, this stuck where they're often stuck either in two dominant world or one dominant world.

Do you have any other things that you that you really focus on? Yeah. So basically, if we just stay with that paradigm, one point to, to think about is ozone therapy in small is a, it's a hermetic, treatment, meaning that the term hermetic refers to, some the same substance in a small dose does the exact opposite in a high dose.

So ozone is like that. In a high dose, ozone turns down to one. In a low dose it turns down to two. So if you're dealing with that you know how to properly dose your patient.

The other thing that's important to remember is that virtually every patient with any chronic illness that's having a hard time getting well, they should all have ozone, all of them.

It's just a matter of how do I get it into the patient, and what sort of dose do I use? But there's no way in the world that a patient is not going to have, a pretty significant benefit, no matter what their problem is.

If they throw ozone therapy and along with the other therapies, then the other thing I want to think is that most of the time we're looking at people with the dominance.

So you look at that and you say, okay, what other things besides ozone could help correct this? And the things that immediately come to my mind is detoxification getting or getting rid of those things that selectively stimulate to Petro chemicals, chemicals in general from the chemicals we're putting on our hands all the time to the chemicals we're eating and the chemicals we're getting exposed to and breathing.

All those things are very pertinent to a very sick person, because they keep them in that two mode.

Balancing One and Two Immune States

The other thing that occurs to me is parasites and parasites can be problematic for people who are already in the mode. For the rest of us, we can have all the parasites in the world, no big deal.

But for those people, you want to think, yeah, maybe we better start thinking about parasites and ivermectin and hydroxychloroquine and etc., etc.. And the other thing that people need to understand is, that hydrocortisone and DHEA are major hormones that virtually every chronically ill person is deficient in.

Yes. What they do, they tend to suppress two, which allows one to come up. So by aggressively treating the adrenals, keeping the detoxification along the lines, I just talked throwing ozone therapy in there.

You're automatically on first base now. And the rest of the time is like like you pointed out so nicely. It's it's just going to take time at that point.

And, and there's other things, of course, you know, there's all kinds of great herbs, there's great herbs that turn on the, the one like, cannabis, curcumin.

Quercetin. All the mushrooms versus the lion's mane. All the all the good mushrooms. Do that turkey tail, all those. There's the drug metformin, is a very powerful, suppressant.

So lots of ways to approach that within this one paradigm. And I that that would be my basic message. I'd like to get everybody to think of that paradigm and throw that into your program.

And you're just going to be way better off than if you ignore that. Yeah, yeah. You know, I think there there was it, you know, we have to be careful.

But I think it's one of those basic steps that always take a good look at, what's rocking your boat. Yeah. You know, or is it the things that your body's overreacting to or.

Bugs that are, provoking your immune system, you know, I mean like they and your body reacts very differently to those two things. Unfortunately, many people have a mixture of both.

And then, then, then Dennis is peeling the onion because sometimes you gotta balance one a little bit and sometimes you gotta balance the other. But that's where, you know, that's where you need the physician, I guess.

You know, I mean, this this is the point is that if if you have one problem, you can often your body's often going to take care of that. But when you have these things, you know, piled on top of each other, that's when, you know, we've always used that expression, you know, peeling the onion or I call about playing pickup sticks, you know, like an each time, you know, depending on the person, there's the right, there's the right stick to pick up.

And that might be a really juicy, you know, important stick to deal with. But if it's in the middle of the pile and you try to pull it, the whole thing falls apart. You know, everybody gets sicker.

So that's where, you know, unfortunately, the clinician really comes in and I say, fortunately, because a lot of people, are forced to be their own doctors in this, in this field, you know, and, you know, and deep intuition will help you, but, you know, the experienced clinician will also help you because he'll recognize the patterns that you're going through and be able to help decide.

Is this the time to be reducing your to or is this to be like maybe letting that ride and dealing a little bit more to one side of things? So I just want to thank you, Frank.

This has been, I mean, you know what I love about these these talks more than I do? My secret is that, just talking to clinicians every every, every time I've been doing it, I.

I'm always learning. And it's not just learning details, but just it's like that sense of like, okay, that's how somebody is thinking. And that that's priceless.

That, that that's an amazing, amazing gift. I just want to I just want to say it's one of the joys for me of, of doing this is being able to bring information to the people out there who, who are hitting a wall and need a new, a new way to look at their problems.

And also, for me, it's always a chance to learn and learn a little bit. And that's that's just amazing. I appreciate it and thank you for your time and thank you for your life, your life work, because you're really somebody who is, I, you know, a real giant in medicine.

Okay? I mean, I don't say that lightly, okay. Because, you know, you have put the energy into really, you know, ozone and matter and paying attention to the importance of, of metabolism in, in, in longevity.

So thank you so much for your work. And remind people that, you know, check that website for information about ozone. It's accurate us. Is that right. Yeah. That's right. Yeah.

That's right. Okay. And also your clinic is the is the Nevada. It's the Nevada Center. And, the website is easy to

remember. It's anti-aging medicine.com.

And Nevada. Okay. I'll save that. I'll get that back. Yeah. Get the New Yorker out of it. Okay. Anyway, yeah. Thank you so much. I appreciate it. And, we'll talk again.

My pleasure. Eric. Thanks.