Unlocking the Healing Power Of Platelets: The Science Of TruDOSE Therapy Transcript

(Transcripts are generated by AI and may contain errors)

Introduction to True Dose PRP

Hi, and welcome to another episode of the Healing Lyme Summit 2.0. I'm your host, Doctor Mariah Hinchey, and in this episode, we're exploring the groundbreaking use of I. V.

delivered platelet rich plasma, or PRP, with true dose technology, true dose. And as it is an advanced approach that enhances the body's natural healing potential.

We're going to discuss how this therapy is helping individuals with chronic infections like Lyme disease, and supporting children with autism spectrum disorder, as well as Pans pandas.

From the perspective of understanding the cell danger response. Here to discuss the benefits of this amazing therapy is its inventor, Tapley Holland. Tapley is the creator of True Dose Technology, which is a patented intelligent software testing platform that solved the long standing dosing inaccuracy problem within the field of regenerative medicine.

This technology led to uncovering the healing benefits of infusing dose specific platelets back into the bloodstream, otherwise known as true dose IV.

Platelet therapy. Since 2018, Trudeaus technology and I. V. therapy have treated and reversed thousands of patients with unsolvable symptoms and disease conditions.

Welcome, Tapley. Tell our listeners a little bit more about how you developed this technology. Well, I have a background in stem cells, you know, for over 20 years.

And I just saw that this and that, that we have this ability to heal ourselves from cells within our body to self-heal. But the problem that I was seeing over and over was, why have we yet to progress the scientific understanding?

And at the very simplest level, it's because we take these therapies and we and we don't personalize them to the patient. And whatever condition they're dealing with, we essentially treat everybody the same way and expect the same outcome results for different disease conditions.

And we all we all have different biology. I just simply said we need to figure this out.

Understanding the Cell Danger Response

I took software and I solved that problem and unexpectedly uncovered the benefits of what would happen when you do this intravenously, which pretty much changed my entire world.

As well as that of many, many others. Yeah. No, it's it's. Yeah. Go ahead. No, I was just going to say so today we're going to kind of look at this through the lens of the cell.

Dangerous spots as a way to try to convey to our listeners like what's actually happening inside the body with this therapy. So before we get into that, take a minute and explain to our listeners what the cell danger response is.

So the cell danger response, is a is a term that was coined by Doctor Navajo and many others before him that was called different things to describe what happens to the cells.

The most basic element of our body when we encounter a stressor event, an emotional encounter, a virus, a

broken bone, anything that happens to our body at the at the very fundamental level, the cells that operate everything in our body, they go into a mode of self survival and and only looking to protect themselves.

So an individual cell that was once communicating with trillions of other cells in the body, you know, creating, you know, the body's balance, you now encountered a broken bone.

Or maybe you saw your parents get into an emotional fight with one another, and every cell in that body sees that, senses that, and they go into a mode of cell survival.

Now what happens? No cells are communicating, and they won't come out of this mode of self survival until they know that the body has told them, hey, the coast is clear.

The problem that, I'm fixing right now, in case it was a bone, or maybe it was a traumatic brain injury, or maybe it was, say, you know, bad food that you ate until that problem is fixed, I will let you know when to come out of this danger response.

And the longer that the this problem goes unsolved, the cells in the body will remain in that danger. Response. That means that they will reduce oxygen.

They will, reduce or release energy into the bloodstream. And they will reduce all types of functions as a mode of self-preservation and really to because the cells don't know if it's a virus that's entered their body, if it's a bacteria, or is it a broken bone.

Now, maybe the bone and the arm knows, hey, I encountered a broken bone. I need to fix myself. But the cells in the foot, they just know something's happening.

Go into survival. So in the case that it is a virus, what's the one thing you want to do as a cell? Let's throw every bit of energy out in the bloodstream, just in case it was to take me over.

And if it did, then it's not going to really live that very long. If it was, if I reduce oxygen, which our cells do, then that makes it a very uninviting environment.

Say for bacteria probably won't live very long. So it is a it is a really innate and, intelligence that our cells have as, as a reaction to things that might encounter and happen in the body.

But the longer this occurs, it's a bad situation. And so further explain how and why certain treatment modalities might actually, for lack of a better word, like freak the cell out even more and shut it down instead of having like the wanted or desired or expected response that that particular treatment modality should bring out in a patient.

So let's take for example, like when you're very familiar with Lyme, right. Bacteria, all types of things just collaborating with one another, to make a person really sick.

Well, if our cells in our body, they purposely reduce oxygen consumption and they throw ATP in the bloodstream as a self innate defense mechanism, what is the one thing that we know about all these different diseases that are chronic?

They have mitochondrial dysfunction. Right. And we know that these that these patients are hypoxic. Our natural inclination is to say I got to give I got to fix that mitochondrial problem, got to give you energy.

And well, let's do things like hyperbaric or exercise with oxygen therapy. I got to increase the oxygen load, which is totally logical, but quite possibly.

Is that doing something the body's not ready for yet, right? It's saying, hey, listen, I'm not ready for that yet. There's a reason why I've done it. A lot of energy in the bloodstream.

So, so doing things like, hyperbaric oxygen when a patient is in a, when they cannot move things, they can't detox things, they have a high infection, infectious pathogen load, quite possibly doing hyperbaric, which is a phenomenal therapy.

I'm totally an advocate for it. Doing hyperbaric at certain stages of certain of one's disease state might have an opposite reaction that they were wanting versus giving hyperbaric.

For example, in a disease state, when you have lowered the the infectious load, taking herbals and tinctures, different types of things to kill things.

When you have, you know, when you've gotten the detox pathways moving, now the liver's working better.

Why Timing Matters in Treatment

Things can move out. When you've gotten that patient into that mode, then hyperbaric totally becomes an option, right? And I am a huge fan of hyperbaric.

So we have an H bar in my office that we use with patients. But I think, you know, to your point, different modalities are best suited at the appropriate time.

And I think that that goes into matter no matter what treatment we're talking about. And I feel like, you know, a lot of times I will talk about doing the groundwork, getting the body prepared to receive the treatment and I think that's true in most cases.

You know, the simple example that if a patient has a bunch of nutrient deficiencies and these are the various nutrients that are needed, let's say, to run phase one, phase two of the liver's detoxification pathways, right.

And being able to detox, if we don't have these nutrients that we need, and we go in and start trying to push detoxification or even killing things, right, like killing Lyme and co-infections, and we haven't given the body the fundamentals that it needs to start just being able to even detox.

I'm going to make the patient sicker. I'm going to herkes them like crazy. I'm going to drive up their inflammation, their overall toxic burden, oxidative stress.

It's going to make mitochondrial function worse, etc., etc.. So it's kind of like, you know, there's such an important point to preparing the body to receive the treatment by doing all of this groundwork or foundational work, just to make sure the body is functioning properly.

And, and what you're hitting on. Well, what we're talking about is something that we're talking about things that are totally good and totally needed.

But that is that is an art. I would say that it's not an exact science of of okay, when do I do when do I give you these things? And, you know, this is an example of when I give you things at the wrong time that in one person's head, in one patient's head, you've given something that totally is beneficial, but in their head is a lasting effect of it didn't work for me or had regression effects, right?

And it's not a case of is the therapy have merit like hyperbaric or oxygen or infrared sauna. It's just the fact that, we have all of these therapies at our disposal, which are all inherently good.

And one of the benefits that we've kind of been able to observe through true dose in watching patients heal, you know, good and bad, is when do you give certain things.

And this applies to true dose too, right? I mean and 100% replies applies to treat us right. Let me give you an example. Take pans and pandas and autism.

Right. The to the naked eye. I've seen enough of this to where you don't really know if pans and pans is there, even though if you've tested for it until, that infectious load starts rearing.

It had its head and you had this emotional response from the child that you know was otherwise, there was nothing wrong with them. You know, they have neurological problems.

You know, you have to but is the pans and pans is still there. We what we've seen with this data collection is that if it's just autism treatments one, two, three and beyond, there seems to be a linear improvement as far as the child being able to, progress neurologically.

Okay. Now, what that means is that there's probably been a lot of groundwork done by mom in the provider of getting rid an infectious load. They've probably cleared the terrain a lot, so there's probably not a lot of that infectious burden still, there.

But what we do see is a classic response of I have a child with autism, but there's still infectious load. Is that the second treatment after the first treatment is gone?

Great. At the second treatment, there's this kind of just stirring up of all this infectious load, trying to get out, and there's an emotional response.

There's, you know, tantrums and just what happened? This wasn't this totally had not happened the first treatment. And in every case it's because there's still now whether it's pans and pandas but there's still infectious load.

It still needs to be dealt with because the classic kind of, provider response is, we got to detox, we gotta get some glutathione on. We've got to get the Epsom salt bath.

We got to get this stuff out. So, so it's just our challenge. What we've seen with True Dose is just helping connect that education gap of what you're dealing with.

Because if that response does happen at treatment to it's not a loss. It's now you know, what you're dealing with. Now you have to get with the provider and say, all right, we need to get with some tincture or some herbals.

We got to get this stuff out. We just uncovered a problem we didn't know that was still there. So this narrows this. This narrows the focus. So let's take a step back.

Tell our listeners what is true dose exactly. And probably we should start out by defining what platelet rich plasma is and what it does. So platelet rich plasma is just scientifically defined as a high concentration of your body's own platelets circulating in your blood at know a concentration of higher than your baseline platelet count.

So if you had a baseline platelet count of 300 you know technically platelet rich plasma, which would be taking your blood from your arm, like drawing it from your arm, processing it in a centrifuge to remove all the components out to get just the platelets.

And let's say that I gave you back a platelet, you know, therapy of 600 platelets, per mil versus your baseline blood count having 300, that would be, by definition, platelet rich plasma.

And what they've seen over the years is arguably it's the most widely studied therapeutic that exists within the medical literature. Every application you can think of, every specialty you can think of, but its applications have only known to be site specific for joints, for esthetic based procedures.

What I uncovered is, well, let's take these doses to do things that we never thought we could achieve well past.

What True Dose PRP Is

What literature, the literature, scientific literature knows is could be therapeutically applicable. And let's do this

intravenously. And what we found is that if you do this at the right dose, what this is doing is basically creating the proportional, stimulus of a healing response, but the appropriate amount of recovery response.

So there's your dose, there's enough response to generate healing that your body says, let's start working again. Let's start fixing things that I have yet to address and fix.

But let's not do this end on end and keep me in this healing response, to where I have, you know, focusing and on in or if I injected into my knee a healing response and then would be creating hyper scarring, you know, so too much dose would create hyper scarring, too much a dose, let's say intravenously, would again, in this case create purchasing or you can't get out of it.

But what we've figured out is the right dose for certain conditions would stimulate would stimulate the right amount of healing response, but the proportional amount of recovery response.

So healing can look very comfortable. And and not again create somebody a situation where somebody is in a perpetual reaction. Right. And so what you developed with true dose is the ability to see obviously like what the patient's, you know, platelet volume is, but to no, depending on what their diagnosis is or what you're trying to achieve, you know, regarding the status of that individual patient sitting in front of you is the dose of platelets that need to go into the body to hit that sweet spot between promoting healing but not turning it on so much that we're creating, you know, fibrosis and a cytokine cascade.

And like all of these other things that actually are already, for example, in patients that have chronic Lyme or chronic tick borne disease, a lot of them are already in that immune imbalance where all of the cytokines are kicked on and the body, the the immune system is overly functioning to the body's detriment.

And essentially the dosing. The very simplest way to understand dosing is, is which again, is a problem that is existed within the medical literature.

Since regenerative medicine came into existence. It's no, the scientific literature simply did not say, hey, we should be determining, you know, at what dose does it take to heal certain types of the conditions?

No one really asked that question that way. So what? So what you had left with was treating patients basically the same way, you know, whether they have, you know, I hurt knee or hurt shoulder or, you know, hair loss.

Yeah. What I uncovered was okay using the software to determine the dose and then doing it intravenously. What it's essentially doing is, is restarting your body's immune system and restarting your body's repair system.

To start identifying priority of what do I fix first? What do I fix second? Because I'm the only one who knows the order in which I chose to selectively turn off the cellular functions and the organ functions as one person got to this chronic disease, Lyme or lupus or autism or whatever.

And when you do this and you do this at the at the right dose, at the right time, for example, somebody might walk into your office complaining of symptoms of, let's say, brain fog and fatigue and, joint pain right there.

Right. So what you do is you treat the symptoms that they're dealing with, not the disease condition, because right then and there is is the problem brain fog, fatigue and joint pain.

It creates the healing response where those would hopefully get resolved. Typically they do. And then the next treatment they're dealing with a whole nother set of symptoms.

So essentially what you're doing is you're peeling back symptoms that you've acquired over a lifetime in the reverse order and almost which you acquired it.

So if you do enough treatments, I mean, this question gets asked all the time, how many do I need? And we show them the chart in the graph. Essentially, you can keep doing this depending on how healed and healthy you want to

get. Yeah. Because it right.

Yeah. So you know when I first was introduced to PRP, it was after I had a significant injury, a significant fall, I slipped on ice and I tore an annular ruptured disc, etc., and I got PRP injections into, my disc actually to, to help healing.

That's, that's how I found it. And then I became fascinated with it. My understanding is that, you know, the PRP is increasing growth factors and pulling stem cells, right?

Like causing stem cells to come to the area of injury, kind of like almost like a magnet. Right. And that's how a lot of like the regenerative healing process is, you know, with a physical injury or let's say in a joint or a tendon or something like that. So, yeah.

Do you any of those mechanisms of action come into play when you are taking it intravenously, or is it a complete, slightly different mechanism? It's both.

And and I'm glad you brought this up. We all think that it's not that it's bringing stem cells into play. The cell danger response, which we talked about a little bit ago, let's say that you broke your let's say you have your you're broke.

You broke your arm. The body sets a time clock on how long it has to fix that. It doesn't do that indefinitely. Yeah. And so it's going to allocate resources to fix it.

And at that time, guess who starts that time clock and identifies the injury. It's the platelets.

How Dosing Is Personalized

If that time clock runs out and the the the fracture is not completely healed, it's going to basically cut its losses and move on to the next problem which has now been created.

So you've now now the bone. The arm is now left to heal itself. The best it can. Sometimes it can sometimes it can't. And if it can't, what it's going to do is put some of those cells that are still in the dangerous spots into basically hyper sleep.

Okay? It's because the longer those, those cells stay in this mode of trying to heal itself that I can't, the longer it stays in that mode, it can they can potentially become metabolically cancerous.

So the body says I don't want you to that to happen. Go into hyper sleep. Go into the bullpen. I'll call you when it's needed. And essentially when you put the platelets back in, all that is kind of reset.

It's re it's like rebooting your computer to a previous time before you, you know, broke the arm. And now it's able to say okay, well let's you know, let me fix a few things right here.

And then when I'm ready for you stem cells, I'm going to call you in because there's several things I have to do first before I'm ready for you. And that's kind of the problem in the difference between stem cells is that the order of events in which our body heals itself is a sequential order that it doesn't deviate from, and stem cells are called into a repair, whether it's a brain injury, a fracture, an annular tear, Lyme disease, it doesn't matter.

They're stem cells are called in at the end of, you know, healing kind of like calling in, you know, the trim guy when you're building a house, you don't do that at the beginning because there's a whole set of things that have to happen.

But if we give stem cells in the beginning, or when somebody is in a chronic loop of inflammation, then we've given stem cells at the wrong time. And so that's why sometimes they're rendered useless.

But with the platelets, that whole sequence of event is basically restarted again. Okay. So bring that back to the

cell. Danger response. So how does true dose help to heal that or fix that.

Because the cells in the in the bloodstream, they they go into that mode of survival. But before they do that and they shut down their cell wall, they throw out the instructions of what they need to fix themselves.

It could be mitochondrial support. It could be heat shock proteins. It could be a whole number of things. Guess who's that? The one thing scooping stuff up in the bloodstream when cells are not talking to one another, it's your platelets.

And then your platelets scoop those instructions up, and then your bone marrow immediately responds by making platelets with those things in them. So the so the platelets can be seen.

I've talked about them being seen as like Amazon trucks, on demand whenever this to be giving ourselves what they need at that time so they can get out of that danger response and back into circulation so they can get back into the mode of helping the body operate.

But so the question is, will we want the platelets doing that right now? If they're in my body? It's not a question that they're not trying to do it. It's they already tried to do it at some point, but now they're dealing with the next problem at the time.

And, and and so they're only dealing with things right there in front of their eyes. But when you take that back, when you take the blood out of your body and give it back at the right dose, that healing response is happening.

But the intelligence of what needs to be fixed first, second, third, fourth and so on, that's being reset. So the body says, all right, you need this.

You need that. These cells here that operate the brain, they need this this in this to to come out of the danger response. Let me let me make the bone marrow start producing that right now.

Right. And there's also a difference, I mean, a big difference because like you gave the example of, you know, from 300 to 600, we're not talking about just doubling the amount of platelets.

Right. Like we're talking about exponentially like it's it's a massive difference between the amount of platelets you would typically have in your blood volume and how much you're concentrating and putting back in significant amounts.

Right. You want. To give a ballpark for like. I mean, let's, let's let's say if a, if a, if a couple billion platelets per mil will make the hair grow, then 5 billion platelets per mil will target, let's say Lyme disease.

Right. So again I just wanted people to you know, we're not just doubling them. We are. So let me let me exponentially increase. So if. If, if the average person has about 300,000 platelets circulating in their bloodstream at one time per.

Microliter. Yeah, we're infusing back. That's 300,000 per microliter. Yeah, we're infusing back, you know, in the billions, in the billions. So the body sees that as like, great.

I have you just now put inside me the one thing that's responsible for restarting my repair system to start. And you put in the one thing that's actually responsible for making my immune system to reactivate and restart again, which is the platelets.

And so basically you have, you know, all this help that you never had before. And. Yeah. So I just want to make this point clear, and this may be to a lot of the medical practitioner, those that are listening because, you know, before I learned a lot about this, you know, you would talk to me about the cancer dose, right.

Or the mega dose, the biggest dose you would give someone and you know, in my little smart had them thinking,

okay, well, like, why do I need your technology?

I'll just okay. If it's 6 billion that we're going through or going for, like everyone's going to get 6 billion. So explain to the people that are listening like why, why is it important to know the sweet spot for that patient?

Why don't you just want to give everyone like this mega dose, or like the biggest dose that you can give to have the most effective, you know, response of healing?

Give the analogy that I'll give the scientific. The analogy would be I know that potassium, nitrogen and you know, phosphorus will make my lawn green, right?

Yeah, I know if I get I know, but I also know if I give my lawn, you know, 20 000 nitrogen. Over a certain, you know, pounds per square acre. It'll make my lawn really great.

But if I don't 20, oh oh nitrogen in one spot, it'll burn. Right? So there's the analogy. And the scientific reason is, is because the way that our body actually functions as it responds to stress, right.

You know, you and information, if I do something to the body, it's going to respond to react and to learn. If a virus comes into the body, it's going to sense that stress.

It's going to respond by saying, what is the virus trying to do to me, you know, intelligently it's trying to do this. I know in the future I need to prepare for this, this and that.

That way, the next time I encounter the same strain that I'm ready for it. The dosing has to do with if I give somebody too much again, the right amount of response to create healing, the right around response to, proportionally to offset that, if I have to lower dose, there won't be any type of healing happening.

If I have to higher dose, I can leave this person into perpetual kind of healing that it can't, you know, exit out of that cycle. So, you know, stressing your body too much, too much.

Research, Studies, and Future Applications

It's like going to the gym and doing squats every day. You'll never give the body a time to recover, right? So the dose has to relate to the, again, the right amount of stimulus response that the body responds to say Lyme or lupus or whatever the neurological condition is, but it has to have the appropriate amount of dosing that range.

Yeah. So it so it doesn't leave them in, say, perpetual healing. Right. Even it's also patient specific. So it's not like you can just have a chart that it's this much for Lyme.

It's this much for lupus. It's this much for. Right. It also has to do with that particular patient's platelet count. Right. And and everything else that's going on with them.

Like there's there's an actual formula. There is there's like a whole algorithm and metrics that's on the, on the back end. You know, there's now evidence coming out if anybody want to look up that platelet can be, let's say a biomarker for say, autism disease.

There's actually a study that just published, it says hey maybe that's it potentially can I can tell you for certainty that platelets could be a biomarker of where are you in a disease state?

How healthy are you? And so using that, the single platelet count, but all the metrics on the back end to determine a patient specific treatment is what goes into the software.

What what the software can't know. And they won't know unless you tell it is what are you dealing with right now? Those inputs have to occur. So there's at least somewhere to start right.

Because so share with me. I know you've been working on a lot of studies. Can you is there is there anything you'd like to share with the listeners of any of the. I don't I don't know if it's too soon.

Well I can everybody. Yeah. We're almost, we're getting ready to launch the autism study. We're getting ready to launch. Oh, my gosh, we're getting ready to do the one on, on Covid long haulers with all the practitioners.

Yeah. So those are we've we've already have one in in female sexual dysfunction. We've already had one in say sports medicine applications. But now it's time to do ones that are really more focused on the problems we're dealing with today.

Yeah. And you know, given the climate, hopefully the health care climate will change is changing. It is is changing. This will be a time to where we'll actually start releasing the actual data of what we were going to see in autism.

Which again, we'll start here, hopefully another I would say another month. Yeah. Great. Any studies in, you know, with Lyme and tick borne disease in the works.

Right after the. I had somebody speaking actually. Yes. That's right on the heels I would say late spring we'll have our, our Lyme when, out of the gate.

I know that's been kind of much awaited and much anticipated. So it's just like when was the thing is, is with us, when is the right time to do it? And so having a lot of these changes that, you know, the new climate, health, being with the administration, you know, oh, this is the right time to now start doing that.

Yeah, it certainly is. Well, anything that you would like to share additionally with the listeners, before you let them know how to find more information about yourself and Trudeaus and, you know, if they're looking to actually experience trudeaus for themselves or a loved one, any any other insights you'd like to impart on our listeners?

I would, and I would say that, I hope that this, this, this podcast that we're doing conveys that there's a lot of therapies out there that are really, really good detoxing and infrared sauna and herbals and nutrition.

Those are all Trudeau's is not the only thing you need. Okay. And I'm not biased enough to say Trudeau works best when you know which of these things to use and when to use them, when to use before what to use after, Trudeau's fits in the middle.

And then as you move along, what modalities that you do as you, you know, as you as you start to heal. Because as you start to heal, you should start to shed away some of the things that you were using and move on to things that are a little different.

Again, stress. You have to get the body stresses. So, that's a topic that's very obviously nuanced and very, that you can't unpack in one, say, podcast, but it's to let everybody know that these therapies do work.

And if you are experiencing, you know, good effects or even bad effects, both of those scenarios are probably indications that these things are working.

It's just, maybe it's just something that you haven't traditionally been experiencing if you've never done integrative medicine. Yeah, I like to explain it to a lot of patients.

I'm like, you know, you have like building a house, right? Like you have to build a house in a certain order or it's not going to stand.

Finding the Right Treatment Sequence

Right. It's and it's it's not going to you can't put the roof on until you've poured the foundation and done the framing right. Like, you can't you can't put the plumbing in the house or the electricity if it doesn't have the frame to run it through. Right.

So it's like there are steps and stages, you know, that have to sort of be followed, and they're going to be different. You know, a lot of times with different individuals.

But it's kind of like you have to get it into this, this order and this sequence and again, I believe, of actually getting the fundamentals of the body to work as correctly as you can in a sick, inflamed, infected body. Yep.

But you know, like you have to go kind of like in the right order, so to speak, for, for that person. And I'm just I'm just throwing it out there because I know that, you know, that a patient on the other end, living in a particular city or state is going to go this place and that place in this place to do, you know, a lymphatic massage, or they go here to do infrared sauna, or they go here only to get trudeaus and they go here to do their nutrition coach.

And those are all those those are all great. But if you're not, but if you're not, if there's no battle plan and when you're doing these, you could be potentially doing great things in orders that aren't when you need them.

Right. And so, you know, you know what I'm trying to say. I do 100%. Yeah. So all right, well, let our listeners know how they can find more information about Trudeau's.

The Trudeau's dot com. A whole new websites coming Walker and have a community page where people can start finding even more information. We're going to have a we are going to be launching more things that we've kind of kept close to the vest, this year.

And so everybody if you go to Trudeau's dot com, it won't look like it does. Let's say now, say six months from now. And, hopefully we'll be sharing a lot more with everybody in the future.

Awesome. Thank you so much for joining me. And thank you to all of the listeners at home for joining us. And I hope that this episode has brought you information that helps you on your journey to healing from Lyme.

Take care. Bye bye.