What If Healing Lyme Requires More Than Antibiotics? Transcript

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Introduction to Lyme Bites and Adjunctive Therapies

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You know, they developed a lot of resistance to the antibiotics, and it's just encouraging. I think the spirit needs to stay in those round body forms.

And then we have to really get at those. Right. And we don't have the consequences of being on multiple rounds of antibiotics. This is doctor talks real talk from real doctors on the issues that matter to you most.

Welcome back to Lyme Bites. Rebuilding immunity, reversing inflammation and redefining recovery. Today we're diving into a powerful conversation about adjunctive therapies that can enhance recovery from Lyme and other complex, chronic illnesses.

Tools that go way beyond the basics to help patients break through healing plateaus. Joining me is Doctor Lisa Zimmerman, an integrative M. D. and the founder of Zimmerman Modern Wellness, and Morgan Bell, new Jersey.

Originally trained in internal medicine, Doctor Zimmerman's career took a transformative turn when her daughter became seriously ill with Lyme mold toxicity and co-infections.

That experience reshaped her approach to medicine and ignited her passion for solving complex chronic illnesses. With over 15 years of clinical experience, Doctor Zimmerman has developed biologically compatible protocols and trained in a wide range of advanced therapies including ozone, IBU and PKM, membrane therapy, and more.

In today's episode, we'll explore the power of these therapies and how they can accelerate recovery and help even the most treatment resistant patients regain wellness.

This is Lyme bites. Let true healing begin. Welcome, Doctor Zimmerman. Take a minute and share with the audience why it is you do what you do. Well, I think it all started as you said, that my daughter got very sick at the age of 13.

Conventional medicine really couldn't diagnose her well. And when they did diagnose her, we didn't have good treatment protocols. That really helped her.

You know, you started with traditional antibiotic therapy, and it really did not work for her. It was a lot of pieces of the puzzle. They didn't. They missed they missed the mold based illness and a lot of other pieces.

So I had to go on this journey to educate. So I can get her better. Yeah. And then how did that. So, I mean, I understand as a mom, as a doctor, you know, with a child who's, who has this type of illness.

But how did that actually transform the way you were looking at your patients? Did you start thinking about, oh my gosh, you know, Mrs.

Doctor Zimmerman's Personal Lyme Journey

Smith and Mr. Jones and I wonder if then. I would get someone who was chronic fatigue coming in my office and like, oh, I wonder if they have mold exposure illness or they have chronic Lyme and lead into me adding that into a general practice.

And pretty soon I was like, I don't need to do blood pressure, diabetes. Someone else could do that, right? Let me

just do tick borne infections and chronic illness.

Right? And as I think anyone who is part of this, this field in those complex chronic illnesses, you know, it takes so much time just to specialize, you know, in that piece that, yeah, there's there's no time for blood pressure checks and all of those.

I know that sounds you guys just completely revamped the whole practice. Yeah. All right, so let's dive right in. So what are your top three favorite adjunctive therapies for patients that have Lyme or other complex chronic illnesses and why?

Right. So three that I think I use a lot is ozone therapy DBU therapy and PK therapy. So those are my top three. Okay. So let's go one at a time. And for our listeners let's break it down.

So let's start with ozone. Tell us what it is like physiologically. What does it do in the body and how would it support one's recovery. Right. So zone therapy ozone is a gas.

It's oh three when we're using it. Most of the time in my practice will be autohemotherapy where we're infusing it directly into your body. So we're going to extract some blood ozone aid it, put it back in some gasoline and give it back to you.

And what does that mean? What does that do? So when you're getting a nose, you need a red blood cell. It's creating a process where the red blood cells taking it up.

And you're going to see that they create hydrogen peroxide molecules from this ozone. Now if you look at your white blood cells, their function is to go in and kill off infection or reduce microbial load.

White blood cells create hydrogen peroxide and ozone. We could see that. So I like to tell patients I'm giving you a big dose of what your white blood cells would do.

And we're going to reduce the microbial load. If they have Lyme disease or Bartonella it's going to reduce how many bacteria are in the system as well as it has a lot of other effects.

It's going to elicit immune stimulation. It's going to give you a cytokine. Intermediaries like IL2 il6 I l a TNF alpha is going to be upregulated by the ozone.

And these are going to promote your production of T cells. So a lot of people their T cell production has been exhausted from having chronic Lyme disease for a long time.

You'll see that when you check a T cell number or natural killer count, it's going to be low in your chronic Lyme disease patient. But the ozone is going to elicit a little bit of a response to upregulate that again.

So I'm going to get the immune system kind of fired up about your illness again. That's something we track in the practice is your natural killer T cell count and ozone therapy can improve that as well.

And then I think the third thing that ozone will do is it's gonna activate your Nrf2 pathway.

Ozone Therapy: Mechanisms and Uses

And that's going to increase the production of your antioxidant enzymes. And then that in turn, is also going to help you upregulate your antioxidant pathways and help you to have some more healing.

So again three arms we're going to reduce the microbial load, increase your antioxidant ability and help your T cell production. So it's a great tool with someone who comes in who's been chronically ill.

Are you ready to revolutionize your approach to diagnosing and healing complex, chronic inflammatory illnesses in

both adults and children? To line by symposium is your gateway to cutting edge education, groundbreaking research, and innovative therapeutic solutions.

Join us at the 2025 Lyme Bite Symposium November 14th and 15 at the Fort Lauderdale Marriott Pompano Beach Resort and Spa. Lyme Bites is the premier functional medicine conference on complex, chronic infection driven inflammatory illnesses.

This year's meeting is jam packed with leading industry experts discussing long Covid and mycotoxins illness pans, pandas as well as Lyme and other vector borne diseases.

This conference will arm you with the knowledge, clinical pearls and practical solutions that you can implement immediately into your practice Monday morning that will literally change your patients lives and get them on their path to true healing.

So join us at Pompano Beach or virtually from anywhere. Register now at Lyme bites.com. That's alchemy bites. Com. Absolutely. And it addresses three different branches of you know, the treatment approach.

So you talked about doing I. V. ozone. So you know ozone in two through an IV needle into the bloodstream. Do you use other routes of administration as well.

Like do you do you know from a nasal cannula or do you, you know, infuse it into water and have people drink it? Do you do rectal administration don't.

Do you think any of those routes of administration have any benefit? Right. So we do nasal ozone. Sometimes they'll couple it. Some people do both. I find it beneficial for some people.

It's another little boost to the ozone treatment. Or if they have some ear, nose and throat issues it might help the sinuses. Maybe we think it breaks down biofilm in the nasal passages as well, especially if you've been exposed to mold or mycotoxins.

That might be useful. I don't really delve into the rectal ozone, but it is useful in some arenas to do rectal ozone, and I think it's a good way to absorb ozone into your system if you don't have access to intravenous or you don't, you're dealing with the microbiome a little bit more.

But I don't offer that in the clinic at the moment. Okay, wonderful. And then anything else you'd like to say about ozone before we move on to Ebo? Oh, I think ozone is a great modality in substituting for chronic antibiotics.

Most of my patients have been on the antibiotics for six months or even two years intermittently. You know, they developed a lot of resistance to the antibiotics.

And it's just encouraging. I think the spirit kids to stay in those round body forms. And then we have to really get at those. Right. And we don't have the consequences of being on multiple rounds of antibiotics.

Do you know how doing IV ozone impacts the microbiome? I think it's I have not sure, but I think it will upregulate the species, the species that you're supposed to have in the microbiome up regulate their production.

I don't know the mechanism. Okay. Just I'm thinking from an antimicrobial perspective, and I have no idea what the answer is to this. I'm truly asking what if damaged the microbiome to any extent like antibiotics do?

Oh, no, I don't think it does. I do a lot of GI not testing on patients. Yeah. Pretty much on the first visit. I will check it periodically and I haven't seen that to happen.

That's great. So that's a really great way to get the same effect as an antibiotic but not damage the microbiome, which obviously is important for managing.

For long periods of time. If I give you ozone therapy every couple of weeks for even a year, I don't see any damage. Great. Wonderful. Okay, so tell us about IBU.

So IBU is something that I've started in the practice pretty recently, and I think you're getting pretty the equivalent of a 10% zone, which a lot of people are more familiar with.

Where are you getting a large quantity of ozone absorption and UVB light? And they have a filter now. They don't like us to really call it a dialysis filter, but it looks like one where the blood is going to pass through this filter and you'll see a exudate come out.

Now we don't know what's in that aid to date. I don't think it's been tested. Or we could tell you what's coming off of the cellular exudate as it passes through the filter.

But I do notice that people who have had mold exposure get a certain type of exudate, and other people who have tick borne infections get a different color exudate.

So it seems to be filtering off perhaps some of the harmful substances that have accumulated over the years when they're having the Lyme disease. And nobody's tested it to see what it is.

It's interesting. And they said they couldn't find a company that would test that liquid that actually day, because it's not a bodily fluids. And it's not like sending in a urine sample or sending in a smear.

So they couldn't get a company that would test it for them. Interesting. So now I want to know what it is. Right. But I think this one I do certain patients when I have a heavily mold exposed patient, it actually comes out like a foam.

Wow. In other people, it's a gray liquid. So I know it's definitely taken off different toxicants. Yeah, but I can't tell you what they are. And that combined with a high level or a high dose of ozone, most of my patients might have a Herk skimmer reaction, but I try not to add that in in the beginning, but I think they have a high microbial load.

I might first use regular ozone therapy and maybe even some herbals to decrease the microbes, and then use the IBU a little later. Unless they're just a mycotoxins patient, then they could jump right in.

Right. So in general, the distinction I mean, obviously there's a lot of distinctions. But the biggest thing to take home about IBU is that if you're doing the high doses of ozone, you're getting it as an antimicrobial.

And obviously you're getting all of the other benefits that you talked about with ozone, you know, with the antioxidant effects. But then you're also filtering out a lot of the debris.

And sometimes that could be, you know, making genetic material or fragments of all dead bacteria, you know, as well. As non. Biofilm, mycotoxins, things like that.

And some people who I think they're pretty much very close to remission on their tick borne illness, but they're still chronically tired and they're pretty toxic.

That makes the difference reading some IBU. Okay. And then let's talk about PK therapy. Right. So PK, you know, I learned this from Doctor Perkin. She's the famous person who discovered how healing giving fans the title, calling is.

Right. You could do it orally, but if you do it intravenously, you're really going to get a better effect with a quicker timeline, and you could really boost that fast.

The total choline coating on every cell membrane you have the phospholipid membrane. So what I truly think happens during a chronic tick borne illness or even mycotoxins is the phosphor.

Digital calling cell membrane gets injured, it gets pits. And in those pits you might see the very long lithographs.

And then the membrane itself doesn't function well.

Can't carry a charge. People develop numbness or tingling. So that might be a more neurological symptom of that. What's the title calling membrane being affected?

I think if we replete the membrane by giving intravenous phosphor to choline, we're going to resolve some of the symptoms and help the cell to work better.

I'll even repair the membranes of your mitochondria. So that's a little Christi, work better and you'll get more energy and healing. And she found that two doctor can use to quite a bit.

I think she used it a lot. And patients even without chronic tick-borne who had membrane diseases like M. S.. Right. And I mean, how important do you think it is?

And do you do this in your practice? Do you have patients try to avoid toxic oils that are inflammatory seed oils, things like that. Right. Because ultimately a lot of times the phosphor to the phospholipid membrane not only doesn't have enough, you know, choline and serine and the phospholipids, but also it ends up with all of these inflammatory lipids that make the situation worse and stiff.

So every person in the practice really has to be every patient is taught the proper diet and our things to eliminate, things to really include. Those are all things we work with them.

Now, whether they all do it 100% a different matter, but we try to work with them with that. Yeah. And I think education is key because I think, you know, most patients, at least most of my patients are really willing, you know, to to do whatever they can to get better.

But, you know, we're given so much terrible information in this country about diet and nutrition and what we should be eating.

IBU Therapy and Detox Support

So I love that you do that educational piece with your patients. You know, whether they take your advice or not. I think just that education is so powerful.

And I always tell them, I'm doing everything I'm asking you to do. I've done it. Do it every day in my diet. Yeah. And it can be done. Yeah, it absolutely can be done. Right.

Okay. So, can you do you want to elaborate a little bit deeper about the importance of the phospholipid membrane and what using Phos, the title choline does from a more physiological perspective, like what the benefit is to restoring the phospholipid membrane.

All right. So I think the phospholipids on the top of the cell membrane is what carries the ionic charge. It helps it to function especially in the nervous system.

You can get I like to call it like a short like if you had an electrical wire and you don't have the covering on it. People are getting these neurological symptoms, whether it's numbness, tingling, brain fog, a lot of neurological symptoms are due to that phospholipid membrane not functioning that repair it.

And if I give the K, they see the cognitive benefit. They get rid of some of the symptoms. So I think it's a big piece of the puzzle. Are you suffering from Lyme disease or another complex chronic illness.

And aren't sure who to trust when it comes to herbal supplements? Hi, I'm Doctor Mariah Hinchey, founder of Lyme Core Botanicals. As a naturopathic physician specializing in complex, chronic infection driven illnesses like Lyme disease, I needed herbal medicine I could truly trust.

That's why I formulated Lyme core botanicals, where our herbal tinctures are handcrafted in small batches right here in Connecticut. We use the whole herb never isolates to preserve the full spectrum of medicinal compounds.

Every single step from sourcing to extraction is done with precision to ensure maximum purity, potency and consistency. These are the same herbal formulas I used to heal myself and have used for years to help my patients and family members heal too.

And now I'm making them available to practitioners and patients everywhere. Lyme Core Botanicals herbal medicine you can trust from a doctor who lives this work.

Learn more at Lyme Core Botanicals. That's Ali Amico, our econ. Tell me if you're doing the PK protocol about how many sessions is it? How do you spread those sessions out?

And when do patients start to see an improvement? Right. So I usually recommend at least 6 to 8 sessions, if not ten. Okay. If I have someone who I would consider in a fragile spot, I might say if they could come twice a week for four weeks, we'll start with that.

Some patients are only able to come once a week, so I will recommend a protocol of about eight sessions to begin with. Now I've had a few patients. I had a young woman recently.

She told me she had a lot of muscle rigidity of her neck and a lot of numbness, tingling in her upper neck and body. Two peaks. And she said it was disappearing.

So that people get a really good response early on. And I've had some people, they don't feel much different until 8 or 10 sessions. So I don't know if it's because of the level of damage, but it's variable.

So would people that, for example, have a choline deficiency like a dietary choline deficiency and let's say you can see that, no, on a, on a cellular test for this nutrient.

Right. Would you see a different response for those people than you would for maybe someone that didn't have a nutritional choline deficiency? Or is it a matter of just you're giving it at such a high dose, you know, Ivy, that it's doing more than what you would just accumulate from your food.

Right? So I think, yes, it's so it's such a high dose intravenously, whether you're choline deficient in the diet or nutritionally, it's still going to work quite effectively.

I do ask them to take the PK capsules as well so that they don't become deficient, or we override the deficiency. But the IV is just such a high dose.

I think we just counteract that. And what do you think about the difference between taking orally like phos for tidal choline versus the alpha GP choline. Right.

I haven't really seen that. I've used the alpha G so much, so I can't answer that. I usually always go to the phospholipid PC. Okay. That's a doctor Patricia Kane pretty much trained me with.

Okay. All right. And so from those three, if you plan to do those three therapies with a particular patient, is there any order that's important. So what I do is when the patient comes into the office we're going to look at three different things.

What is their infections. Do they have tick borne infections and what are they. Then we're going to look at do they have a toxin load. Do they have mycotoxins.

Or they also have a toxic exposure. And then we'll also get a look at the immune system. And we're going to look at the inflammatory state CRP for a TGF beta one.

So we're going to look at that patient. Let's say their inflammatory is low and they don't have mycotoxins. They only have saline and BCA. Now I'm going to jump into ozone therapy pretty quick.

I don't have to worry about PCA. I don't think as much as someone who has a micro toxin exposure and a high inflammatory state that might be pushing the PCA a lot sooner.

So we're going to look at all those factors and see what kind of a patient are you, and how is your reparative state. And do you typically combine. And I don't mean simultaneously, but do you typically combine you know, PK therapy with IBU or ozone.

It's not like you're picking one. No. After patient. Let's say you have all three manifestations, right? We have an infection. We have mycotoxins and they have high inflammatory state.

So then basically you need to combine all of the modalities that we offer right. Yes. Now are these your main therapies for treatment or are you also doing like a main core protocol so to speak, with either antibiotics, herbs, nutrients, you know, nutrition, lifestyle.

PK Therapy for Cell Membrane Repair

Like what else does your practice. Well for patients get some nutrition, like we were saying and some supplementation with nutraceuticals. They all also go on an herbal protocol.

I'm a big believer in herbal botanicals to treat like the bees of Bartonella and even Epstein-Barr virus. I pretty much got away from antibiotics, except for maybe a very short course if I think they needed it in the beginning.

But I really like the herbal protocols, and it's all combined into someone who's also getting ozone PK, possibly IBU. So it's all done together. They have a whole program. Wonderful.

So how do these therapies enhance or accelerate that underlying treatment protocol that you were just referring to? Right. So I do certainly have some patients come in and they don't take advantage of the intravenous side of the practice.

Yeah. And they'll do the nutraceuticals and the herbals and the dietary guidance. And then I like to think that you're either a simple patient or you're not that inflamed.

And you had 1 or 2 things wrong. And that worked really well for we move over into the side room when it's not as effective as we would like, and then they really need the ozone therapy or the PK therapy to make that jump into wellness.

Okay. And aside from the part of IBU where we're filtering, do you use a lot of other detox methods with your patients? Well, we do offer intravenous vitamin C.

And we ask them sometimes if they're more exposed to do infrared sauna. We'll be ordering. Adding in lymphatic massage pretty soon so that we can open up the lymphatics.

And we do use some of the picanha remedies for detox as well. That's pretty much on everybody's protocol. Great. So when you're using the ozone, the IBU where for those two would you say is the right time to introduce.

Do you start out with these or do you wait till there are several months in? Where do you feel is the right time to incorporate ozone and IBU specifically?

Well, if I, I tell my patients, if I had my choice when every patient walks in the door, I'd love to start ozone. Okay. I'd love to start them on even a small dose of intravenous ozone, along with the herbal along with the diet, because I just find it's such a great addition.

So if they're open to it and willing to start with that, I would start with it right off the bat. And what about the PK therapy? Now again I'm going to PK therapy.

I will probably add in if I thought there was more of a neurological component or a toxin exposure. But would you do that at the beginning? Would you do that several months in?

Depends on does it depend? Depends on the case. I have no like standard. This is the protocol I assess in the beginning. Like I said where you are as a patient and some patients have been sick for ten years and they're quite depleted.

I might just start with PK and that's it. Okay. I was going to ask. Because those patients start to very gently, yeah, you could pretty much just see the patient coming in in the wheelchair and they can even lift their head up.

We've had all these diseases and toxicants for so long where like you're just a PK patient. Yeah, I would imagine it very much helps to enhance the cell's ability to absorb the various nutrients and therapies that you're using.

Right. Because if we have a very stiff, non pliable, nonfunctioning cell membrane, it makes it very, very hard to get anything into the cell. Right. And we don't want to really I like to tell people we don't want to really go after the microbial load really aggressively until we prep the body.

Exactly right. Okay. So for practitioners that are new to these tools, where do you suggest they begin? So both in terms of just learning about these therapies, where can they find more information.

And then also how can they find out how to apply them clinically in their practices. So I mean, it took me a lot of different conferences to figure it out and develop your own way to make your protocols.

I don't think there's any one conference you're going to go to that's going to explain all of that. But there's certain oxidative therapy training centers to learn all about ozone.

How to administrated had a dose. IBU has their own separate training through their company. When you buy an IBU machine, they have a company that will also train you how to do it.

And then of course, I went to Patricia Keen's training for the PK therapy. Right. Unfortunately, there's not one place that you can just say, I want to learn everything.

You have to kind of go to one to the next, get more interested and add something else. Right? And I mean, I've interviewed a lot of different Lyme physicians are complex chronic illness physicians, too. And, you know, a lot of them use ozone or use IBU.

Some use PK protocol. You know, it's your IV. You're the first person that I've met that does all three together in one clinic. Along. With lifestyle medicine, herbal medicine.

So it's it's really nice to hear, but. That's probably because, you know, I got my daughter better and she needed a lot of modalities. And then I started using that in the clinic.

And then I still had patients that didn't get better. So then I said, okay, let me learn something else, which IBU was a recent addition. And then I'm always looking at, here's this one patient that needs something else.

So I added. Right. I don't like to give up too often. Yeah, I know it's hard. I'm the same way. Okay, so what is the one tool or therapy that you think is underutilized, in our field and has the potential to support recovery in really tough, treatment resistant cases if you could only pick one.

So if I could only pick like if I had a clinic and I had to pick one thing. Yeah, I know it's a hard question. It's a hard question because like I said, there's different cases.

You know, if you have a lot of chronically ill people, like I said, where they're in a fragile state, I did pick and P. K., I really wanted to, you know, help the patient get over the microbial load of Lyme disease.

Bartonella. We'd be picking ozone.

Combining Therapies and Clinical Sequencing

So it's hard to say, right? Yeah. Right. And unfortunately, most patients are dealing with both of it. Right? Right. And that's why I do offer all of them.

Because otherwise I feel like I can only conquer one part of their problem. Right. Did you used to refer out to other physicians in the beginning for these therapies, or were you able to just when you went integrative for.

I went integrative and had ozone and PK from the start. Oh that's wonderful. Just recently added. And you said that was 15. Your daughter got sick 15 years ago, correct? Yes.

So you've been you've been she. Needed she needed both ozone mpk. So I learned about the value of both of them. And then I got trained and just started doing them.

Yeah. All right. Well before we wrap up on this episode, is there anything else that you would like to share just in general regarding complex chronic illness or regarding the therapies that you've talked about today?

Well, I think, you know, most of the doctors that are in this field, we're all in this field to get the patient better. And I don't, you know, I think you have to go through the journey and you just have to say, I never going to give up.

Yeah, I keep looking at new therapies every day. It's a couple more I'll be sharing really soon because again, I don't. Would you like to share that with us?

What are you looking at? So I just also recently started doing s.a.t therapy. Okay. It's a nominal. Why don't you tell our listeners a little bit more about that?

That's something that we've not yet talked about on this podcast. So if you'd like to be the person that introduces it. So maybe two and a half years ago, I started reading about S.a.t, which is single oligonucleotide therapy.

And the concept is, is you're going to take the patient's blood sample, ship it to the lab in Greece, they're going to get the genetic code of the nucleotides of, say, your Lyme disease species design a single oligonucleotide that's a mirror opposite.

They're going to send me back those little proteins in a vial, and I'm going to infuse it. Those little proteins are going to search out. It's mirror opposite which is a key insert itself and it'll be demised.

Then it'll go to the next spare key, insert it and we'll see that it effectively eliminates quite a few Borrelia over a 4 to 5 month period of time for one infusion.

That's amazing. So it's a does really amazing things that you do have to know how to sequence it. And I'm really careful not to like start with as some team.

Like I said get the body ready, get the patient ready. And then we look at if we can use something like that to shorten up the course of therapy, to lessen how much spike repeats.

There. Bartonella. But the easier they are of Epstein-Barr doses, you could do viral loads. It's quite exciting. I have a lot of patients who are like halfway better.

I give them a dose s.a.t and two months later they're telling me I feel great. So I change the practice a lot. Yeah. So I've been looking a lot into S.a.t recently to.

Yeah. What's the other one? There was another one you were looking into right. So, the next thing I'm probably bringing in shortly is going to be true dose how they get you with them?

I am so familiar with them. Yes. True dose is amazing. I've I've done it myself four times. I think in the past year. Amazing. I've been reading up on it.

Yes. And two doses are platinum sponsor for the Lyme Bite Symposium. So yes, they will be. There and you're already talked to them. And I'm pretty sure written that in about.

Great. So now I'll have pretty much any therapy that you're going to need.

New Treatments and Final Advice

Will just have to sequence them and see who needs which one. Oh that's wonderful. That's going to be exciting. That's so exciting. We'll have to have you back on to talk more about our society and about your dose as well.

I would love to have a couple of patients who really just turn them around with the s.a.t therapy. Yeah, great. Any final words of wisdom you'd like to share with our listeners?

I guess never give up and keep researching. And I learn from my patients as well. They send me articles, they ask me questions, they challenge me, and I'm here to to help them.

Yeah. Are we we learn from our patients every day. I think I might just as much from my patients as I have from any book or lecture seminar, etc.. Right? Yeah. And I always I'm always willing to listen.

And I think most of us that are in this space are that kind of physician. Yeah. I mean, we have to we have to for so many reasons. You have to write it down or give them instructions because they're going to forget.

Yeah. That's true. Yeah. Sometimes I think just the validation of being hard, you know, and feeling like you finally have somebody who is listening to you and who and doesn't think you are crazy. Yeah.

So on that first visit, many patients start crying. Yeah. Because you're listening to them and you get it. Yeah. Yeah. Well, especially with you having a daughter who's been through it and I myself have been through it and I think, you know, I would say 95 and if I had to guess of practitioners who specialized in to mine the ironic.

Yes, they have either themselves or a very close loved one who they've pretty much had to save from these things. Well, she would have never gotten better, I don't think.

Would anything conventional medicine could done for her. Yeah. Right. Well, thank you, Doctor Zimmerman, so much for your work today. And to all of you at home.

Thank you for listening to Lyme Bites. We hope this brought you one step closer to true healing. If it helps you share with someone who needs to hear this too, because together we all heal stronger.

Let's pray. Thank you. Thank you for tuning in to Doctor Talks. We hope today's episode has enlightened and inspired you on your path to optimal health.

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