Introduction and Guest Background

Hi and welcome to another episode of the Healing Lyme Summit 2.0. I'm your host, Doctor Mariah Hinchey, and I'm so excited to introduce to you tonight's guest expert.

Here with me is Doctor Michael Calvo, who is a fellow board certified naturopathic doctor. He's devoted his career to practicing and promoting natural health.

He is a high demand speaker, author and educator in this field. Doctor Carl provides personalized naturopathic care at his busy multi-discipline integrative medicine center, the Carl Felt Center in Boise, Idaho.

He treats the root causes of diseases and strengthens the body's ability to heal. Doctor Carl has practiced medicine for over 30 years and is one of the leading experts in treating cancer and increasing awareness about natural ways to treat cancer.

Additionally, Doctor Carl Fell is the host of the internationally recognized podcasts Integrative Cancer Solutions with Doctor Carl developed and Integrative Lyme Solutions with Doctor Carl Felt.

Here, he features people who have successfully conquered both of these diseases. Finally, he's the author of the number one bestselling book on Amazon, A Better Way to Treat Cancer.

Welcome, Doctor Carl. Thank you so much for joining us tonight. I'm so excited. This is going to be so fun and so great. So thank you so much for having me.

Absolutely. Tell our listeners a little bit about how you came to have one of your specialties treating Lyme disease. Well, so Lyme, when you're in the field for as long as I am, then you come across patients with very complex disorders and and you always try to find what are the commonalities.

You know what? How can I get better at addressing this. And and when you look at Lyme, it is exactly that. You know, that's why I have both cancer Lyme and there's a lot of kind of correlation between the two.

And we'll we'll talk a little bit more about that later on. But Lyme as I was seeing patient, do you do kind of the normal therapies and they don't tend to get better.

And then you have to start to dig deeper. And and it was not until really actually it was Doctor Dietrich Lenhart, you know, that, you know, going through all this training, that really opened up my eyes.

And this would have been back in the, you know, 2010 or something like that, or maybe a little bit earlier than that. That I really dug deep into Lyme because it, you know, patients dealing with chronic, you know, chronic pain disorder, neurological brain issues and, and you, you do different, you know, herbs to support that.

But then you're realizing there's much more to that. And that's kind of how how I stepped into Lyme just the desire to help people that were really battling.

Yeah. And not really getting help elsewhere, I would imagine. And exactly. And that that's the thing is, that is I mean, and I know you've talked a lot about this already.

Lyme patients say they deal. They're so frustrated. They go to so many different places and, and they don't find a resolution. And and it's so frustrating.

That's why they deserve that extra time. They deserve that extra look and deeper look to see what, what the

underlying factor is so that we can we can address it.

Yeah. And I would imagine this is part of what inspired you to develop the Integrative Lyme Solutions program that you use with your patients? Exactly.

And there's so many tools out there, and we we pride ourself and bringing together, you know, all these different tools. And we talk a little bit about them, you know later on like photodynamic you know ozone mitochondrial you know, IV support and neurological, you know, going after like go mold going after, you know, so we have frequency medicine, detox medicine.

You know, we we we do a lot of it here at the center.

How Lyme Became a Specialty

So patients fly in and we can hit them a little bit harder with these different therapies. And to clear out a lot of the stressors quickly. That's amazing.

Yeah. And I can't wait to talk about each of those modalities individually. So you had been treating cancer for, what, maybe like 15 years before you really came to specialize in treating limit and vector borne disease?

So cancer has been kind of my little specialty, you know, just because. Am I my dad? He he passed away from colon cancer. So it became very personal to me, you know.

And and that's why I'm also with Doctor Talks. I'm hosting Breakthrough Cancer Summit. Because I feel that that's another area where people are so frustrated.

They're they're the tools that are available in the medical profession is very limited. And and what I saw quickly is that there is a, a direct correlation between factors that you need to address, with, with both cancer and Lyme.

You know, because cancer in itself is essentially, the same where you have mitochondrial dysfunction, you have, inflammatory responses. You have, you know, chemicals and heavy metals that are interfere with cellular function, you know, making them turn that cancer is and you have all these infectious agents that at the same time also promote cancer.

So Lyme in itself as a infection is actually a big component for people then ending up with cancer. So you you've, they've the type of therapies go very much parallel.

And the type of investigative work that needs to be done to look at root factors and looking at the terrain of the body, looking at all these different factors, it's essentially the same.

So so that's why at both of them, they there really fascinates me. And the biggest thing like yourself is because the people in these two camps, both Cancer and Lyme, they feel like they're lost.

I mean, there's there's not much out there and we need to really buckle down and find better solutions for them. Yeah. I mean, in the Lyme world, if you can find a doctor that believes you actually have Lyme, you know, oftentimes there isn't much more than pharmaceutical antibiotics, you know, and steroids being offered, which is like, no, and then in the cancer world, it's like, you know, what?

Do we have chemotherapy. Right? But like, we forget about all of these lifestyle, modalities and how food affects our body, right, for good or bad, and can promote inflammation and immune dysfunction or, or help to resolve it.

So it's funny because, you know, your training and what you figured out for your cancer patients is almost like the exact roadmap that is necessary. Not maybe road map, but like basis, same basis that you need to cover the same sort of medical investigation that you need to do.

In my opinion, what the Lyme patient to really have any chance at recovering their immune system and getting that infection into remission or out of the body, whichever the case may be.

And that's the thing, is that we, you know, when we think of cancer, then we think of the tumor. We got to get rid of tumor. We chemo radiates surgery and all of that, forgetting that the tumor exists there for a reason.

You know, there's a terrain that that tumor grows within. And it's the same with infectious agents. You know, we we see, I get the BCI or I get Bartonella or Borrelia or whatever it may be, and then we go on high alert.

I get to just kill, kill, kill. You know, that infectious agent not recognizing that that infectious agent, just like the cancer exists within a terrain.

Right. And and if you don't fix the terrain, it's just going to come back. Exactly, exactly. It's like rats in the alley. Yeah, yeah. If we we can kill as many rats as we want, but if we don't clean it up, then they're just going to keep on coming back.

Yeah. So all of these various treatment modalities that you've brought into your your clinic and into your program, how do you balance them all. So it becomes a, a journey becomes very personalized and individualized, you know, because each person is in a different place and you have stronger drivers, you know, for one individual versus another.

So let's say one individual, maybe there's a traumatic event or very stressful, you know, stressful event or belief system that really promoted, you know, the expression of Lyme in their body.

Cancer, Lyme, and Terrain-Based Medicine

So then we we need to then shift more towards, you know, making sure that we address those traumas, we address those belief systems. And, you know, we use things like APM, applied psych in our biology, you know, EFT, we have theta chamber that we have that helps to kind of rewire the brain.

So then we, we focus more in that area, or let's say that that individual has, you know, yes, they have Lyme, but they've also similar failing. Say, you know, maybe they've been a hairdresser, maybe they, you know, auto mechanic, you know, and we know that their toxic load is very heavy.

So then we want to start to open up that, that those detox pathways as so that we can then kind of clean up the environment so that when we choose to go after the pathogen that we, you know, the body can handle some of the die off and, handle all, you know, when, have the energy to deal, you know, with as we're killing off the pathogen.

Or it could be that the person has been dealing, you know, they've, type a individual. They, you know, burnt up their adrenals and, you know, thyroid was next.

And and they, their testosterone is depleted or estrogen is depleted. So then we, we recognize we need to support the endocrine system. And start there. Yeah.

So each individual is very unique. And they have a very unique journey. You know they're yeah. Getting well and that's why it's so important then to have somebody to guide you through that process.

And and I do use different techniques. And one of my favorite technique is the art or, the gnomic response testing that, Doctor Klinger, you know, they've brought together a lot of different, testing techniques.

And this was to, you know, mitigate a lot of the caveats. And that just helps me to see what priority, you know, do we need to address things in, you know, what?

What is the first thing first and then so we can see what the body is ready for. And and then we start to address that. And then we as we start to address that, then we see how the body's responding.

And then depending on how the body's responding then we'll we'll take care of that response. And that way we're guiding the person along a pathway that is incongruent, with what the body can handle and what it wants to do as a next step.

Okay. That makes sense. Now, how do you incorporate adjunctive therapies like ozone or photodynamic therapy? Right. Is a big therapy that you do there in your clinic.

How do you know when the right time is or the right sequence to do therapies like that? And how do you pair them with I know you use a lot of botanical medicine.

But sometimes conventional antibiotics and more of an integrative approach if, if it's warranted in that particular patient. Right. And I love I think I'm very much like you.

You know, I like to go botanical, you know, way before, you know, starting with different antibiotics because I feel that, the, these different pathogens and they've been around for a long, long time.

So, you know, it's not like it's a new invention that that all of a sudden we have Lyme. So the plant kingdom, they've evolved, you know, with these pathogens being around.

So they've, they've developed a, you know, complex structure to be able to defend themself and then also to be able to exist with these different pathogens around them so that that's why I love bringing in herbals and plant medicine and then you so you can start there.

And then you can see depending on the individual and depending on what they've done so far, we can then choose to do a big push to kill things off. And we can use, you know, things like ozone, which is is fantastic for people battling Lyme.

We have different versions of ozone. We can do something like called UBI or ultraviolet blood irradiation, which is a little smaller. I usually call it kind of a starter ozone type of therapy.

It's it doesn't have to be, I it's very powerful in itself. But then as the person evolves, we can then step into, like, major Autohemotherapy or, you know, IBU or RHP is another name for it, where we can essentially, you know, pull, you know, what is the need like four liters of an individual's blood volume in a setting.

And ozone is, is quite fantastic. I mean, one, it helps to, you know, had has that extra oxygen, so it oxidizes and pathogens oxidizes. Yeah. It can make those heavy metals and and it really doesn't care whether it's Lyme virus, fungus, bacteria, whatever it may be.

It is fantastic at, you know, oxidizing, whatever that may be. So it helps with the killing, that of the pathogen. But then it does many other things as well.

So it actually trick triggers a cascade of, of cytokines that helps upregulate the immune system and make the immune system more effective in being able to deal with these pathogens.

And then it also helps to increase the, your mitochondria. So we we know that a cell has, you know, X amount of mitochondria within it. Mitochondria is the energy, you know, factor within the cell.

And obviously if we don't have energy within the cell, it can't regenerate. It can detoxify. It can't do all the different things that it needs to do.

And then we experience pain. And then, you know, because the cells are suffering, then they send out pain signals and inflammatory signals, etc..

Personalizing Lyme Treatment

So ozone help them to turn on the mitochondria and also help to rejuvenate, you know, so that we can then have old mitochondria become like new again and also helps to create these kind of big mega mitochondria, to be even more efficient in producing energy.

So also in, in itself, to me that that is such a fantastic tool, when you are battling Lyme because it fulfills so many different functions. Then we have things like, you know, vitamin C in artist innate, our other two IVs that I love in combination with Lyme, you know, artists and artists is really good at, at supporting, you know, also oxidation of, pathogens and killing of pathogens.

But the and it's fascinating because as an IV, you know, when you do intravenously you have that initial, you know, where it kills. But then after that it has all these kind of immune or regulatory effects that lasts for for weeks after, you know, where you control the inflammation, control autoimmune conditions, control, you know, so, so many different functions of that.

And then obviously, you know, we have photodynamic that, that, that I bring up to the table. We'll talk a little bit more about that as well. Yeah. Before you move on to photodynamic therapy for the listeners.

So if someone were going through ozone therapy, like let's say IBO, how often would one receive the treatment and how long would like the period of time that you would recommend the treatments take place to be effective?

It's a very powerful therapy, you know, and so, you know, when you do the therapy that the IBU, you know, the effect lasts for, for several, several days after.

And usually I want to minimize the amount of other therapies that you do after, because you almost kind of want it to run its course. You know, there may be some other things that I will bring along side with it, but I want to minimize it.

Usually the you set so the treatment in itself is about an hour and is really fascinating when you, look at the blood, you know, coming out of the an individual from the one arm as just look, this kind of dark, nasty blood and then you, it gets filtered and also needed, you know, and in the, in the machine.

And then it goes into your other arm and here it's just vibrant and red and oxygenated, and it just looks beautiful. It's it's really, really fascinating.

In fact, we did, one individual, we did, nutrition and live blood cell analysis while, the individual was receiving that IBU. So we took a little drop from from their finger and put on the microscope, you know, blow it up on a big screen, and then we can look at the red blood cells, white blood cells, and you know how they're all behaving.

And, you can also see pathogens. You can see fungus and spider kits and things like that. And it was quite incredible to see, you know, while an individual's receiving the ozone, you know, with the IBU, you know, the red blood cells was nice and round.

They're separated, floating around very happily. All the immune cells are very active. They're very busy. And they're just, you know, you can see how they're were just working and and kind of cleaning things up, because usually when, we look at the blood like that, you see at the red blood or the white blood cells, you know, from an individual being infected, and it's kind of like they are on vacation.

They're laying by the pool, they're having a margarita. They're really not doing anything. They're just kind of existing, you know, almost like a governmental worker.

Not just kidding. You and and then also you have, you know, you see a lot of the, the red blood cells, they are clumped, all clumped together. Yeah. And they're not able to really get into tissue because and and the capillaries, which is kind of at, at the end of our blood vessels, you know, which is where we get oxygen transported into the tissue.

So that's kind of the last, most important step. They need the red blood cells to be kind of a single file. And they need to be able to kind of fold them south in order to be able to transport that oxygen into the tissue.

And so when the red blood cells are clumped together like that, that we're seeing and they're the lifeblood cell analysis, then then they they can transport oxygen.

Yes, they can float around in the arteries. Fine. But to get oxygen to the tissue, it's not going to be very, very good. It's going to and so the tissue is going to suffer.

Your nerves are going to suffer, you know, because they don't get oxygen. So now you're going to be in pain. You're not going to kind of lose control in some fashion.

So that was really fascinating with the EBU. So sorry I went off on a tangent. So no, that's great. I doubt that most of our listeners have, you know, have really heard that.

Yeah. Yeah. No, it's I, I love EBU so usually the, the quality, the amount of times that you want to do that, I usually don't want to do it more than twice a week.

Know, I prefer maybe like once a week. But if we want to hit it heavy then twice a week, and we probably do that for, for four week time. Okay. That that would be kind of the maximum.

And then after that, depending on the individual. But usually then you kind of do an upkeep every six months or so. Depending on what's going on. But that, that tends to be the, the pattern with that.

And if someone were already on like, let's say a lifestyle and botanical medicine regime, would they be able I mean, obviously the lifestyle you could probably continue.

But when it comes to the botanical medicines or the herbs, do you recommend that they would stop that while going through ozone? Or they could stay sort of on their their standard protocol and then add the ozone in?

I still like them to have that net of connection and supporting, all the, the herbals, the botanicals. So I, I'm very it may be some adjustments, but very little that's needed.

So I feel that if you are on the botanicals, you have done the lifestyle changes and you've done all these, these prep work, then this becomes a really great next step.

You know, along with some of the other things we've discussed. Yeah that's great okay. So tell us about photodynamic therapy. Now what is that. So photodynamic therapy is something that I love.

And I use it both for and yeah for so many different things. So you have you have the component of what's called sort of by modulation. And then you have photodynamic therapy.

So for the by modulation both of them uses light.

Ozone Therapy and Treatment Sequencing

You know, photo being light. So the by modulation is restorative regenerative reparative photodynamic therapy is destructive killing. And so you can use for the by modulation just by itself.

And that's using what we do is we have intravenous, optic needles that we introduce. And that way we can treat the blood assets passing by and, and the beauty with that, it used to be therapies where you kind of circulate the blood through a machine and, and, and then it gets killed.

There was some light and then it goes back into the body again, which is also very fantastic. But now you are taking blood outside of the body. So there's always a question of sterility and, safety factors and things.

And so here you're treating the blood essentially assets passing by. And you are using an optic needle then to treat the blood, you know. And with that we have the ability to use different colors like ultraviolet lit blue, green, yellow, red, infrared.

And each one have different functions. And they they all impact the body in different ways. So since the blood passes by one point and the body about once every minute, so in a 60 minute, treatment session using then intravenous laser therapy, you're actually treating the whole blood volume 60 times.

So you know which one session in one session. Yeah. Oh, wow. And consider that we talked about UBI or ultraviolet blood irradiation. Yeah. What that usually looks like is that you pull 60 cc or 60, milliliters of blood and you put that in a sailing bag and then you put ozone into that, and then you run that through a little machine that irradiated with ultraviolet light, and then that goes into the body.

So here you're essentially irradiating 60 CCL blood, you know, versus 60 times of 5000 cc's of blood, you know. So you can kind of see the difference of impact, right.

In addition to that, then the blood is staying in the body, you know. So it's in sterile environment. And we can choose different laser colors. So depending.

Yeah. So we know that ultraviolet it kills a lot. Blue kills a lot as well. You know yellow. Then we'll work more on the on viruses. Fantastic. Going after viruses also the sunshine you know color.

So it makes you happy if it's an antidepressant. Yeah. The green, lot for the cardiovascular support. The the red blood cells, you know, then you have the the red really upregulate the immune system.

Mucin activity is same with the infrared. And we know that, the mitochondria that we talked about, the mitochondria looks kind of like a trained state.

You know, I've, Yeah. Like several train stations. You have a train moving from one spot to another and, you know, each spot, you know, we we kind of accelerate, you know, how we produce energy.

So these different train stations are called complex one, two, three, four. And we've seen that the different colors and impact the different complexes.

So it kind of drives that whole energy production within the mitochondria. So that is the photo by modulation. That's really supportive. And that's when you just kind of run the the colors by themselves.

But then if you bring in, the dynamic, then we combine that with things like methylene blue. We combine it with a full desensitize or so. Methylene blue would be a photosensitive.

So you have riboflavin which is just vitamin B2 is another photosensitive or, but even, or botanicals like curcumin, EGCg and even vitamin C, they are all in some way, photosensitive series.

And what they do is that they will then attach themselves to the pathogen, and then as the pathogen with that photo sensitized or passes by in the bloodstream, you know, and the laser hits them, it intensifies the energy of, of that, that laser light that hits the pathogen and kills them.

So it is a fantastic way of of killing off a lot of pathogen. And then to layer that with things like IBU, vitamin C artists and they, you know, it becomes really, really powerful therapy.

And so it sounds like the photodynamic therapy or the photo bio modulation is not invasive at all. It is not. No. It is very. Yeah. Where is it applied to the body.

So this this is an applied intravenous. So wherever your blood goes that's where it treats you know. So you can also we also have laser beds. We have you know cats.

You know we have you know, other different devices that helps them, hit a large amount of, of light, laser light, to the individual, in combination them with the photosensitive or so.

And we also have laser helmets, you know, for individuals that deal with a lot of neurological conditions, you know, so then you can combine, let's say methylene blue.

You have them take that orally or we do it intravenous. If we want to have a higher quantity. And then we can have laser helmet on them. In addition to do it intravenously, we can also do kind of laser up in the nose to kind.

I hit hit the brain that way. So there are a lot of different ways to, to utilize light and, and go after these different pet pathogens depending on where, where they're needed.

And then, yes, another tool, laser energetic detox is, is I, I don't know if you talked about that, but that's another kind of fascinating layer. And since we're talking about light.

Yeah, there's so many effects of light so far, I think we've really, this summit only talked about, far infrared. Okay. Yeah. If you would like to speak a little bit more about that, please do.

Yeah. No. So yeah, it's it's as I mentioned. Yeah. The far infrared is great. You know, it has if you're only have a light source, you know, far infrared will have the deeper penetration.

Photodynamic Therapy and Light-Based Treatments

But then if we use things that are, intravenously, then obviously we don't need to just use infrared. Far infrared because we are them treating the blood directly.

You can also use, yeah, these different laser watches, you know, that that we, that we have with the different colors. So you can then take, oral desensitize or, and then put on the laser watch, and we have the bloodstreams right here passing by.

So as a blood stream passing by with a laser watch. And we're essentially treating the blood, so. So that becomes a good, home use, type of therapy then, it's sometimes called laser energetic detox.

And that's something that was introduced by, doctor clean Heart as well is actually a doctor Lee Cowan. That really, you know, brought this to the world.

And it's, it's a fantastic, tool to use. And the homeopathic vials with substances like Borrelia, like mercury, like, you know, whatever it may be. And you can use that homeopathic vial and then shine the light through it.

And what's amazing with that is that then that frequency, all that homeopathic vial, that information will piggyback onto that laser beam or that light beam.

And so as you are then shining it onto an individual, it gives that individual, the, the information about, you know, that this is an issue like mercury or whatever pathogen it may be.

And so it is fantastic. Then at giving the body the tools that it needs in order to be able to eliminate, you know, these different components. And it's it's, you know, fascinating.

You know, when you do the laser energetic detox on, let's say, you know, Mercury and, and the individual will start to, you know, put Mercury and they've been able to measure, you know, the, the chemicals or glyphosate.

Or like I mentioned, if it is a pathogen, it will give the immune system more information about that pathogen so that it can be more equipped to to address it.

And you can then use, you know, what's called, where you go after different folks in the body. You know, there may

be when you do the muscle testing that you see that there's a large quantity of a pathogen like moles now stored in the liver.

And so now you can they use the vial, you know, for that mold and then, you know, shine, a just essential there. You only need like, a, laser, you know, like an LED and the shine that with the vial on top and attached to it.

And that helps to drive that pathogen or that chemical, or have a metal out of that location where things are stored. So light is, is amazing. Yeah. It's it's incredible what what it can do.

Yeah. It really is. That's fascinating. So let's switch gears a little bit and talk about some of the diagnostic tools that you like to use in your practice.

So beyond, you know, the testing in the specialty labs and all of that talk to me about using you use dark field microscopy. Right. And then you use another test.

Rick, tell our listeners a little bit about both of those and how you use them in your practice. Yeah. So so the light blood cell analysis, or dark field microscopy, you know, they're two different names of the same thing I love because you can then see the blood directly.

You know what, what's going on. And you can see, a you can see impact of interventions that you're doing and, and seeing how, how the body responds to that.

And you have with that, you have the live blood cell analysis, the dark field microscopy and then you have what's called dry blood. You know, where you actually see how the blood coagulates.

And with that you can see patterns, inflammatory patterns. You can see what's going on within the gut. You can see vitamin C rings, heavy metals, you know, liver spots, parasites.

I mean, there's so many things you can see just by looking at, you know, a few drops of an individual. So I love that aspect. And then obviously, you know, we talked about art or autonomic response testing.

So that's another way for me to assess to see what's going on and how the nervous system is, is stressed by, you know, certain factors, you know, being, you know, Borrelia, Bartonella or whatever it may be.

And then you have others. So the RGC, you know, that is more in relationship to creating something called salty. And that becomes a, a therapy in itself, that you can use to target different pathogens and that that requires a little bit of a longer discussion.

But that that becomes a great tool for that. Then we have, you know, you know, the different regular labs that we, we tend to run. But I also like to do frequency, you know, we check, you know, the different frequency sub pathogens and that can give you a huge amount of insights.

So yeah, things like, you know, monitor or a or scan or that there are a lot of different devices like that. And we, we have those different devices here.

And that gives another angle of understanding. And I and I feel that, that there is no be all, end all test out there. So it is good to have a few vantage points that you can use to be able to assess and monitor to see what's going on, because we know Lyme in itself.

I mean, one of the things that it does is it goes after your immune system, your ability to produce antibodies. And so and how we monitor Lyme is with an antibody test.

So so we know then the challenge, you know to be able to be diagnosed with something that is, you know, destroyed so to say, by the disease. So it is good then to have additional tools to be able to, to monitor and assess and see what's going on.

Yeah, absolutely. And with the dark field microscopy, it's a way to actually have almost like a live view, you know, like a now view. Whereas antibodies can hang around for several months, you know, depending on which antibody we're talking about.

And so yeah, it's not going to give you a real time insight, you know, as to what's going on. And to your point. And we've talked about this multiple other times during the summer.

You know, there are you know, Lyme affects the immune system and causes immune suppression, right, or overreaction or a combination of both depending on the individual.

And, you know, it seems almost asinine that we're using a test to, you know, detect something that destroys the immune system by analyzing the immune system, you know, but there isn't a lot of, of other better ways.

So the dark field microscopy is, is an awesome tool. You know, as our, as our some other thing. So. Yeah. All right. Yeah. And I, I agree, I mean I and it's not that the antibody tests do not bring value.

They bring a lot of value for sure is just recognizing the limitations. And just because there's a negative test doesn't mean that it's negative. No definitely not.

And I drone on and on about how, you know, Lyme and other vector borne diseases are a clinical diagnosis. Right. And any testing that we're doing, we're kind of bringing in, you know, as the piece of that, of that clinical diagnosis.

It's not, you know, a positive or negative test. So for any of our listeners who haven't heard us talk about that over and over again in the summer, and maybe you just caught this episode such an important point, such an important point.

So, all right, talk to us about the role of rebuilding the immune system. We've talked about a little bit about testing. We've talked a little bit about, adjunctive therapies and killing organisms and whatnot.

Now, talk to me about your approach to rebuilding the immune system, which I think is one of the most important pieces of the puzzle. And that and there's some similarity between, you know, Lyme disease and cancer is that, you know, you have patients going with with chemo, radiation, surgery.

And yes, the tumor is gone. And, you know, we do a little, you know, hip hip hooray, you know, downs. But you know, these therapies are never going to be able to get rid of it all.

You know, there's always going to be some cancer there. And it's the same thing with Lyme. Yeah. It's not like you're going to be able to get rid of all of the pathogens.

They're always going to. There's always going to be some they're you know, it's going to be some virus going to be going to be exposed to moles going to deal with some parasites.

You know, you're going to have some Sparky, you know, running around. It's just the nature of life.

Diagnostics: Dark Field Microscopy and Autonomic Testing

You know, we we're going to be exposed to that. So now we we need to have that, that buffer zone, that layer of protection, you know, that to be able to address, we've reduced load.

We've supported the body, reduced load of pathogens. And what do we have to protect us? It's our immune system. So that becomes key key key to do. And and there are many tools.

And we talked about some of the different things to to go after the pathogen. And some of them also help to rebuild the immune system. You know like vitamin C, IV, you know, glutathione.

Yeah. It helps, you know, glutathione, we know that, you know, a cell cannot survive without glutathione. And it, you know, we produce energy with glutathione.

If we are deficient in it, we're not able to have the appropriate antibody response, you know? So there's so many needs, you know, for glutathione and then vitamin C.

Also we talked about ozone that also help to support the immune system. But then things like mistletoe, you know we think a lot about mistletoe in relationship to cancer.

But mistletoe in relationship to Lyme is fantastic. It helps to really reset the, the immune system to upregulate the components of the immune system that needs to be down, regulate a lot of the inflammatory, extremely antiviral.

So it is a fantastic tool know to rebuild the immune system. And then peptides love peptides. You know, thymus and alpha one, you know, thymus and you know, it's for, you know, usually use a, a kind of smaller version of t b times in beta four called TB 500.

We have, you know, so there's so many wonderful tools, you know, BPC, k PV, that are incredible in relationship to modulate the immune system and support, you know, its, its function.

And obviously we got all the different mushrooms we have. You know, we have beta glucan, we have astragalus. We there's so many other tools as well. So immune system is so important.

We can also bring in things like exosomes, you know, later on to help to modulate a lot of the, the inflammatory responses and also help to kind of heal tissue and regenerate tissue.

Because I look upon when dealing with, with Lyme is kind of like you. Yeah. I have a house on fire. You you want to get rid of the fire? I mean, you can't really repair the house while it's falling on fire.

You know, we got to you got to get rid of the fire, clean that up, and then we can repair. And so so that and a lot of times we, we think that we are still struggling with Lyme when in reality it is post Lyme is that repair and regeneration that that we haven't done that, that we need to do.

So it's kind of a to recognize the different phases and want to do what. Right. So do you use a lot of oral peptides or IV or combination of both? Depending on which peptide it is that you're wanting to work with I do both.

Yeah. So you have with peptides we we do in both oral. We do subcu. And we also do ib ib I like more. Yeah. Because you are able to obviously get it directly into the bloodstream and I've, I've seen tremendous changes in individuals quite quickly by doing that, you know, for long distance guidance and, you know, Subcu or oral, becomes is a really powerful as well, like thymus and Alpha one, like, for instance, when we had a, you know, our Covid crisis, you know, I used a huge amount of time as an alpha one, and I, I can't I can't tell you how many people that I turned around by doing a heavier dose, you know, doing a dose, you know, twice a day, kind of hitting a little bit harder.

And yeah, it's, it's tremendous when you kind of lean on it a little bit harder. So but IB I think that is the optimum if we can and, and I usually like to do a combination of yeah thymus and Alpha one.

Yeah TB TB 500 and now maybe Cfpb or BPC. Something like that. So you have a vast amount of experience with all of this like that. That is evident. What would you say is the most important lesson that you've learned working with Lyme patients that you wish more people and people, medical practitioners, you know, laypersons, whatever.

What what do you wish they would understand about the treatment of Lyme and other vector borne diseases? I think the biggest lesson, and I think this is kind of a common scenario for most people coming out of any kind of school, medical, naturopathic, whatever it may be.

We are so gung ho and we want to fix it all, and we get rid of it all immediately, and we want to hit the body with all

these possible things. I think the, the biggest lesson is to really listen to the body, and sometimes less is more.

Rebuilding the Immune System

And and being able to kind of navigate that, that journey, without overdoing it because I, I think sometimes, you know, when we are kind of newer in our profession, we are kind of like a child in a, you know, China store where we just start swinging and and then things break.

And, so I think that is the biggest lesson that I've learned. Then obviously, as, as I've evolved, and I've been in clinical practice since 1987, so I've seen an evolution of a lot of therapies that were not available when I started that are available now.

And, and to me, that the tools that we use that we have access to now is, is incredible. I mean, I think that just learning of their existence and learning how to utilize them and one to bringing man, to me and having them available.

Yeah, it's so exciting to me and, and the impact we can have on individuals with that. Yeah, absolutely. So, are you taking patients in your clinic? We are, yes, we are.

And so we we have a number of different providers, you know, and, and I'm, I'm part of the process. And even though I may not be the, the immediate provider, I'm still part of the process.

And, and yes, we, we do take patients and, you know, if, people are interested, just do a discovery call, with one of our doctors and then, you know, we're available to do that.

And how would our listeners reach you? So the best way. Yes, yes. So the best way, so that you can find a huge amount of information on our website. It's at the Carl Feld center.com.

And, we do you can access in our blind podcast that we have there. We also have a large number of free ebooks, and I believe we, with this summit, we're offering a free e-book as well.

And you know how to address Lyme efficiently. And, and then to you can always call us at (208) 338-8902. And if you want to learn just a little bit more, we were offering a free 15 minute discovery call.

Because I know a lot of people they've gone to doctor, you know, from one to another. And sometimes they just want to kind of get a feel of, this next Doctor Who they are and, and what they offer.

Yeah. That's great. That's a great service for people. And I think it's so important to find someone that you feel comfortable with. And you, you know, you feel like you can be completely honest.

And also you feel like the doctor's got your back. You know, having that trust is so important. So you're starting a new podcast in addition to your Lyme podcast and your cancer podcast.

What is your new podcast? So yes, I love my Lyme. I love my my Cancer podcast. And I feel that the there are so important to bring that information out to the world.

I also love to discuss little old kind of deeper subject that may not be related directly to cancer. Lyme. Talking about transformation, talking about, maybe a little touchy subject, you know, such as Covid and such as vaccines and such as, you know, as things are spraying in the sky and just kind of bringing, deeper discussions about things that that, you know, are intriguing to us and that are educational and enhance our understanding of who we are and our place in the universe.

Lessons Learned and How to Connect

And, and bringing additional tools, you know, like I I'll have, Nobel Prize winners and physics and then, and, you

know, peace, peace, Nobel, you know, people that ran for the Nobel Peace Prize and, and, you know, so I'll have some amazing leading, you know, thought leaders in the world on that podcast.

So, I'm, I'm excited to bring that forward. I'm excited to hear it. I think that's wonderful. And I think that it is, very much needed very much needed.

And hopefully people are starting to, you know, to wake up and to realize what's going on in our world and around us and what's actually making us sick.

And, I think having someone like you leading this discussion, you know, lending credibility, and, you know, the scientific backup, right, to all of this is, is so important.

So I'm very much looking forward to that. What is the name of the podcast? It's called a doctor K show. A doctor K show. All right. So everyone be on the lookout for that.

It was a pleasure. Thank you so much for being here with us tonight. I truly appreciate it. It it's always my pleasure. And, Yeah, you do such amazing work.

And I'm so grateful for what you bring to the world and and whatever I can do to help. I'm. I'm excited. Well, thank you so much. And right back at you.

For all of you listening from home, thank you so much for joining us. I hope that this episode was helpful and brings you information needed on healing from Lyme.

We'll see you next time. Bye bye.