Introduction to TruDose IV Therapy

Hi, and welcome to another episode of the healing Lyme summit. I'm your host, Dr. Myriah Hinchey, and today I'm excited to talk about TruDose IV therapy So, this TruDose therapy is a patent pending regenerative treatment that harnesses your body's ability to heal itself using platelets and actually platelet rich plasma.

So when given at the right dose, which is the key point, it can activate your immune system to stimulate the repair process in the body and decrease inflammation.

So we are so lucky to have with us today the creator, founder and owner of TruDose, Tapley Holland. Welcome, Tapley. Tell our listeners a little bit about yourself and how you came up with this procedure.

So, well, my background is in stem cells. And over the past 20 years and, you know, we could all agree that we were created with this ability to heal ourselves from cells within our own bodies.

And I got to see that over and over. And so but I also got to see, you know, cases where people didn't respond. and so the question is, is why do some people heal from these therapies and you have these miraculous stories and why do some people not even respond?

And the question really goes down to a dosing and accuracy problem. And what I mean by that is, is that if you look at the scientific literature and if you look how any of these therapies are administered, whether it's umbilical cord stem cells, platelet rich plasma, bone marrow, stem cells from your own body, we do the same thing to each individual, the same thing.

and then we we don't know the dose that we're giving them, but we expect some sort of response.

How TruDose Was Developed

And that's how all the literature has been reported over the past, really 3 or 4 decades. And what I said is we need to be determining what is the dose that we that that is required to heal this condition or that condition.

which led to me in a full disclosure, I had a dream one night and this intelligence was downloaded to me. and within that dream was all the software and artificial intelligence to create a software that would be able to determine the dose response relationship.

for all of these therapies, that that could possibly. a-list and what I did not expect was because I created that technology. And when I started, I said, you know, we need to start with with things that people can understand.

We need to start with our own blood. and because people can understand blood, it's from you. It's very simple. And I started with things like make my knee feel better and, you know, make my hair grow.

And we solved that problem. You know, these conditions which largely take three, four, five, six treatments to have some sort of response, did not need to have that happen on the first treatment if you knew what the need dose was.

That make my hair grow? dose was the hair grew or the knee got better. and resolved in the first try. What I did not expect, was I had a very similar type of download, and it's.

And this information was let's try to do this intravenously. Let's try to do this intravenously. because I was trying to heal a child of mine, my first child, who was autistic, and I called my wife and I said, I think if we do this intravenously, I think if we jack up the dose, I think this is going to turn your brain on.

And I think this is how we're going to heal our son. And to make a long story short. Like any mom who's taking care of an autistic kid, she is going to be the test pilot to try that therapy.

And if it helps her, if she's going to do it, if it doesn't, she's not going to give it to the kid. And I had to, you know, really lay the evidence out in front of her dad, who is a medical doctor.

He's an MD. And as to why this would be a good idea and when he finally said, okay, we'll do this the next morning after he treated her. It did everything I thought it would do to her brain.

And then it did things that I never even thought were going to happen. her cognition, her vision, her the tinnitus in her ear literally melted away instantly.

her body changed. The her stress incontinence went away at week three. you know what? All these signs I did not know at the time that were happening to her were signs of massive detoxing.

Massive detoxing. because she suffers from breast implant illness. And, the second patient was my second child. Because at this time, I didn't know, you know, that we had something here.

The second patient was my second child, who was borderline dyslexic, very disorganized. I hope she doesn't listen to this podcast. And we did this treatment to her.

And to make the long story short. a month later, when she started school, her reading went from below grade average to mastery or organizational skills went from very messy to hyper organized.

her whole brain was rewired. Now, you flash forward to today and close to 10,000 patients later, I can tell you that taking your blood out using this TruDose technology to create a dose specific therapy, which has now become the TruDose IV platelet therapy, has led to us uncovering a treatment that really can, like you said, can kick start the immune system repair system and in some cases have complete resolution of conditions and diseases that conventional medicine seem, deems not treatable.

Yeah. So for our listeners that don't really understand yet what, you know, platelet rich plasma is or even what platelets do in the body, I think a lot of people, you know, we've all heard of stem cells.

So why don't we start by, you know, comparing like what a stem cell treatment would do to what PRP is or at least, you know, tell the listeners what are platelets?

How do they activate the immune system. Like what is what is the physiological process that this is going to stimulate in the body? So let's start with, you know, how do you create it.

Right.

What Platelets Do and How PRP Works

So you take a volume of blood from your arm and you, and you place it into a centrifuge to separate the components. All right. This is how you create any stem cell therapy.

You take a volume of fluid from you. You put into a centrifuge to separate the different cellular components based on their weight. And you do that maybe once.

Maybe you do it twice. And once you process it in a centrifuge, you're left with a small fraction of, let's call it stem cells. And in this case you're left with platelets.

Okay. So the process can be analogous to taking a jug of orange juice. And you want just the pulp Centrifugation is the process of extracting just the pulp and maybe adding a smidge of water to it.

And and the more water you add to it, the more diluted it gets. And that's where the idea of concentration comes in. So platelets, unbeknownst to conventional wisdom, if I ask you right now, you know, not knowing what you know what what what do you if I ask you, what do platelets do?

What would you have answered before you met me Event. I would say they're there for blood clotting. There you go. And that's what we've been taught, is that their main purpose in the bloodstream is to make sure we don't bleed out from paper cuts, but in fact, platelets are the one thing circulating the blood stream, surveilling the blood stream, looking for two things repair needs and and, defense needs.

And whenever it encounters either one of those, it activates our repair system and our immune system. And these are non debatable facts. and whenever they initiate the repair system or the immune system, each one of those two systems, the balancing of those two things is how we live a long life.

So the repair system or the immune system is really is a a sequential, orderly process on how we heal everything or really clear out a virus or bacteria.

and so the platelets start both of those processes. They oversee it. They, they coordinate it. And in some and in some phases of those steps, they are specifically responsible for some of the activities.

How this different differs from stem cells is that whenever I heal something, there are several steps that have to happen, in the repair process before stem cells are even called in to the to the to the to the the equation.

So the analogy I always get and I there's nobody who spoke stem cell more than me. think of stem cells as like, the trim guy or the painter of building a house.

You have to build a foundation. You have to build the structure. You have to build the plans before you call on the trim guy or the painter. They're called at the end.

Platelets have to really set this whole process up before you call stem cells in. And so the challenge and the problem with stem cells is not that they don't work, it's that they're too frequently given at the wrong time with people with chronic inflammatory diseases.

And so the body says I don't need stem cells right now. I'm not ready for them. But you're giving to me and to me. and so that's why they're rendered useless.

You give platelets, and what it's doing is it's restarting your repair system and restarting your immune system to to begin again. And then in the end, when it's time, the PRP will draw your own stem cells, right?

Like it will cause an increase in stem cells, but at the right time when your body can actually utilize them. That's actually yeah, that's actually a great point because that is, you know, when what you're saying is, is that whenever we get injured, the body takes some of our stem cells and it puts them over here to the side purposely so they don't get injured by whatever the response that pathogen, the trauma is, and it keeps them safe.

it keeps them safe purposely, until it's ready for them. So, and what platelets do do. And there's evidence on this that you restart this process to begin again.

And it brings those stem cells back into the game. It brings them back off the bench. So, but the trick is you have to do it at the right dose, if the dose for you and for your condition, is not going to be the same dose for me.

And if you don't do the right dose, you will not have the response. So is the dose. I hate using the word disease, but I'll use it in this instance. Is it disease or infection like infectious organism specific or is it like patient specific?

Depending on what's going on with their platelets and their immune system, or is it more like a kilogram of weight? Or is it all of those things taken into effect?

Actually it's both. So actually it's both. And no one's ever asked me that. But it's actually both are all three. When you're dealing with children, it's actually by weight, but it's also by dose, okay.

When it's when you. Condition and weight is. It's. You get your. Dose when you're dealing with kids because there's only so much blood within a child versus an adult.

Right. But but but the dose. So let's start with the dose for a disease specific condition is the dose. So the dose for the knee is is the knee dose. Whether it's for you for me or for somebody else.

But what I'm going to do to you in this case, how much blood I need to draw from you is going to change. So it might be 155 and those of blood from you, it might be 33 mills of blood for me, because we're biologically different and that's the key.

and, but we're both have a knee condition. And even though what we do to me and you is different, we still get the same knee dose or the lyme dose or the lupus dose.

So this totally is radical compared to how we've done stem cell therapy treatments in general. Because because you take two people with the same condition and they're going to draw the same amount of blood from both of them and expect them both to have a different, you know, outcome, result, response.

And that's why the true test technology exist. So you have a disease specific can dose, which there's I think 60 plus disease condition. So that we've kind of figured out over 10,000 patients.

so there's that. And there's also you brought up weight. And that only comes into the case with kids. So I was just going to say and to clarify for the listeners, because this was a little confusing for me until I sat there with you and watched your team processing the blood.

So the dose is like, you have this initial amount that you're going to actually draw from the patient that you think is going to get you kind of like to your platelet dose, but then you run it through your software and you see like how many platelets you get from that particular person's blood draw.

And if you don't have enough to get to that true dose range specific for that disease, then you might need to draw a little bit more correct and get more platelets so that you're getting them into like that therapeutic range for the disease that you're pinpointing.

Correct. Right. What you you saw them drawing blood. What they were doing is they were taking a small sample of it, just a few drops, and they were analyzing it.

Dose Specificity and Treatment Planning

And then once that measurement came back, then they imported that into the software to determine, okay, what do we need to do to you, Mireya? Right. And if they came back and drew more blood, it's because, that's what the software called for.

and you know, you know, if, if again, if everybody's, you know, kind of like you saw a patient, you know, when you were sitting in that room, a friend of yours, where the first time you saw him get a treatment and he had way more blood drawn than he did, let's say, last week when he had less.

so. But but guess what? In both instances, he got the same dose because the treatment we were treating him for was the same. So, there's the case in point where you don't want to overdose somebody, you don't want to obviously, you don't want to undergo some, and that goes right to the heart of the the true dose.

Right. So tell the listeners a little bit about the safety of this, because I can't imagine. Right. You're taking your own blood and putting your own blood back in.

So it's it's got to be a very low chance of having like some sort of a reaction to anything. Right? Yeah. I, I tell people that, you know, like my wife was patient number one.

Right. And then, you know, now because there was no reported literature on doing what we were talking about, taking platelets out, infusing a backhanded dose concentrations that the literature doesn't even report, or as even conceptually thought was possible if anything was to be reported adversely, I would have heard about it.

And what I can tell you is that to date, to my knowledge, there's been no adverse reports reported. In fact, it's quite the opposite. It's very rare that we don't hear somebody respond positively from the treatment.

No matter what the treatment is, whether it's stroke or whether it's Lyme or whether it's lupus, it's very it's it just might not be what that individual was expecting that they wanted to happen.

Many people come in to the treatment, for example, having Parkinson's and having tremors, and they want the tremors to go away and that is their expectation.

That's what they have in their head, because that's that's the glaring thing that they see at that moment. but the way this treatment works, which probably will end up getting into is, is, is that's not how the body heals itself.

And fixing the tremors might be the result of 4 or 5 other cautions that are wrong in the body. It's just manifesting itself as tremors. so the the, the, the fun thing has been helping patients recognize when healing is happening and recognize the fact that all these little things are signs of healing.

And that's the result of the treatment. That's the result of this treatment helping the body heal itself. Right. So do you see a lot of similar reactions when you are administering this to people?

You do? I, I, I commonly hear here and report from doctors and patients alike that this is one of the there's nothing that quite detoxes like this treatment.

And I don't know if it's necessarily that, but more the fact that, I would say there's nothing that probably gets the body working at one given moment more than this treatment.

You go from somebody metabolically not working in dysfunctional and all of a sudden at a given moment they are working and everything's turning. So the liver, the kidney, the colon, everything just starts moving.

And it may look like they're, they're detoxing. but it's not. It's more of like everything's working now as far as hurting, it's it's very common with people with chronic metabolic diseases that, that, that are predisposed to, you know, all this stuff is floating around.

They're going to hurts. And we have protocols in place. And obviously that the providers discretion that they can minimize that hurts. but I stop calling it saying I started I start started calling it healing crisis.

That's a term that really I identify with it. That's really what it is. It's it's it's getting all this stuff out of you. And yes, it's unpleasant. but that's the body working again.

And does it happen to everybody? Let's say two people is Lyme disease. No. for the first treatment, may you just see all these gains in this energy and the sleep second treatment is it you might see that hurts reaction.

But there's days of good days. There's bad days. but and and eventually that hurts goes away. each successive treatment. Yeah. Well, and I would say too like a hurts really like how much someone it's going to hurts when you're killing any sort of organism in the body is really a balance between how well are they detoxing, how open our are, their roots of elimination and how quickly are you killing the organisms.

So if you can kind of coordinate that die off with their, their ability to, to optimize detoxification and elimination, you're going to see weight loss harvesting.

so yeah, there's there's a lot that goes into, I would say preparing the body to, you know, to get ready to receive any treatment. And the more prepared they are, the less harvesting there's going to be. Yes.

Go ahead. No, I was just going to say so why don't you get into, you know, into, like, the physiology of how this is working in the how it works, the.

You know, everything. I'm going to say it because it's such a counterintuitive. You're taking blood from me, you're taking it out. I get the whole dosing and you're putting it back in there.

But it came from me. How is it working? And, I'm going to give you the three ways, and this is how it's happening. Your body manufactures platelets on demand based on real time disease state in the second.

Then I take blood from you a volume of blood from you. Your body is immediately re replenishing that physiological loss of platelets. So the time you sit in a chair for 30 minutes waiting for this treatment to be created, you've already replenished that population of platelets that you've lost.

So you're back at baseline and then you put in this huge amount is a dose specific condition. Specific, back in your bloodstream. And now your body says, oh my gosh, I have all this excess.

Well, go, go start fixing things. The second thing has to do with, your body regulates itself. What we've seen with many, many blood panels, many things, that your body regulates itself at ratios.

And this is stuff that even the Greeks saw this with the properties that the difference between health and disease is the body's ability to maintain ratios of, bile, two types of bile flam and blood.

And whenever they saw that any one of those four things were out of balance, disease happened, pain happen. And that's exactly what happens here. Because when you take blood out and you remove, let's say, red blood cells, let's just keep it simple to the centrifugation process.

Safety, Detox, and Healing Responses

And you put back in this crazy super amount of platelets, you've dramatically altered the hemodynamics of everything in the bloodstream cells, hormones, transmitters, bacteria, everything that's regulating health.

And you put this massive amount of platelets in, everything will start to shift and change. Everything will start to to to rearrange ratio out as it recalibrates your body.

And I can say that because if you measure someone's blood at baseline and you measure them, let's say ten days later, their, their, their CBC count is going to be completely altered.

And it takes about 90 days for that to normalize. and then you have just new normals. Thyroid lowers this and that raises enzymes. Everything. The third reason it's probably the easiest one to grasp is the fact it has to do with, you know, your body as you acquire these conditions, Lyme, lupus, those are the result of many, many things stacked on top of one another over a lifetime right there.

Inflammatory result, insults that are simply unresolved. That's how the body system is. There's there's problems I have to get to. And I just have I need to make a priority for it.

And when you take this out of the body and you put it back in that whole priority is reset. That whole what the platelets are saying is reset because the platelets are the ones coordinating all the dynamics within the bloodstream and getting real time feedback as far as health and disease, at any given moment when you take them out and you put them in this blood bag right here, let's say, or these syringes, they're not being stimulated or or being communicated with anything in the body, and you stick it back into the body.

And now it has all this information. And the technical term is your immune system recognition and your repair.

Recognition is reset. So now it's able to turn priority.

What do I fix. Now it's able to term determine priority of coexistence virus. You're not living with us anymore bacteria. You're getting out of here. and so it starts to heal the body in really an order.

And how in reverse order, how it turned the body off. You know, so one of the, you know, well, I would say the two biggest issues with chronic tick borne disease or chronic vector borne disease is that it causes immune dysregulation and chronic inflammation.

And so it sounds like this would be a really good adjunctive treatment because, you know, it's it's kind of tackling and helping to normalize the two most important pillars of treatment, at least in my mind, when you're dealing with these infections, we have to decrease the inflammatory cytokines cascade, decrease these organisms ability to break down our tissues and feed from them, and then normalize the immune system so that in the end, it's able to hold these infections in remission.

and you're saying that this treatment is going to be able to aid in those two areas? That's right. Because. I talked I said earlier that your body heals itself and defends itself in a sequential, orderly process.

And in each of those steps, as it heals or defends us, it has to make sure that certain things are satisfied at a cellular and organ level before the body will let it go on to the next step, into the next step and next step.

The problem is, is that the body doesn't see this as having Parkinson's or Lupus or Lyme. It sees it as I have a problem. I just I'm trying to fix right now and I'm going to step one.

I'm going through step two. I don't have everything I need. And so what happens is, is we get stuck at a particular step and the body will not let you progress forward until you have whatever it is, which is another conversation.

And so until it has what it needs, you get stuck in this feedback loop of inflammation. And so that singular problem will lead to another problem. And then another problem.

So you put this back into the body and it simply says okay where's the priority. Let me go start with this, this and that. And let me give you what you need.

Because the platelets, for example, the platelets carry around 95% of our body's total payload of serotonin. So if you need detoxing you have to have the liver.

And if you look at any of the literature, you serotonin is the one hormone that helps the liver regenerate. What about brain derived neurotrophic factor?

That's something if you have any type of sensory loss, fine motor loss, you're dealing with any neurodegenerative condition. You have to have that because that's how we regrow nerves.

Well, guess who carries around 99% of that. So the platelet carries around all these different things the body needs and hands them out to the cells based on.

So what they needed at that particular time. So how long are you going to have that increased level circulating working before the body degrades it. And then you need your next dose.

That's how you so that it takes about a month before you have, let's call it the half life of the platelet. It's constantly handing stuff out at about a month.

but what, as it hands it out, all these little repairs that's happening will continue to happen for about 8 to 12 weeks. Okay. And whatever those repairs are based on you.

So, start turning the thyroid on. Insulin numbers start to, you know, go down, you know, liver, enzymes start to

improve all types of things. All those things start to happen at about the 8 to 12 week mark is what we've seen the body start to plateau.

And what's happening there at a cellular level is that those improvements are metabolically imprinted in the cell. Takes about three weeks for something to recognize it.

Three hour, sorry, three days for to recognize it, three weeks for it to be kind of etched in the cell's memory. And it takes about three months for it to be permanently stamped.

And that improvement's locked. It's it's that that's your new normal. So as far as, like, treatment intervals go, then does it make sense to try to jump on right around four weeks when the levels are starting to go down because the platelets are getting naturally degraded?

How the Therapy Reboots Repair and Immunity

Or do you wait till like that eight week period where you're still going to be seeing like these, you know, these benefits happening? Or do we wait to the 12 week period where they're starting to get stamped and permeate permanently?

Like where where is the optimal, point of intervention to repeat the therapy? Eight weeks, eight weeks? Okay. And that that's actually, you know, we didn't talk about these questions, but you're right.

You're obviously coming up with like really good questions on the fly. Well, these are the things I need to know to treat my patients. Well because people people ask, you know, there's really can I can I do it again?

Can I do it again? Can I do it again? Yeah. And if you have a neurological condition you have TBI, you have cerebral palsy. You have stroke. Those are pure neurologic.

You could do it every four weeks if you were just that ambitious. The reason you don't is because many of these conditions we see are neurological symptoms that are the problems of metabolic dysfunction and housing.

And and so if you keep doing this treatment every four weeks, if you have Lyme and Metabolic, you're just going to keep shaking yourself. And and this is going to be just a bad day.

You're going to keep her and her in her housing. So you got to get that period. Let yourself calm the body, calm down. And that's about the eight week mark.

And I say 8 to 12 weeks because it's it's that window. It's it's hard for me to tell when somebody is, you know, a fine line. But that 8 to 12 week window is when you need to it starts to plateau and when you need to hit it again and, you know, if you wait too far past the 12 weeks, I mean, sure, you'll you'll keep those improvements.

But if you just do just one treatment, which we say, listen, don't do this treatment if you're sole intent is to do one because your body can metabolically relapse.

Right. And it's wanting to go back. And I the way I'm, you know correct me if I'm wrong, but I think that in my head it's like, okay, say that you sustained an injury and you get one treatment.

Like you might be better off with that one treatment or two treatments than you would be with no treatment. But if an infectious organism, if you have something living inside of your body that is constantly creating inflammation, immune dysfunction, breaking the body down, like clearly, you know, one treatment might give you like some temporary relief.

But like unless you go through this series of treatments and by the way, you get rid of that infection and you're not going to hold those treatments because the infection is actively breaking you down.

Is that kind of like a correct way to look at it? That that that is the way to look at it. Because these things, because the things that you're talking about have made a permanent residence in your in your home, in your body and, and, and they're not going to willingly want to go away.

And these, these it's it's not temporary. Right? I mean, these reliefs you're getting from a singular tree, by the I mean, they're big shifts, they're big, huge gains.

But you're also, you know, think let's take Lyme, for example. I would say the first treatment of line that people typically have these great shifts and energy, these great shifts in cognition.

Typically you don't see a massive hertz. Typically with Lyme. and to me it's because you're getting all of this Lyme that is really line of sight for the immune system to fight within the bloodstream.

The second treatments, when you really see that really big works, is because you've cleared out all of the stuff that is problem child in the bloodstream, and now the stuff that has been living in the tissues, living in the the cartilage.

there next. And they're not going to want to go away. And so it's really going to go after that. And you're really if you hear the way patients describe, the second treatment, let's say specifically with Lyme, it's almost like it's being chased around the body.

They can it's it's almost the way they describe it. It's like I feel it getting me here now. I have new pains here. I feel like it's chasing it. And, and so obviously this stuff is going to try to make a residence somewhere else in the body.

And, but eventually you will get it. You will get it. All of it. It's great. So are there contraindications for this. Like so for example, I would say in my line of treatment one of the big contraindications is if is if a patient is on blood thinners, are there any, you know, medications or conditions that you would say would be contraindicated with using the Trudeau CV now?

No. Well, I can say that the only condition that has been reported back to me by any and all the providers, that is, I would say, given pause, that's saying, let me let me double check on that.

Let me. And that wasn't to me, but that was to themselves was somebody who had a valve replacement, a heart valve replacement with a xenograft. and that was just because of maybe, maybe rejection, maybe because it was, you know, from an animal.

But that was the, that's the only, condition that I can even recall that has even given someone pause. Everything else. You know, what if I have low platelets?

What if I have clotting disorders? What if I have, you know, this and that? And the blood stream. It's, nothing has as, has given pause to any of those types of conditions which are typically frequently asked questions.

Yeah. Okay. So is there anything else that you want to include or talk about regarding like how this treatment works in the body or the logistics of the treatment?

Because I know that you have a patient there with you. that's going to share some of her experience. So anything else that you want to touch on or talk about before I have you introduce her?

Yeah, I was going to say I was going to give you an example just so people can hear, maybe what this does and, and I would and I would, I would say, I would segue this in the same.

What a tremendous impact this treatment has on kids in pediatrics, simply because their immune system and or care system hasn't been taxed over a lifetime of living like the adults.

And so their response is profound. and I was before I hand it off to her, I was going to give anybody who's listening just to get an idea on. Well, I understand how it works.

I understand what it's doing, you know, what can I expect? And this is something I got last night. this is from a a mom who hurt herself. She has Lyme.

She treated herself. Her gains were were great, but she. Her son has pans and pandas and also Lyme. Okay. And this is after her first treat, his first treatment.

She says more communication, more engagement, more awareness of how sick he's been. It's more like, oh my gosh, I've got my stuff together now. He's he's displaying more gratitude.

He's asking more to do the chores instead of begging, me or instead of me begging him. He's got more funny joking behavior because that's really who he is.

he's having more funds with his siblings.

Treatment Timing, Contraindications, and Lyme Use

He's saying, mom, guess what? You don't have to remind me to take my supplements. He's singing a lot because he's a really gifted musician. And so to me, that means his soul is coming out.

He has it even work since June of last year because of his autoimmune set the virus. But now he's going back to work. So he's had all of these gains that, is he walking better?

Is he, you know, is he seeing or. These are all like, you know, these are all like, you have these. But when someone's having these emotional shifts and these demeanors, that's, that's shifting out of that sympathetic fight or flight, that people have been stuck in for a long time.

And I would say that, that's probably the one thing I want to get across that this would help people the most is helping you enjoy life again. And we hear that what I just read to you all the time.

Yeah. it's so important to deal with that dysregulation of the nervous system and get patients out of that constant fight, flight or freeze in order to get the immune system functioning properly again.

And yeah, I can say my experience with the Trudeaus, there's definitely there is definitely an emotional shift, even when you think you might not need it.

but there definitely is and it's amazing. And it's not for me. And, you know, I didn't have any real reason, let's say, you know, a disease that I was doing it for just more like optimal health.

And again, I typically won't do something with a patient that I haven't been through myself. And, I got to say, like the, the way that you feel after doing this.

And for me, it lasted the first time for weeks. And I'm still kind of like in that right now, is just like this amazing, enhanced, sense of well-being and just happiness.

And, yeah, there's, like, a lot of gratitude. Like, it's it's amazing. So. Well, I don't want to steal, you know, any more time, because who I want to introduce is someone who is an important, She's an incredible testimony, but she's also become just a valuable, invaluable asset to what we do and why Trudeau is so important.

and her name's Elena. So I'll introduce you to Elena and let her tell you about herself. Because she is a patient. She's. There's nobody I can talk about Lyme.

I can talk about what it does because I've sat in front of thousands of people, but I've never lived with it. I may have an autistic son, but I've never lived with chronic disease.

And so, but she has. And I think her perspective is invaluable for people to hear her journey. And then you know,

what to expect and what to do. Ask for here.

that you can get to see you too. Great to be here. So share with our listeners your experience. So I found True Dose about a year and a half ago. I have you know, I was misdiagnosed with Lyme, and it wasn't until 2019 actually that I was finally diagnosed.

And I had been dealing with this for decades, along with a whole other slew of autoimmune. But for me, the Lyme was where everything really resonated.

And, you know, I was I was dying, I was cognitively so impaired. my pain was off the charts. They really thought fentanyl patches was an option. but I wouldn't go there.

And I had written my kids letters. I was tired of of hiding this because that's what I had to do to continue to go on. So this was introduced to me and I sat on it for a couple months, and then I finally said, okay, okay, we'll go back to the Lyme.

and within. So my first treatment I was I had I was preparing for, you know, invasive treatments and all these things because I had been put through the wringer with different things.

it was noninvasive and it was took an hour and I had instant results. I had a happy the soul level come over me that I never was able to let go of. and a gratitude that instantly shifted for me.

my Lyme symptoms have completely gone away. I don't I'm not symptomatic on any front, on any of my chronic disease and any issues anymore. the pain was about 80% gone by week three and I had bone pain joint pain, tissue pain, skin pain, you name it.

Pain. I had it. And here I am a year and a half later, I'm working full time, and it's intense work. traveling, you know, I don't know, sometimes three weeks at a time.

And so my energy is better. if not, like, when I was in my 20s before I got sick. And I can track this back to early 20s at this point. And now I'm 53.

So I lived with this for a few decades.

Patient Stories and Emotional Healing

And so how many treatments have you had at this point in the past year and a half? So I do these treatments every eight weeks and I still do them. I would say I've probably had a dozen, because I was in bed and I was not able to function.

and I won't ever go back to that. So for me being able to do this once a quarter, I would make it happen. and because of what I'm exposed to now, I, I do it to make sure I stay healthy.

Yeah. I would imagine going, you know, getting out of that, and then you're like, I'm going to do anything I can to maintain this. So yes. Yes, yes. So, you know, from the standpoint of, you know, this gratitude and, and you were speaking about it earlier that you've experienced and I was talking about it, I really find is somebody recognizing hope for the first time, for being so, so sick and even having the hurts reactions that I had them.

You know, after my second treatment for probably eight, mine lasted eight, eight weeks of kind of this up and down, up and down, but it's you can hold on to, you can hold on to getting better.

And then what do you do when you get better? And I think that's, you know, a whole nother conversation, to have. But this, this really brings you back to hope and faith and things that when you're chronically ill and, you know, especially with the, the lyme symptoms, it's, it's just it's it takes over, it becomes who you are.

and this is really given me the ability to no longer be lyme patient. My bloodwork is coming back clean. My markers are dissolving and disappearing. So it's it's pretty amazing.

It's wonderful. I'm glad it helped you so much. Yeah. anything else that you want to share with the listeners that you want our audience to hear about TruDose You know, I think it's it's one of those things where whenever you get into something, it's, you know, you have to trust the process and you have to, you know, listen to your doctor talk about, you know, from the educational standpoint, and, and just know that this is really the body healing itself.

And when you're given what it needs, it really can do it. And it might take, you know, multiple multiple treatments. And, and I've had a lot of them, but.

There's, there's, there's something magic to the body being able to heal itself. Yeah. So how would a listener, find TruDose? Well, you can find us. we're in clinics throughout the US.

we've got a great website with that. Has all of our providers on it. so through the website and I don't know if you link that or, but that's probably the best way.

And it's trudosetherapy.com So there's a find a provider link or something like that on the website. Yeah okay. And we have a portal that you can email us and we can connect you directly with one of our providers as well.

Okay. Great. would Tapley like to say any closing words or give any pieces of advice before we end the interview? I think I think so, here he comes Nice to see you.

Good to see you. Hi. closing thoughts. you know, this this doesn't take the place of of doing all the other therapies. This works right in the middle of all those therapies.

Patient Testimony and Closing Thoughts

The the infrared sauna, the the, the IBU, the ozone, this whatever those therapies are for your specific condition. This goes right in the middle of it.

and so that's where. But what it does is that it allows you to work with the provider because you, you feel like you're in control of your health. Again, because you're healing and the provider is able to really navigate, okay, we need to get you off this supplement, but we need to do this therapy to keep the therapy going.

so I don't want anybody to take away that this this is, this is definitely a big piece and it's an it's awesome. But it doesn't take the place of all the support of things around it.

And it doesn't mean you can stop doing this, and but it allows your provider to heal you, you know, in many cases more expeditiously just because you're, you're you're able to become more aware and control of what's happening and what's healing, and you're able to say, you get off this supplement, we need to increase this one now.

Oh, this is working. Let's do this. And so, and I would say that, that that's, that's probably one of the biggest things is patients to be like they're in control for the first time.

So that's about it. That's great. And it's really important. And yes, like this is an adjunctive therapy. you know, that should be part of a while rounded holistic approach to, to whatever the infection disease condition that the individual sitting in front of us has.

Correct. Wonderful. All right. Well, thank you so much for joining us. And thank all of you at home for listening and being here. I hope that this information has helped you on your journey to healing Lyme.

We'll see you next time.