



EPISODE #183

## HOW TOXIC METALS PROMOTE PARASITES WITH DR. DIETRICH KLINGHARDT

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#### Wendy Myers:

Hello, my name is Wendy Myers. Thank you so much for joining me on the Live to 110 Podcast. You can check me out at [Liveto110.com](http://Liveto110.com) and [MineralPower.com](http://MineralPower.com).

And I've been having a wonderful week. I have been really diving deep into [NestHealth.com](http://NestHealth.com). That is a new protocol that I have trained in.

I think it's one of the most profound protocols in energy medicine that I've ever encountered. I've used it to dramatically improve my energy and my health. And I urge you to do the same. We have it available now on [Liveto110.com](http://Liveto110.com) in the store.

It's something that Tony Robbins uses himself. He's a motivational speaker. He had such profound results that he required all of his staff to be on the program as well. And that's how effective it is. It's very, very quick to increase your energy levels. And in doing that, it helps your body to function better, to detox, to absorb nutrients better. It is absolutely incredible.

I have several podcasts about it that you can listen to. I really encourage you to try that out.

Today, we have on the podcast Dr. Dietrich Klinghardt. He is one of the most respected physicians in the United States. He is one of the people that I respect the most when it comes to health and detoxification and treating things naturally. He's a medical doctor. He still uses drugs, but in a correct way.

We're going to be talking today about how toxic metals and parasites of various kinds potentiate each other, meaning when you have a certain level of metals, you'll also have a certain and equal level of parasites, including Candida, Lyme and other types of parasites (worms and things like that).

This is something that we all have. We all have toxic metals, we all have chemicals, we all have parasites. And Dr. Klinghardt talks about the very large amounts that we do have in our body and what to do about it.

He goes into depth on the various protocols that he uses with clients—very, very complicated and in-depth. Many of them are patented. This is just a really, really interesting conversation and very important.

So, before we get to the podcast, we need to give over the disclaimer.

Please keep in mind that this podcast is not intended to diagnose or treat any disease or health condition and is not a substitute for professional medical advice. Please keep in mind this podcast is for information purposes only. Please consult your healthcare practitioner before engaging in anything that we suggest today on this show.

## 03:03 ABOUT DR. DIETRICH KLINGHARDT

Wendy Myers:

Our guest is Dr. Dietrich Klinghardt. He's the founder of the Sophia Health Institute in Washington (right outside of Seattle). He's internationally known for his successful treatment of pain and illness because he combines non-surgical orthopedic medicine with immunology, endocrinology, toxicology, neurotherapy, hypnotherapy and energy psychology.

Dr. Klinghardt studied medicine from 1969 to 1975, and psychology from 1975 to

1979 in Freiburg, Germany, completing his PhD in the involvement of the autonomic nervous system in autoimmune disorders—very ahead of his time.

Several publications followed. Early in his career, he became interested in the causes of chronic toxicity especially lead, mercury, environmental pollutants and electromagnetic fields for the course of illness.

While working in India as a junior physician, he encountered eastern concepts of disease ideology and blended them with his western training. This laid the foundation for his 5 Level System of Integrative Medicine.

After immigrating to the United States, he spent three years as a full-time emergency physician before becoming the medical director of the Sta. Fe Pain Center.

Increasingly aware of the limitations of conventional medicine when dealing with chronic conditions, he trained in Ericksonian hypnotherapy and began to include body-oriented psychotherapeutic and counseling approaches in his work along with neurotherapy, mesotherapy, injection techniques and applied psychoneurobiology, psychokinesiology and mental field therapy.

Since the 1970s, Dr. Klinghardt has contributed significantly to the understanding of metal toxicity and its connection with chronic infections, illness and pain. He is considered an authority on this subject and has been instrumental in advancing various fields within biological medicine, non-invasive pain management, injection techniques for pain and orthopedic dysfunction, anti-aging medicine, toxicology, pediatrics, neurodevelopmental disorders, energy psychology, biological dentistry and others.

He also developed autonomic response testing, a comprehensive diagnostic system that has helped many practitioners to become accomplished, holistic physicians.

You can learn more about Dr. Klinghardt at Klinghardt Academy, Klinghardt Institute and [SophiaHI.com](http://SophiaHI.com).

Wow! That was a mouthful. Dr. Klinghardt, thank you so much for coming on the

show.

Dr. Dietrich Klinghardt: Pleasure.

Wendy Myers: Why don't you tell the listeners a little bit about yourself and your background.

Dr. Dietrich Klinghardt: I was born and raised in Germany (in Berlin actually) and went to medical school there. After medical school, I also studied psychology for a few years while doing my PhD. My PhD was on the relationship of the autonomic nervous system with the immune system, which, at the time, not many people were interested in that, but it has become a big issue in the recent years.

After that, I worked for a few years in India in a hospital and then moved to the U.S. I've been here since 1982. So I spent most of my professional life here.

Wendy Myers: Well, we are happy to have you. We're honored to have you.

Dr. Dietrich Klinghardt: Thank you. Thank you.

It's been 42 years I've been in medicine now. And it feels like I'm just getting started. It's gotten pretty interesting.

I think one of the things I'd like to say here is that the illnesses that people have today are very, very different from the illnesses that I learned about in medical school. And unfortunately, most medical doctors have come from medical school today. They're trained in illnesses that they will never see in their life and are not prepared for the illnesses that they will actually see.

It has to do largely with the professors not having been out in the field for 20 years and lecture about things that no longer exist.

Wendy Myers: Wow! Yeah, that's really profound because a lot of our illnesses today are due to toxins.

07:30 UNDERLYING CAUSES OF DISEASES

Wendy Myers:

What is your opinion about some of the underlying causes of the diseases that we're seeing today?

Dr. Dietrich Klinghardt:

Well, I think it's pretty clear that most chronic illnesses are really environmental illnesses—of course by exposure to toxins and electromagnetic radiation as a sum total. It explains everything else including the chronic bowel infection, the Lyme disease, the parasites. They're all secondary to that.

Wendy Myers:

Yeah, I've really started paying attention more to EMF. I was having a lot of sleep issues. I fixed it doing some energy medicine and protecting my body from EMF's with that little Hedron sticker on my cellphone and things of that nature.

## 08:18 HOW TOXINS AFFECT OUR HEALTH

Wendy Myers:

My favorite topic is detox, can you talk to us a little bit today about how toxins are affecting our health so dramatically today?

Dr. Dietrich Klinghardt:

In the '80s, the most problem toxin that we encountered was lead and mercury. That picture gradually changed. In the late '80s, glyphosate entered the picture and the different herbicides that I used so abundantly in our chemistry.

The use of herbicides has multiplied unbelievably. And today, in the US, even organic crops or organic food contains still 80% of the same herbicide amount that non-organically grown food has.

That's certainly has moved on the toxicology screen up to the top. We are dealing until the late '90s very much with the ethyl mercury that was put in the vaccines (that was taken out and replaced with aluminum). And now, the picture in the last 20 years has shifted very much to where the main culprit of what we find as participating in chronic illness is aluminum, not just from the vaccines, but just mostly coming from the polluted air, from aerial spraying for climate control purposes that's everywhere every day now. So we're inhaling it. And inhaled aluminum, we have no barriers through.

And so, the picture has changed quite a bit over the last 40 years with what we are

dealing with. Recent estimates from fat biopsies [...] done at different universities around the planet will show that, on average, a healthy patient has approximately 20,000 different chemicals in their tissues; and the sick patients, the sicker we are, the number goes way over 30,000.

And of course commercially available, we have only lab tests for maybe 20 or 30 of these. That gives you an idea that medicine is intentionally behind being able to diagnose the true causes of our illness.

And so that is why the whole toxicology really has been pushed into the hands of us alternative practitioners or unlicensed practitioners. We're trying to find a way with the patients in the toxic soup that we're swimming in and trying to help people.

But there's very little guidance given by the College of Toxicology, the main group in America that is responsible for protecting us in this way and digging up the research. Basically, it holds a position that once you're toxic, you're toxic. There's nothing that can be done. We need to deal with prevention. And their preventive suggestions are almost 20 to 30 years behind. They are now telling us how to prevent [lead] toxicity when [lead] has left the environment 20 or 30 years ago.

Amalgam fillings are still okay even though we know they release mercury in the system. And the spraying of the skies with aluminum and barium is completely fine because it's so far away from us that it doesn't matter.

So, we have a real situation here. This is completely new [...] that the matrix in our connective tissue is loaded with chemicals that the body has so far managed in some unbelievably smart way to compartmentalize so they don't react with each other. Chronic illness is basically a failure or containing the toxic soup in us.

And then we know of course that whenever [...] becomes toxic, the immune system increasingly loses its ability to govern this area in appropriate ways. And this is where the pathogens grow.

So, pathogens, they uniformly grow in areas that have been contaminated with man-made chemicals (not God-made chemicals), those ones we deal with man-made

chemicals. It is a fertile ground upon which pathogens develop in our system.

It's a pretty simple story. I have this model of the three buckets that are full. There is always an equilibrium when you have a certain toxic level in the system. We level our pathogens. It is equal to that because the more toxins you have, those are the areas. Wherever those are compartmentalized—that's the proper term—the body is unable to control the pathogens and they take up that space.

And then, of course, the question is, "Well, where are the body areas that become toxic?" That is different for all of us. It has to do very much with physical and psychological trauma.

For example, if you had a concussion as a child, there are certain lymph pathways in the brain that no longer work properly. There's going to be edema in some areas. There's going to be diminish blood flow in some areas. And that's where the pathogens will settle.

First of all, the toxins, that's where the aluminum and mercury gets deposited. And the glyphosate and the atrazine (and whatever all their names are) gets settled. And then, very shortly after, pathogens move into the area and create a chronic battle with the immune system that is dysfunctional in the area, so we get the inflammation in the brain.

The same is true if you have a blunt trauma to the chest (whether it be a lung) or with abdominal trauma, it will be the abdomen where things settle. But you can pretty much determine by the history of the patient where the weak spots will be.

And of course, a huge component of that is the psychological history. Any trauma that you've been through in childhood has a certain emotional connotation. Each trauma can be labeled, "Okay, this is an abandonment issue" or "This is a fear issue" or "This is an anger issue." And then, each emotion has a certain organ in the body where it expresses itself and compromises the health of that area.

And that's where the toxins would settle in higher concentration. This is where the parasites and infectious agents will settle and grow.

[...] We have a patient that got parasites in the liver and in the small intestine. We've got other patients where the parasites—cysticercosis, for example, have found their way into the brain. We've got Lyme carditis (Lyme disease in the heart), rather than the joints and muscles. For other people, it's the knee joint or the hip joint or the shoulder joint. It's very specific to the history of the patient.

## 16:22 INCREASING PREVALENCE OF LYME DISEASE

Wendy Myers:

Why do you think Lyme disease is so much more prevalent today than it was in the past?

Dr. Dietrich Klinghardt:

Well, it's of course a loaded question.

First of all, the definition of Lyme disease has changed quite a bit. Today, including the broader definition of Lyme disease, all infectious diseases have been introduced through insect bites.

So, we know that tick bites are not the most common reason how people get Lyme disease. Flea bites, spider bites, lice, stingy fliers are much more common. That's the original place people get it.

And then we have a whole list of infections that cause vaguely the same symptoms as the original Lyme disease does.

The *Borrelia burgdorferi*, that is one type with a certain set of symptoms—fatigue, brain fog, joint problems, and so on and so forth. There's now rickettsia, there is [...], endoplasma, there's babesia, bartonella, tularemia. There are many other illnesses that cause virtually the same symptom complex.

And so, there are many reasons why the illnesses are becoming so prevalent right now. One of course is climate change. Right now, we have an incoming president who still believes that climate change doesn't exist, somebody who will be in office who is in complete denial of the truth and the science of it. It's going to be interesting years coming up. We're pushing the planet towards a planet of extinction. That's very clear.

So, Lyme disease, because the factors that transfer Lyme disease, the insects, are spreading now to areas in larger amounts where they ever were before—

I live in the State of Washington in the forest here. We never had mosquitoes, and now we do with the milder winters and the milder climate. And that's one part.

But the other part is, of course, more sinister. Many of the genetic experts that I know have shown that the genome of the Lyme disease that we have now is very different from the genome that was identified in the Iceman, Otzi, 5300 years ago that was frozen in the Australian alps. He had Lyme disease. He had *Borrelia burgdorferi*. And that bug had 27 chains.

Now we have some [...] spirochetes that have over 600 genes that does not exist in nature. That's very clearly a genetically-engineered bug. We don't know where.

Of course, Americans would say it's probably the Russians. The Russians would say it's the Americans. Somebody had their hands in it and created a very virulent type of Lyme bug that puts people into bed for decades and has created the severe illnesses that we mostly have seen since the spread of Lyme disease from Connecticut. The mother bed seems to have been there for this vicious type of Lyme infection.

Also, we don't see that in Germany. In Europe and Switzerland, we have milder forms of the illness. Other forms of the illness has not arrived over there.

This is just to say a few things. There are other reasons. There are reports now that Lyme exists in three different forms.

The spirochete form, if you give antibiotics, it withdraws from this form, gives off its cell wall, it slips into biofilm, and it becomes a so-called L-form without the cell wall. And if you further threaten it, [...] and gets into the cystic state. And the cysts are nearly indestructible.

People that have investigated the persistent contrails, the stuff that's sprayed on us on the air, they found viable non-cysts in the spray that comes down on us.

And so I don't think they have to look very far why the illness is spreading so fast or has spread so fast. Some of it is natural, and some of it is not.

Wendy Myers:

Yeah, that's a very, very interesting take on Lyme disease. Thank you for sharing that.

## 21:30 PARASITES AND TOXIC METALS

Wendy Myers:

Let's talk about parasites (and other types of parasites, Candida and fungus and things like that) and their relationship to toxic metals.

I've heard you say in other talks before that when you begin detoxing metals, that parasites and parasitic infections can begin to surface. Why is that exactly?

Dr. Dietrich Klinghardt:

So, in the biological literature, there is a lot of articles published that show that many parasites have the ability to extract toxic metals from their host and condense it into their skin, into their cell wall.

Many of the parasitic worms, ascaris, tape worms, echinococcus, hook worms (there are many of them) have the ability to extract from you your lead, your mercury and condense it into your body.

That has two effects. One effect is you will survive because you don't die anymore from the mercury toxicity, but the other effect is now we have to live with the worm. It's a deal that's made.

And of course, that moves the parasite really out of the definition of a "parasite" and it becomes a symbiotic creature that we all need right now for our survival in our ever increasing toxic world. Our genetically present detox systems, detox enzyme are insufficient for the environment that we have created. And so our own detox system plus the parasites are giving us a fair chance of survival because of that.

There are numerous published—actually, one of the key sentences in some of these articles is parasites acts as sinks for the pollutants of the host. That's sort of the

key sentence. If you google that, you'll find a number of articles published on that.

And so, in reverse engineering, why do we have parasites? The first thing is that we're toxic. And it is a body that can no longer administrate the microbiom that we have. If there are too many pathogens or too many toxins in our system, the biology is very, very clever. It resorts to a second tier of defenses. One of them is to grow parasites.

The same is true for mold. There are numerous articles (including one that I published in the 80s) that show that Candida and other yeasts and molds have the ability to store a multiple of their own body weight of metals in their cell wall. And Candida always appears where there's mercury.

So that's been published since the 1960s numerous times. Nobody pay s attention to it. But if you have a patient with intractable Candida or keeps relapsing with it, please detox some mercury and the Candida will disappear on its own without needing any help. So it's those kinds of observations.

And then, with the parasites, of course, another issue, one issue is that Lyme disease and many of the infections I mentioned before, in their sum total, immunosuppressive. So, some of the herpes viruses, the Eipstein Barr, herpes type VI, they're very immunosuppressive. We call it AIDS minor because it has some of the symptoms of AIDS, it's just weaker.

And one of the things those infections are causing is a lowered threshold for microbes to enter our systems. So basically, it opens our drawers to become infected with parasites and other things that would, otherwise, not make it into our system.

So, we first need a first strike, something that immobilizes our gatekeepers, different aspects of the immune system. And then when that threshold is lowered, then a lot of microbes and larger pathogens can cross into our system that otherwise would not make it.

And of course, we haven't seen a patient in 20 years that doesn't have Eipstein

Barr, that doesn't have herpes type VI, that doesn't have cytomegalovirus, that doesn't have the different types of herpes infections. We haven't seen anyone. If we do enough testing, we find it on everybody. And so everybody has a compromised immune system.

And then, it is very rare—and we may get to that in this talk or not—to find somebody who is not testing positive for *Borrelia*. We developed a special PCR test. Of the first 150 patients that we tested, two of them did not have *Borrelia*, two of the 150. Some of these people were healthy. They're husbands, wives, children of a family member that was ill. So, out of 150, two negative. That probably means that you have it, and I have it. It's very rare that we don't.

And so knowing that *Borrelia* itself and also *Babesia*, *Bartonella* are all immunosuppressive, and so are the chemicals in that—glyphosate is hugely immunosuppressive. Atrazine totally screws up our hormonal system and our defense system in other ways. Mercury is immunosuppressive. It's an anti-inflammatory in medicine still in some countries.

And so the sum total of the viral illnesses, the bacterial illnesses, the heavy metal load is immunosuppressive. Parasites that otherwise would not have made it into our system are now flourishing in us, and in fact are, to a large degree, symbiotic (that means they actually help us survive the toxic environment). They're very misunderstood.

And then, let me say this last one thing before we get into other areas. What is really important to know is that when you treat parasites, you want to first use strategies that get the parasite out as a whole with its metals in the coat rather than killing it with a strategy that dissolves the parasites and the tissues where it is because it will release all the toxin back into your system.

And so in terms of parasite treatment, we've really changed the way we're proceeding with that understanding the adjacent toxicity issues.

Wendy Myers:

Wow! Yes.

28:46 DETOXING PARASITES

Wendy Myers:

And so let's talk about some of the ways that you prefer to detox parasites. I know there's a lot of different ones. Maybe let's talk about Candida first. What is the best way to go about doing that?

A lot of Candida treatments you see have Caprylic acid and other things—yeast, enzymes and things that break them down. What kind of things do you like to use to remove them whole, intact with their metals?

Dr. Dietrich Klinghardt:

The first issue there is detoxification. We need to get the metals down that are in the tissues, so that the only metals left are the ones in the parasites, in the yeast.

And so, with the parasite program, we do have medical approaches using DMPS, DMSA, diphenylamine, EDTA. There's a whole host—IV vitamin C, IV alpha-lipoic acid. There's a whole host of techniques. None of which really are satisfying. Out of all these published, DMPS is the best. And most physicians, unfortunately, are still afraid of using it because there had been some unjust bad-mouthing of it in the Internet. And so, people, instead of reading scientific literature, they read blogging on the Internet which is often intentionally seeded by special interests. Do not go there.

Of course, if you have a case, let's say somebody has a fresh occurrence of Candida in the last two weeks, of course, you put them on the sugar-free diet, and you give them some anti-yeast whatever. Caprylic acid is fine, nystatin is fine, you can use ozonated water, you can use ozonated oils (which we prefer to use). But I'm talking about the chronic patients, the chronic, persistent cases of Candida.

Candida is a very real issue. There's Aspergillus. There are many other molds and yeasts that grow in us. But Candida is a special one because it is the most creative. It has the longest genome and it's the most adaptive. It can create a lot of different microtoxins.

So, the first thing is you need to pull the metals down with whatever method you have.

I was involved over the last 20 years with some studies on the ionic foot bath. You

stick your feet in salt water with some electric current that runs through a coil. And as a response to that, people dramatically increased the metal excretion, so the kidneys and in the poop—forget what's in the water. There's a huge turn-on of spontaneous metal excretion even in the sickest patients. That can be amplified by giving people Cilantro extracts. So that's our preferred method.

However, if people buy a foot bath (which is expensive, it's anywhere between \$1000 and \$2000), those are my preferred method. Otherwise, I use a medical drug, DMPS or DMSA to bring the metals down.

That's step number one.

Step number two, what people suffer from is not the yeast, it's not the Candida. It's the microtoxins excreted by the bugs. I used to work together with this Swiss mold researcher. And he showed when they exposed mold to WiFi, the excretion of microtoxins per hour increases 600 fold.

So, currently, the main problem with mold, yeast, the whole Ritchie Shoemaker protocol on how to deal with mold has overlooked that simple fact. Yes, we always have mold in homes. And mold illness does not exist if you stripped the moldy environment of the WiFi.

And so we have a whole teaching for our patients of how to do that—how to go back to a Broadband connection, Ethernet, whatever it is. The WiFi box needs to be shielded. Smart meters need to be abandoned on the outside of the house. Often, the house needs to be shielded from the nearby cellphone tower. And then the mold becomes a non-issue.

So, I like to say, first step, number one, get rid of the metals, and step number two, you have to shield the home from WiFi. It can get expensive for some areas, but for most of the time, it's very, very doable.

The resistance in America here is very, very big especially husbands. In autistic families, the main obstacle to getting autistic kids well usually are the husbands who have very strong opinions but refused to read any scientific literature. That's a

typical American husband—very opinionated, but no real information.

And so when we tell family that, "Listen, here's my instructions of how to shield the home or so," when they go home, the husband says, "We're not going to do that. That's bullshit." If you give them published literature, they refuse to read it.

And so, we're going to enter a similar area now with Donald Trump who has very strong opinions, but overtly says he's going to refuse to read the briefs that he gets every day with the scientific information that's available. We'll see. We're entering a dream world that could turn out really good... or really bad.

But in terms of treating candida, step number one, get the metals out. Step number two, you protect from WiFi and other electric fields. And step number three is then to reduce the molds with whatever method you have available depending on your license.

As a medical doctor, I like some of the medical drugs. They're wonderful. [...] is wonderful. Sporanox is a fantastic anti-fungal with very, very little side effects. So, when people have insurance, you have to look at that. Sporanox is very expensive. So people who have no insurance, we go to the natural alternatives.

My favorite yeast treatment is from BioPure. It's a mix of ozonated plant oil. It's called Rizol Gamma or ozonated (O3) Gamma. It's absolutely fantastic for the treatment of molds. It's as effective as Sporanox. But it's a liquid, and it doesn't taste that great. You have to drink it three times a day.

That's sort of my take on yeast and mold. Of course, we have to look into the home, that the water damage in homes is corrected. And some homes certainly are not livable. They are not living spaces in the U.S. and they have to be evacuated.

In my patients, that happens a lot, let's say once a month. We'll have a patient, and we'll have to tell them, "Sorry, but you have to get out of the house. You cannot stay there."

So, that's a reality. But keep in mind that if we have mold in the house, we're adding in and we're bringing in WiFi, the same mold produces 600 times more viral toxins,

more microtoxins per hour than it would otherwise.

Wendy Myers:

Wow!

## 37:22 PRODUCTS FOR ABSORBING MICROTOXINS

Wendy Myers:

Do you have a way to absorb those microtoxins? I like to use Pectasol C or modified citrus pectin with clients who absorb chemicals and metals and things like that. Is there any kind of similar product that you'd like to use to absorb microtoxins?

Dr. Dietrich Klinghardt:

Well, the first thing of course is how to neutralize environmental toxins in the air or in the walls or ceiling. So we use the protocol EM, Effective Microbes. They're kind of sprayed in the house. They're enzyme-producing microbes that compete with the mold. It will hugely reduce the presence of mold.

And the other one is an Italian system, Vaporizing Propolis. At exactly 82°C, it creates a mono-atomic vapor of propolis. And propolis is very, very strong, negatively charged, and microtoxins are very strongly positively charged. And so they'll find each other, and it creates a glob that then falls to the ground. So it cleans the house up very, very quickly, within one or two hours.

There have been some amazing studies in Italy on curing asthma in children within six weeks of doing that in the house.

That's the first step. Of course, if there are walls that are moldy, they need to be torn down and they need to be replaced and all that. That's step number one.

But then how to extract and bind the circulating microtoxins in the body? Ritchie Shoemaker uses cholestyramine. That's the most published. It's a medical drug. It's an exchanged resin that extracts out of the bloodstream the microtoxins.

There are Russian research that shows that certain forms of zeolite are far superior—not equal, but superior—to cholestyramine in extracting microtoxins from the bloodstream. That has become my favorite treatment. It works beautiful.

We found the zeolite that the Russians are recommending. It's in the BioPure company. That is safe.

Zeolite is that dangerous item in general because zeolite, technically, is aluminum silicate, and we already have too much aluminum. This is a silica compound that the ratio of aluminum to silica is 1:6.5. So there's 6.5 times more silica than aluminum in that zeolite. The compound is hungry to bind more aluminum. So it doesn't only extract microtoxin, but it also extracts aluminum and mercury.

They use chlorella still. That's my old standby drug that binds everything toxic. Chlorella has a very good binding coefficient for microtoxins. So that's not to be neglected. But the items that you mentioned certainly also are effective. We use muscle testing or other technique to determine which for the patient is the best. It needs to be tolerated, and not constipating.

That's the trouble with cholestyramine. They're very constipating. The only reason it's known is because it's patented. And so therefore, much of the research money has been paid for by the company that produces it.

But it looks here like that's the major compound that does the binding of microtoxins. But the Russians are afraid of that. They published that the zeolite is superior to it. And so that's what we're using. It's natural, and it doesn't constipate.

Wendy Myers:

What was the product by BioPure that contains the zeolite that you liked?

Dr. Dietrich Klinghardt:

It's called ZeoBind.

Wendy Myers:

Okay, great.

So, what is the brand of ionic foot baths that you liked? That's something that I'm very interested in. Are there any company or brand that you recommend for those?

Dr. Dietrich Klinghardt:

Well, the company that has done the research on autism, but they still have not published yet. So I'm not totally sure how trustworthy it is, but it looks like it's [...] is called Ion Cleanse. It's about \$2000 a foot bath.

And we have a Canadian company that makes the foot bath for about \$1000. We

feel that it is probably as good. But I don't know the name of it.

But there are hundreds of producers of these foot baths now. You can buy a foot bath on a Chinese website for \$200. I'm sure that does do some of the job. But the Ion Cleanse is the one that has the most research behind it right now.

Or let's put it this way. They said the price of the foot bath is so high that they have enough of a profit margin to fund some research. As a scientist, I want to honor. And so, that's the name I'm aware of.

Wendy Myers:

Okay, great.

## 41:48 REVERSING LYME DISEASE

Wendy Myers:

And so let's talk more about Lyme disease. So what from I understand, to reverse Lyme disease or to improve symptoms, you also have to detox the body. Can you talk a little bit about that?

Dr. Dietrich Klinghardt:

I just published a book in German, The Biological Treatment of Lyme Disease. So, I had to review my own cases for the last 20 years and, also, you probably know that I teach a lot in Europe. In Europe, I have about 2000 doctors that follow my advice. I get all the emails. So over the years, we refined our Lyme approach.

So, I just got to say this is not just me working in this small office and having a one-to-one experience with a few patients, and then blogging about it like most of everybody else does. This is the collective experience of thousands of docs and their patients, however many that may be.

And so there are four pillars of the treatment for Lyme disease. Pillar number one, this is where most people stop, is you have to create the basic physiology.

So, when you have Lyme for a while (the chronic Lyme disease or persistent Lyme disease as it's called now), many things go off. Your hormones go off, your protein digestion is down, you get mineral deficient, your pH goes off, the osmolality in the tissues goes off. And you have to correct those things.

Now, this is pretty much the domain of alternative medicine or a naturopathic medicine. You give people vitamins to correct perceived deficiencies, you give them minerals. Of course, you'd find in a hair analysis that they're deficient in this and that. So that's correcting the basic physiology.

Now, most people stop there. That's what they do for a living. And if you don't address anything deeper than that, you can make a lot of money off the same patient. Of course, they're going to get better, then they're going to get worse, they're going to get better, and they're going to get worse. But that's step number one.

Step number two is detoxification. The reason for that is pretty simple. Several of the toxins produced by Lyme, by *Borrelia*, one's quinolinic acid, there are several others that have been identified now. And all have the property that they immobilize—first, overrun, and then immobilize—our own detox system.

That means the chronic Lyme patient has often been unable for 20 years to detox aluminum, to throw out mercury, to throw out lead. And you become a bio-accumulator. And in order to treat Lyme disease, you need to have a lot of functional systems in the body.

And so to free up those blocked enzyme systems, you have to engage in detoxification.

And so we use colonics, we use lymph drainage massage. This is after the parasite treatment (it kind of goes first). You engage in detox of glyphosate. That's usually in sauna therapy and oil drawing (we chew an oil for 15 minutes a day). We have to, as much as possible, do some live exercise to move the fluids through the body.

And then, you have to bring agents onboard that unblock the enzymes. Chlorella does a fantastic job. Cilantro does a fantastic job. Many of the herbs, curcumin, detoxes mercury (that's published). There are many of the herbal things that are wonderful.

You don't really need medical drugs. But for us, it's a simpler way out. Okay, you

give them a couple of DMPS shots. We give them some DMSA at night. Those hugely frees up a little bit the systems or the block, so they can cooperate with the treatment that comes.

And step number three—first is you correct the basic physiology; step number two, detoxification. And step number three is probably the most important, this immune modulation.

In Lyme disease, it's very clear to most of us now, 90% of the symptoms or the volume of the symptoms is the patient's own immune reactions to the microbe and to the toxins. It's not the presence of the microbes itself that makes you sick. It is not that the microbes, in their activity, is making you sick. The microbes embed themselves into your cells, the Lyme spirochetes that live inside the neurons, that live inside your brain cells, that live inside your thyroid cells, that live inside your pancreatic cells.

The immune system attacks the cells that are hosting the bugs. And so now you get this whole host of autoimmune type reactions where you're immune system is attacking, slashing around every system in your body.

And it's, again, quite dependent on your psychological history. If you had a fear conflict that's unresolved from your childhood, it would be the kidneys and your adrenals that are attacked. If your father was angry and violent, it would be your liver that's attacked.

So, it's pretty predictable where the immune system will do its most havoc.

And so to modulate the immune system, you can do that twofold. One is to use a variety of herbs that are both immune-modularity and anti-Lyme. It's one of the major things that we do.

Stephen Buhner and others have published a selection of herbs that have that ability, to immune-modulate. And that means that down-regulate the overactive parts of your immune system and it wakes up the sleeping parts of your system.

The new kid on the block is aldehyde, a low dose immunotherapy where you use a

dilution of the same bugs that are offending you, that are making you sick. Then you take a culture, and then make a dilution in a homeopathic. And then there's going to be a certain dilution that's a pretty exact dilution that neutralizes the immune reactions you have towards the bugs.

The patient will become, sometimes overnight, asymptomatic. It doesn't mean they don't have the Lyme bugs anymore, but they have no more overshooting immune reactions that will lead to the body much more effectively dealing with the microbes.

So, that's step number three, immune modulation. Also, homeopathy has a huge place in that. I want to mention a study that was done a couple of years ago in Cuba, [...] What they did in Cuba, every winter, for about four months, they have this huge flair of leptospirosis. It's a very Lyme-related illness. It's another spirochete that causes huge illness in Cuba where hundreds of thousands of people are affected every year.

Cuba had this own medicine which we all love now. And everyone who knows about it, they did acupuncture in medical school and homeopathy school. And so these researchers asked the question, "Can we prevent the outbreak of leptospirosis by using this immune modulation?"

So they gave 60,000 or 80,000 of the Cubans one single dose of homeopathic leptospirosis, one single dose. And they reduced the incidence of this illness by 80%—one single dose.

Now, this is immune modulation. It's not a small thing. It's just been poo-pooed here. Homeopathy was attacked for so long—and sometimes, maybe, for good reasons because there is a very scientific way of using homeopathy. You don't need any esoteric or religious theory to explain the effects of it.

So, that's immune modulation.

And then the last part of the Lyme treatment should be reducing the overall body burden of the microbes. And of course, unfortunately, most so-called Lyme

doctors stop at number four. They don't know any about the other three. And then, depending on who people are, most people leave out one of these four. You can't really succeed in getting rid of the illness.

But we have a very, very good success rate with a purely biological approach without using antibiotics. I'm not against antibiotics, but I just think it's stupid to use antibiotics when you can use an herbal cocktail.

So, for us, the last part, I developed an herbal cocktail that we've refined over the last 20 years. It's a number of liposomal herbs that are put together in a certain way, that [...] some frequencies.

Once again, BioPure is the product (but I'm not here to advertise it). It's a cocktail. The average patient starts with five drops four times a day. And already, at that dose, many of the patients get a mild die-off effects. And then we titter the dose slowly up as people tolerate it.

And that's combined with sublingual hyaluronic acid which we use as bait. It's the food that spirochetes love. They come out of their hiding places, out of their biofilm when you increase the amount of hyaluronic acid in the bloodstream.

And the last one is a Mediterranean herb called [...] or Mediterranean rockwells. It makes a wonderful tasting tea. It's been found to be the best bioform breaker for Lyme disease. It has been found to prevent insect bites, especially tick bites and stinging fly bites.

And it has, amongst all the herbs that was tested in the study, the highest Borreliacidal index. That means it kills spirochetes. It's an ideal herbs.

So we're combining those things, the cocktail, the hyaluronic acid. And with that, our patients tend to get well.

Wendy Myers:

Wow! Yeah, I know that a lot of Lyme doctor, they're not doing anything except giving antibiotics. It's not surprising there's not a very high rate of success with their patients.

## 54:06 ASYMPTOMATIC LYME

Wendy Myers:

And so are you reversing Lyme disease completely or are you just modulating their immune system to keep the Lyme disease in check?

Dr. Dietrich Klinghardt:

Allen McDonald, he was the original pathologist that worked with Lyme. And he examined a whole host of Lyme patients. But beneath, they have uncovered, they were asymptomatic for many years after initial diagnosis and treatment and tissue biopsies. And all of them, we found viable spirochetes, viable cystic forms of Lyme.

There is a new hope in the antibiotic compartment of a group that is streptomycin and daptomycin, the two antimicrobials that have been shown in vitro, not in the vivo or in the laboratory setting, to be able to cure Lyme cysts in pretty high doses. But it's unrealistic to assume when you put an antibiotic in a person that you will achieve a high enough concentration inside the cells to kill the cystic form.

But it's been shown you can put them straight into hydrochloric acid and put them back out, and they'll survive it. You can expose them to 600° temperature for quite a while, you cool them down, they'll survive. And you think that with a very, very diluted antibiotic, you can kill them, it's being unrealistic.

And so we're very, very happy with putting the Lyme into a dormant state in the person and having the patient maintain that status for the rest of their life—people live out normal life spans without shortening their life, without increased incidence of any illness.

And what they need to do is they need to take a small amount of the herbal cocktail every day. The herbal cocktail is also life-extending, it's anti-aging. It benefits the hormones. It is endoparasitic. It's anti-yeast. It is anti-cancer.

And so the side effect is you not only get relapse of the Lyme, but you're preventing a whole host of other illnesses. So instead of people taking 60, 70 or 80 different senseless vitamins every day, they take an herbal tincture twice a day as a prevention of relapse.

Yes, we're all waiting for the day when somebody says, "We found a solution or how to kill the persistent form of Lyme. Everybody can kill the spirochetes."

Maybe a little bit from the literature. An article that I often quote in my lectures shows when people are treated with antibiotics, one-third of patients get well (or significantly better), but two-thirds of patients would lastingly be worse. So should I give a treatment that has a one in three chance of getting the patient better, but a two in three chance of making them worse? This is like playing Russian Roulette, but instead of putting one bullet in, putting six bullets in if you have nine chambers. If you put six bullets in, you twist the chamber, and hope you're going to hit one of the blanks. That's not acceptable for me. Just the statistics of that are not looking very good to me.

Antibiotic treatments have improved. There is a role for it. I mentioned this devastating form of Lyme disease that is spreading from the East Coast to the rest of the world, sometimes you have to use antibiotics as a stop-gap measure to get people out of a life-threatening situation because they're work quicker than other things. But in terms of long-term strategy, antibiotics should be the extra. It should be the icing on the cake. It shouldn't be the cake.

## 58:32 COMMON PARASITES

Wendy Myers:

So what are some of the most common parasites that you see in clients? And how do you go about addressing those?

Dr. Dietrich Klinghardt:

Well, the most common parasite we see is the rope worm. The one thing—but there's still a lot of arguments going on about them—is it really a creature, is it just [shredded] inner lining of the gut. There is a lot of discussion going on. But the truth is when the rope worm comes out, they have dramatic improvements in their health whatever that thing is.

The treatment for that that we use are the Gubarev protocols, the patented protocol from the Russian scientist. The first one is doing an enema with milk and salt.

Wendy Myers:

Hmmm...

Dr. Dietrich Klinghardt:

The problem with it, you have to hold it for two hours. Parasites love milk. They come from their hiding places into the gut to feast on the milk. But they cannot sense salt, and the salt paralyzes them. So when you then have a cleansing enema afterwards, the rope comes out with it [...]

Wendy Myers:

Hmmm...

Dr. Dietrich Klinghardt:

So that's step number one. There is a certain sequence. And you do these enemas every four days. You do the first one, the milk. If it's productive, you stay with the milk until nothing comes out anymore. And then you move out to the next one.

And the most dramatic one is the third one using eucalyptus leaves and eucalyptus oil. And the enema, again, you have to hold it for two hours. And with this, we have pictures of people having parasites come out of their nose, out of their eyes, out of their mouth, out of their ears.

Wendy Myers:

Wow!

Dr. Dietrich Klinghardt:

...unusual places. And people that never believed they had any parasites, we diagnose it differently.

And so, the Gubarov protocol is excellent. And they're chemically extremely safe. The parasites come out as a whole. It doesn't matter that they're stored in their coat.

So, we start with that. And then, we move on—I like the medical drops. My mentor in this area has been Simon Shuer, a physician from St. Louise who developed some beautiful protocols sequencing medical drops. The first one is arboromectin and [...]

[...] We do that for two weeks. And then, alinia, we need further development. That is a very wide spectrum of endoparasitic qualities and crosses the blood-brain barrier.

And then, we use Albendazol. Albendazol, again, is an older drug, a very potent tapeworm drug. And again, one of the only two drugs to cross the blood-brain

barrier, Alinia and Albendazol.

And unfortunately, many of our Lyme patients who have parasites in the brain, some of them, we can demonstrate with the MRI, some can only be demonstrated by the clinical changes with it.

For this, we use a variety of products. We have a suppository that contains artemisinin. It's the drug that got the Nobel Prize in Medicine a year ago. It's an extract of wormwood and freeze dried garlic. And by using suppositories, it's picked up by the portal vein and it gets to the liver. It really cleans out the liver very deeply.

We use the bowel suppository that's [...] microbes. They're immune-active. There's a German parasitologist who taught me this.

But then, you add the system infested with parasites. Out of the 100% of power that you need to push them out of the system, with the best drug regime, you can, at most, do 15%. The other 85% have to come out of the patient's own system, immune system doing that.

And so, by treating Lyme, treating the viruses, immune modulating all the things I've mentioned before, we often have to set the stage for the parasites to become treatable. So it's one thing.

There's also published research that shows when you treat parasites just with medical drugs, then you look deeper into the cases, they realized they could never clear a system of parasites with medical drugs. You can reduce the body burden, but you can't clear it. At the end of the article, it suggests, "Well, maybe we should combine it with some natural treatment, and maybe then we'll be successful."

But parasite treatment has to be long. Once you find somebody that's affected with it, you don't [...] The instructions are you take one tablet three times a day for one day and you're going to be cured.

Well, we have patients that still, after two years, of daily parasite treatment are still pooping out big parasites. And so, that's the thing. People have to be patient.

They have to be diligent. They have to stay with it. And we have to know that there has been conspiracy against developing anti-parasitic drugs. Parasites are not a problem here. Yeah, they're a problem in Africa. "How much should be in this? They don't pay their bills."

And so there's been a neglect in this area, in the development of appropriate medical drugs. And so they're always combining medical drugs with the alternatives, the different herbs, different methods, a lot of colonics, a lot of enemas.

And usually, the main improvement happens about two or three months into a parasite treatment. There are some radical shifts in the patient that are very dramatic and positive. But if you go away with the treatment [...], the system will re-establish itself. And so we have to stay on it with varying courses of different things.

I mean just over the last year, [...] treatment worked beautiful in the early nineties and late eighties. But it doesn't work anymore. Parasites have changed, they're changing all the time.

The last thing I want to say is that WiFi in the house is a huge driver that works to establish a living environment for the parasites. It reduces our immune system [...] They get immobilized by the WiFi and the worms benefit from it—or at least they don't suffer from it the same way. So there's an imbalance between the two system. It's a huge factor.

Wendy Myers:

Yeah, I like that you said that it can take a couple of years to detox parasites. And that doesn't even factor in a re-nutrifying the body and then working on the toxic metals. You can only do one thing at a time.

## 01:06:20 DETOXING METALS AND CHEMICALS

Wendy Myers:

How long do you think it takes to detox the body of metals and chemicals?

Dr. Dietrich Klinghardt:

I do have a very good friend, a dentist, who apprenticed with me, so to say, in the last eighties. He started treating himself with DMPS, giving himself a shot once a

week while he was working. He was pretty much doing—on every shot, he was doing metal analysis and a urine following.

Twelve years later, he still was bringing out huge amounts of mercury. So, that gives you an idea.

There's a study by Gary Gordon on his website on IV EDTA. A 3-hour IV EDTA once a week, how long does it take to decrease your body burden off lead by half? And that was the question answered in that study. It took seven years.

Wendy Myers:

Yeah, yeah. I've had him in my podcast. And he said it takes about 10 years to get rid of your lead in your body.

Dr. Dietrich Klinghardt:

Yeah, seven years was half, the half point. And this was a 3-hour IV every week. It was one of the stronger treatments. And so, anything less than that...

However, my mentor, Professor Yuishi Akiomura from New York, he repeated the same model, the same research model with cilantro. And with cilantro, to get half the lead out took 39 days.

And since then, we're doing the cilantro in combination with the ionic foot bath. We've seen much more progress with people much quicker than the IV drip.

Wendy Myers:

Wow, yeah. That's just a testament to how very, very toxic we are and how so important it is to be on a daily detox regimen. You're not going to just do a program for six months and call it a day.

Dr. Dietrich Klinghardt:

No, detox is something—I will say, how long should we detox? Well, as long as you're breathing, you breathe in aluminum [...] dust. And as long as you're eating, you get a good dose of glyphosate and other herbicides every day. As long as you're eating fish, you get mercury. And the half life of mercury in the body is roughly 32 years. So, it's a difficult situation.

So, I teach our patients and I live that way. I feel if you want to live in this time, especially those of you who still want to have children and want to make sure that life continues on the planet, you have to live a life of detoxification to start with.

And if you've missed a point, sort of, and you already have the Lyme or the parasites on top of that, it's very, very important to address those issues radically and strongly for a long period of time, to give up the American thought, the drive-by kind of healing saying, "Yeah, I did detox last weekend."

Wendy Myers:

Yeah. "I did my Spring juice cleanse."

Dr. Dietrich Klinghardt:

I mean all of us know that the future of life on the planet is under great attack right now. We know we can't go forward like we have. It's very, very clear, that there are going to be two groups of people. The ones that really work hard on maintaining the health in an increasingly toxic and electromagnetically polluted environment, it will take more effort to survive and live well in the time that we have. But the reward is going to be that those of you who do that will live and the children of those will live because they're brought up in that kind of way.

Children that are brought up with enemas and worm treatment, when in they're in their 20's and 30's, it's clearly more effective. They're more wiser, more intelligent.

We live in a time where in the next 10 or 15 years, we'll see the extinction of a lot of species, we'll see mass groups of population kind of fading, failing health. And so understanding those four pillars, that you need to detox, you need to protect yourself from the electromagnetic environment, we need to treat the fungal infections, the bacterial infections, the viral infections and the parasitic infections, all of that, we cannot do with medical drugs.

When you do it with medical drugs, eventually, the side effects are going to overcome you. It needs to be biological. It needs to be plant-based. It needs to be through plant adaptogens and through simpler methods. The combination of biophysics (for example, with the foot bath or rife machine) together with an herbal dimension is clearly going to be the way of the future.

The treatment of the hormones and vitamins has to take a sideline. It has to be a side node. It cannot be the main stake. That has not worked with the people that come in with 120 different supplements that are the sickest people because it isn't working.

And they published it now. It's not the way to go. But the moment you do a colonic, you'll see the light of the day. The moment you're on the right treatment for your heavy metals, you'll see the light of the day.

Wendy Myers:

Yeah, I'm trying to get everyone to do coffee enemas. It's hard to get people to sign up for that, especially men. But it's very, very important. They're incredibly effective

## 01:12:43 RIFE AND SCALAR WAVES AS PARASITE TREATMENTS

Wendy Myers:

I was going to ask you about the use of rife or scalar waves in addressing parasites. What do you think are the most effective type of energy protocols to destroy parasites?

Dr. Dietrich Klinghardt:

Parasites are very sensitive to pulse electromagnetic fields. We used to have a Russian technique called the Sputnik. It was a little capsule the size of a vitamin capsule [...] And the moment you swallowed it, there was electric contact made from the fluids in the gut, and it pulsed an electromagnetic field. It was extremely effective against most parasites. I also witnessed personally the healing of a pancreatic cancer with that.

And of course, as soon as the FDA got wind of it, it shut it down because it was actually helping people. And it was way inexpensive, \$80 or so per treatment. So there has been a concerted effort by the FDA to protect the pharmaceutical interest, not the people. And because of that, the pulse electromagnetic techniques are not blossoming in this country.

In Russia, that's mostly what people do. They do very little biochemistry, but they do physics. Germany is somewhere in the middle between both.

Now, there are a lot of things that are called rife machines. And I think a good book to orient with that is Bryan Rosner's book, *Using Rife Machines with Lyme disease*. He's evaluated, as good as he could, the different instruments that are available to give some guidance.

Be careful with scalar waves. Scalar waves are, in physics (at least in University-

based physics), it sort of don't exist. And so, everybody who has an instrument that works but they don't know because it's scalar waves—I mean, making scalar waves—because they cannot be proven or disproven, according to the high-brow physicist, they don't exist to start with.

And so I would shy away from using that word. We just call it pulse electromagnetic fields and then be on good ground. And beyond that, we call it biophysics, the application of physics to biological systems.

This is definitely a missing piece in our culture. And the unfortunate thing is that research in this area has been suppressed. So there's now hundreds of different machines that call themselves rife machine, some of them work beautifully, and others don't work at all, so it's a little bit like a forest.

So Bryan wrote that book to give people some guidance with that. I think it's a good [...]

## 01:15:43 WHERE TO FIND DR. KLINGHARDT

Wendy Myers:

So, how long is your patient waiting list? I'm sure it's quite long. I'm sure a lot of people want to work with you.

Dr. Dietrich Klinghardt:

I surrounded myself with some very good doctors. Usually, when patients come here, they first see one of the doctors that work with me. And then, when the doctor identifies that it's a difficult case, which most of them are, then I jump in. So it's been unpredictable.

But we have six docs that work with me that all follow the same diagnostic work, the same guidelines.

Wendy Myers:

Where's your clinic?

Dr. Dietrich Klinghardt:

It's called the Sophia Health Institute. And it's in Woodinville, Washington. That's a suburb of Seattle, outside Seattle where it's a bit greener, a bit cleaner.

Wendy Myers:

And what kind of classes are offered in your Institute?

Dr. Dietrich Klinghardt:

I have three institutes. I have the Klinghardt Academy which is teaching my workshops in the U.S. where I teach everything I do. In England and the English-speaking world, it's the Klinghardt Institute that may be the better website.

And then, in the German-speaking countries, I have the Institute of Neurobiology in Germany.

Wendy Myers:

Great. Well, Dr. Klinghardt, thank you so much for coming on the podcast.

Dr. Dietrich Klinghardt:

Yeah, it was good talking to you. And thank you. I hope it's going to be helpful to some people.

Wendy Myers:

Oh, it will be, believe me. I really, really appreciate it. You're just such a wealth of knowledge. I could talk to you for hours, and I'm sure, listeners are hungry for more, but they can go and visit your website if they want more information and visit your clinic if they want to do everything the correct way and stop spinning their wheels.

Everyone, thank you so much for listening to the Live to 110 Podcast. You can learn more about me at [Liveto110.com](http://Liveto110.com) and [MineralPower.com](http://MineralPower.com). Thank you so much for listening.