



THE
FATIGUE
SUPER
CONFERENCE

**Redefining integrative approaches
To Lyme and fatigue**

Guest: Dr Dietrich Klinghardt

Alex: Welcome to The Fatigue Super Conference and I am super excited for this conversation where I'm talking with Dr Klinghardt. Dr Klinghardt personally I believe is one of the most integrative thinkers in the world of medicine today, he has been a significant inspiration for a number of the people which have inspired me and Nikki Gratrix who was the co-founder of The Optimum Health Clinic I remember about twelve or so years ago that she kind of bust into the office and was like Oh my god I have discovered this medical genius and it had a massive influence in terms of her thinking and then our thinking from that point.

Just to give people a bit of a background of Dr Klinghardt. Dr Klinghardt is founder of the Klinghardt Institute, The American Academy of Neurotherapy, Medical Director of The Institute of Neurobiology and lead clinician at the Sophia Health Institute located in Washington. He's also Founder and Chairman of the Institute of Neurobiology in Germany and Switzerland and we mentioned the Klinghardt Institute in the US. He provides teachings to the English speaking world on biological interventions and Autonomic Response Therapy or ART as people may have heard it called.

Dr Klinghardt has lectured at universities of Illinois, Utah, Freiberg, Adelaide, Capital University in Washing D.C and a number of others and medical schools of Geneva and Zurich.

Between 1996 and 2005 he was Associate Professor at the Department of Applied Neurobiology at Capital University and is regularly invited to teach workshops at the prestigious Medicine Week in Baden Baden Germany and International Lyme and Associated Diseases Conferences.

Among his books is the groundbreaking 'Psychokinesiology: A New Approach in Psychosomatic Medicine on Muscle Feedback Guided Psychotherapy'.

Normally Dr Klinghardt I cut people's biographies down but there's so much that's in there that I wanted people to understand the breadth of your experience. If you don't mind I'd like to start with a bit of an exploration of your own healing journey because I know that you've had your own journey with Lyme and I know that's been a key part of the reason why understand the complexities and the challenges of the patient communities that you support.

So if you don't mind I'd love to hear a little bit about that as a starting point?

Dr Klinghardt: So I grew up in Berlin but when I was twelve we moved to a small town in the South of Germany that was in the estuaries of the Rhine River where everybody had chronic illness. It was the first time I encountered that and it turns out, you know medical school had a wonderful Professor of Neurology who knew that most chronic illnesses are really the outcome of chronic infections, of persistent hidden infections and he was the first one who in my years spending there at the university linked chronic illnesses not only to chronic infections but specifically to spirochete infections. So it was actually him who together with a Professor in Basel, so my university is only 40 miles from Basel, and so my university had the Professor of Neurology and in Basel was Professor Burgdorfer who was the main insect researcher who looked at insect born diseases, or vector born diseases.

It was really pure coincidence that Burgdorfer got the call from the University in New York and took on a position there and it was like a few years later when the first big outbreak of modern Lyme Disease that he was called to evaluate the joint fluid of infected people and found the same spirochetes in there that he had investigated for 20 years in the black forest area.

So I kind of was pretty early familiar, I graduated from medical school when I was 24 and spent the next three years investigating my own health issues and actually the first thing I discovered on my own was the toxicity from the amalgam fillings. So I had my fillings removed when I was 25, or 24, and realised a huge improvement in my own health. However, it wasn't perfect and it was at least ten or twelve years later, really in the 80's that I discovered that I had Chronic Lyme Disease, which everybody in my area had.

However, I would like to say, there's two types of Lyme Disease, which you can differentiate based on the genetic testing. One is the traditional type of Lyme, which was around over 5,000 years ago. You know we have that story of the iceman, that corpse that was found in the Austrian Alps in a glacier that was nicely preserved and they found it was full of Lyme spirochetes. The modern Lyme disease that started in Lyme Connecticut is a whole different enema and we know now that there is, by doing complete gene sequencing, that form of

Lyme Disease had incorporated DNA of Epstein Barr and of other viral components, which is doubtful that can happen in nature on its own. You know it needed some manmade intervention to create that. That form of Lyme Disease is far more aggressive and far more deadly than the traditional form of Lyme Disease.

So I just wanted to make that clear at the beginning that not everybody who talks about Lyme Disease talks about the same illness, especially when it comes to cures of Lyme Disease then it can be very misleading if somebody claims beautiful benefits, for example, with hyperthermia treatment that is currently modern in Germany, that does work very well for the European type of traditional form of Lyme but it has only very short lasting effects on the American form of Lyme Disease. So I think it's important with that.

So anyway my journey started there and then in 1991 I met Lida Mattman who gave me preserved cultures of Lyme Disease and as you know I've developed over many years a biofeedback tool, we call it Autonomic Response Testing, that's a combination really of traditional electroacupuncture according to Voll and also called electro dermal screening, applied Kinesiology and the Ewing test and many other influences. So with that tool that Lida gave me I was able to establish diagnosis of Lyme Disease on patients when there was no lab available yet to a physician, there was no commercial lab work available.

So this started in 1991, I had a pain clinic then in Santa Fe, and we realised that about 80% of all pain patients really suffered from chronic infection that was perfectly treatable with antimicrobial compounds. So that's pretty much it and then rolling the clock forward we realised that the difference between the American aggressive version of Lyme Disease and the more traditional and the more benign form of Lyme Disease is not only the genetic difference in the bugs, and I think people should know how genetic testing is done. So if you take the number of pages that are in the Bible let's say that a genome of the spirochete, and what you're actually testing in the genetic test is you test one page of that Bible and if it's identical you say OK it's that bug. But you do not know what the rest of the DNA is like and so we found through some inside tracts that the American of Lyme is a combination of different things, made far more aggressive, far more penetrating than the traditional form.

So in addition to that we realised the German's were ahead of the typical tick bite or stinging fly or even mosquitoes, mites, fleas, all carry chronic infections but not just the bacterial ones but also a lot of viruses and retroviruses. Now in America we went so far as discovering the povassum virus, you know which is important to know, that's in there also very commonly in tick bites but there is virtually, I mean we don't have estimates how many viruses are

on the planet but it's at least millions of different ones. Published are about 2,000 human pathogenic viruses but there is a lot more and so it's pure hybris when I say this patients chronic fatigue is caused by Borellia species, or Bartonella or the Babesia because for every bug that we find in the current lab diagnosis there are at least a hundred others, which are co-contributing to the patients illness.

So we basically developed this ART testing to a way where we can quickly screen through hundreds of viruses, hundreds of retroviruses, many of the co-infections and different species of Lyme Disease and come up with a tentative diagnosis and based on that we currently have arrived at a quite different treatment approach. We can also scan the patient for heavy metals and for glyphosate without needing any lab work and so the way we arrived at a very potent medical treatment right now is to realise we need to early on detox the patient's interstitium.

Now we know that the main stressors in there right now are no longer mercury it's aluminum, aluminum and more aluminum and some glyphosate and fluoride thrown into the mix. You know that needs to get out of the system. We do have at least one study that shows that the main co-factor for Lyme disease, for the growth of spirochetes in us, is aluminum and we have all the indication that aluminum is now the number one toxin in our tissues. So without doing that the treatment becomes impossible, microbes grow in contaminated environments and as long as you don't clean up the environment you have no chance of lastingly eliminating the bugs.

So we have a certain sequence, we first diagnose and treat the toxins in the tissue, then we move from large to small, then we look for larger pathogens such as multicellular parasites like worms, mold, and then all the group of bacteria. Again the current estimate is that there is about 40,000 different species of bacteria in us, in a healthy human, plus a few pathogens, but there is no one who knows, and it also turns out that many of the bacteria in us that are considered symbiotic can turn pathogenic in toxic environments.

So it really is a complete mess and a lot of things are unknown so we try to cut through it with establishing the sequence. First the toxins, then the large parasites, then the mold and then the Lyme and then the viruses and if you work in that sequence suddenly things become gentler and easy, you don't need to pull out your heavy guns and everything. We treat Lyme pretty much without any antibiotics, you know we use natural herbal compounds and the truth is chronic fatigue is not primarily a mitochondrial illness. The mitochondria themselves are infected and affected by the infections and by the toxins. For example, we find in pretty much everybody today we find aluminum in the mitochondria, which hugely blocks the electron transport in

there, and so if anybody ever talks about chronic fatigue without mentioning aluminum and the mitochondria it's completely missing the boat, or intentionally missing the boat. And aluminum, you know we have good studies that show Ehrlichia lives in the mitochondria, Borellia lives in the mitochondria, and so again if somebody talks about chronic fatigue without mentioning Lyme Disease you're missing the boat.

Of course the popular thing right now is the viruses, you know Epstein Barr and Cytomegali, why is that so popular? I can tell you the answer to that because viruses, at least the common, are very easy to diagnose. That's why everybody is looking, everybody finds them and assumes they're the cause of the illness but when you actually treat them usually nothing much happens. You may get 20% better that means the virus was only 20% of the problem.

Alex: Well I think that's one of the fascinating things is understanding the different sequence and the different pieces of the jigsaw because I think there's so much misinformation and misunderstanding around fatigue related conditions that when a practitioner finds a piece of the jigsaw there's so much excitement in the part of the practitioner and the patient that it's very tempting to immediately jump in and want to deal with that but as you're describing it it's a much more complex picture than that.

If it's OK I would like to just take a side step for a minute before we come into this in more detail because there's a quote that I read last night when I was doing my research that I thought captured very well your thinking and your approach. I can't remember where it was that you said it but you said 'America is the land of biochemistry, Germany and Russia are the lands of physics, and there's Eastern European countries of philosophy. When we bring all the different countries together that's when we can really talk about holistic medicine. What rubs me the wrong way is people calling their medicine integrative medicine and all they're doing is biochemistry'.

I know that you're also trained in Bert Hellinger's work around family constellations, there's also the kind of psychotherapeutic piece. So maybe just say a bit about, I mean in a sense what you are to me is someone that's globally looking at the different pockets of wisdom and experience as opposed to just kind of going deep on one and not seeing the interlinkage.

So maybe just before we come deeper onto the picture on Lyme maybe say a bit about why you see it being so important to take the wisdom from these different areas?

Dr Klinghardt: First of all in my own upbringing I had the most German nuclear scientist from the Nazi time, it was forbidden to work in research, he

became my teacher in physics and math during the high school years and was greatly influential giving me a deep education in physics. He already knew at the time the sensitivity of microbes to certain frequencies, you know that here in the US it is all related to Royal Rife but there was a President in Russia, Poland and Germany trying to treat microbes and toxins purely with electromagnetic frequencies that was very successful but it was suppressed after the Second World War because of the huge rise of the pharmaceutical industry and defending their turf in very violent ways.

But my basic teaching is just a good treatment should be a combination of three pillars of it. One is good biochemistry, this is what everybody is pretty much looking for, but the second one is good biophysics. You cannot ultimately succeed without, physics is the deeper science versus chemistry and the third pillar is doing good psycho-spiritual work.

But I can explain that in another way. If you take somebody with a chronic illness, let's say chronic fatigue, and imagine the causes of the illness like a pie diagram, then you know the toxins are a certain slice of the pie, the parasites, the bacterial infection, viral infections, and a large portion of the pie is the psycho-spiritual background. Personal biography, traumata but also the ancestral traumata, we know now we understand epigenetics if you have a grandfather who was traumatised in the Second World War and then he went on to have children afterwards then the trauma from the war would have put in place deficits in the ability to methylate DNA or de-methylate it or acidulate it or de-acidulate it.

It leads to mistakes how the DNA is transcribed, we refer to it largely as epigenetic problems and that is how it's born outside the DNA but the amazing thing that Hellinger, who was one of my major teachers found, is that you can create a healing situation, healing setup we call it family constellation, we can go back in time heal the original trauma and then the amazing thing is that I've proved with the lab work that that very often changes the methylation deficit. So the epigenetics changes can be corrected with good psychotherapy but back to the pie diagram my experience is that about half of what causes chronic illness comes from the psycho-spiritual and family background and the other half is divided between pretty much toxicity and infections.

So the main point I'm trying to make is that until 20 years ago, 30 years ago, it was enough to address the infections and then maybe 15 years ago it was enough to address the infections plus the toxins, because that load overall wasn't that big, without ever addressing the psychology. Today on a daily basis we are exposed to so much toxic influence, you know that starts with the glyphosate and the food and the fluoride in the water with the aluminum

rain that falls down on us and especially with the Wi-Fi exposure that we have we cannot control those 50% of the chronic illness completely anymore. We can marginally improve, we can detox some, detox takes a whole lifetime now to get the body back to where it's supposed to be but we can reduce infections, the viruses and the parasites to a certain degree but never completely. So today it's not enough to focus on infections and on the toxins and correcting the resulting biochemical abnormalities, at best you can maybe reduce half of that, at best, the other half we don't have too much over. But the other 50% of the illness, the psycho-spiritual family background issues, we have complete control over that, we can completely clean that up. I mean completely may be over exaggerated.

Alex: (laughs) We can clean up the process in some ways, yeah.

Dr Klinghardt: So the best healing result I have with my patients are the patients that are willing to go there, to deeply explore their own biography traumatic event, unresolved conflict and with the family constellation work to bring healing to their family. In those people I just need to give maybe even just a little bit of homeopathic Lyme Disease to get rid of the symptoms, yeah, maybe just give them a bit of chlorella and cilantro to get the mercury out of them and that's the end of the treatment. But if people don't address that part I need to do a triple antibiotic therapy with intravenous antibiotics, I need to give them weekly shots of TMPS or DMSA or EDTA chelation therapy and it goes on for years and years and so people have to know that they have that choice.

Alex: Yes and I think it's often tempting on the part of the patient, and I speak from personal experience I had ME/Chronic Fatigue as a teenager, and when people talk about the role of psychology in health and healing my initial response was are you saying that I'm making this up I have all these physical symptoms. I think it takes a certain courage and a certain openness of [people to be able to get past that and part of the reason why I was interested to hear you talk about family constellations was I did a family constellations workshop about 20 years ago, at the time that I was unwell, and it was a phenomenally powerful experience and what was fascinating was when one looks at something like that through an analytical logical lens it's quite hard to make sense of that and it's quite easy to be skeptical and cynical.

When one steps into the actual felt experience there's something else that happens which is incredibly powerful and for me that was discovering the impact of that my father had left soon after I was born and I'd spent 19 years of my life completely unaware that it'd had an impact in terms of my nervous system and my life. So it's incredibly powerful to have the experience, which is

very different to the looking at it from a logical, rational lens. Sorry just one other piece before I let you respond.

Dr Klinghardt: Let me say something to that. The reason why psychotherapy has not found its place in the holistic healing is because many of the traditional forms of psychotherapy, like Freudian analysis or even Jungian analysis, have failed to deliver the goods and the modern forms of psychotherapy like the energetic, the energy psychology, you know that started with Roger Callaghan and has now found a worldwide following but not amongst psychologists. You know the practitioners and all people that come in from outside the field of psychology, because the psychology has been hijacked by the traditional groups of psychotherapy that perpetuate a form of psychotherapy that has very little impact on chronic illness.

Now there are exceptions but there are wonderful forms of therapy, you know the body orientated psychotherapy, there is therapies using drawing, there is therapies using writing, there is the meridian tapping procedures, there is EMDR, there is many very effective forms of psychotherapy and there is the family constellation work, which really covers a huge area that no other form of psychotherapy covers. And then you know what's highlighted are all mindful meditation, mindful meditation is great to calm down your system but it takes forever to get rid of chronic fatigue with mindful meditation. In fact you see a lot of people getting worse with it because people with chronic fatigue don't make adrenalin, and mindful meditation will turn that off further.

Alex: And they're not dealing with the activation in the first place.

Dr Klinghardt: There's just a lot of misconception. You know normal psychotherapy was always meant to be a secondary post-education tool where you educate people about what's right in life and what isn't that was missed in the first 20 years. So the original idea really was more that psychotherapy and pedagogy should be a general education to educate people about themselves and what is normal in society, normal behaviours, how to create love in relationships. These are all valuable; psychotherapy is valuable but has very little contribution to getting somebody out of cancer, being cancer free or other chronic fatigue being chronic fatigue free but the modern forms of psychotherapy, I just mentioned a few of them, are fantastic and really effective.

Alex: It's really interesting what you were about that historically people could not deal with the psycho-spiritual pieces because the overall load was low enough that you could take away some of the toxins in the system and that would be enough to get below a threshold point that the system would then

start functioning more normally again. But it's very interesting that you're saying as there's been a growing build of those toxins that now one does have to deal with that wider piece.

To come back on, I took you on a tangent a bit earlier because I wanted to understand the wider context I think it's really important for people, but as come back to what you were saying about Lyme I wanted to pick up on something you were saying about the importance of doing things in the right sequence and you made a comment where you said that by doing it that way, I'm slightly paraphrasing you, but it's a much easier journey for the patient. I think a lot of people, particularly on the more severe ends of the fatigue spectrum, can find that even when they get some clarity in terms of what may be going on and what co-infections that may be and the different pieces of that jigsaw that if you go at in the wrong sequence or with too high a doses or without a wider understanding of what's happening often those patients end up feeling worse rather than better and they feel somewhat paralysed because they think well I know what I need to be doing but what I'm doing is making it worse and I think that can be quite devastating for people.

So maybe say a bit about the importance of that sequence and how you figure that out as you work with people.

Dr Klinghardt: Yeah. I published a chapter in a book by Johns Hopkins University and the chapter was on the bio toxin pathway. So let me just educate people a little bit, so basically when you kill Lyme spirochetes the dead bodies and their proteins have to be discharged from the body, which goes both some parts through the liver and some through the kidney. When you have amalgam fillings there is a daily discharge of mercury from the fillings that evaporates that needs to go down the bio toxin pathway and go through the same liver cells and through the same nephrons in the kidney. Every time you eat, at least in England, in the US, even in organic food there is some glyphosate in there that needs to be going down the bio toxin pathway to get rid of it for through the same kidney cells and through the liver cells.

Now what typically happens is that this pathway is already blocked by overload, it's like a funnel when there is too much crap coming down it gets stuck, and most research in the liver cells, so the liver cell has two jobs. One is regenerative, it takes food substances and builds proteins and peptides and things that the body needs elsewhere and puts it back in the blood stream to transport it where it's needed. That's one of the well known function of the liver. The other one is it siphons from the blood the toxins and breaks them down in certain ways, step one, step two, step three, and then needs to be shuttled out the other end of the liver cell into the bile ducts where it comes out.

Now it's very well researched that if there is an overload of toxins there is nothing going out on the other end of the liver cell because the bile ducts are already stuck with sticky fluids, there's about 2000 miles of bile ducts after the liver cell. The bile often is stuck in there and then that is all the machinery works in reverse, the liver cells try to break down the toxins that can't come out on the other end and go back in the blood stream and you get far more toxic than you were before. That is a very, very common problem and so sequencing involves to first get the kidney and the liver liberated from the backlog of toxins and so with the liver it is more well known you give herbal bitters, you do castor oil packs, you do coffee enemas, you give cholagogue herbs, which means herbs to increase the bile flow to free up the system. That's step one.

Step two is when the toxins go now into the small intestine where the bile duct leaves them, many of these toxins are neurotoxins, that means they have an affinity for nerve tissue. Now the gut downstream from the point where the liver dumps the stuff into the small intestine, downstream there is 14-16ft of gut lining with nerve ending and so all the neurotoxins that the liver was busy excreting are now being reabsorbed in the gut and recycled and they're actually reabsorbed by the nerves. This is not the androhypathic circulation, this is the circulation where the toxins are taken out directly by the nerves and go straight into the spinal cord or go up the vagus nerve to the brain stem where they're re-poisoning your brain.

And that's of course the most common experience and for that I've taught that for 40 years now that we need to have binders on board, that means we have to have substances in the gut that are firmly binding the mobilized toxins so they cannot be reabsorbed, yeah. The thing that stood out in the literature still is chlorella, algae chlorella, there is some other options for people that don't tolerate it like zeolite or there's different green things and different extracts from insects that can be used as binder. Chlorella has been the most published and most potent of them.

For the kidney the same is true you know before we can push dead Lyme spirochetes through the kidney we need to free up the kidneys of the backlog and the kidneys are not, at least in my experience and I did some doctoral work on that, the kidneys are the most compromised organ by toxins. All the water soluble toxins go through the kidney, that's glyphosate, that's the different mercury compounds including the ones in the vaccines, they all go through the kidneys. When the kidney gets overwhelmed the same mechanism happens there with the nephrons, the cells in the kidneys can no longer deal with the onslaught of toxins and they're basically backwashing the mobilized toxins back into the blood stream. With the effect, let's say the patient we put them on a good Lyme treatment, the kidney are not able to process that

because the bio toxin pathways' already full, overloaded so you create a lot of dead bodies but that can't go anywhere then you get immune reactions to the dead bodies, you get metabolic bodies to the dead toxins, and they need to be placed somewhere so often they go back right into the brain where they came from.

So this is why I'm saying the most important first step is to free up the liver and the kidneys with different detox programmes that make sense and then cautiously explore. What we found that the safest next thing to do is to eliminate parasites, which pretty much everyone with chronic illness has, there is no lab test right now that is even distantly relevant. We have letters from Professors at the University in Seattle that said this patient has definitely been misdiagnosed by you, this patient does not have parasites. So the patient then surrenders to treatment and they delivered a 14ft tapeworm that we sent to the Professor with kind words and concern but I'm sorry but also like your assessment was not perfect.

Alex: (laughs) That's very funny. Not funny for the patient but that's a great story yeah.

Dr Klinghardt: Sometimes us integrative physicians have more to say than you're assuming. So I ended up in a friendly exchange but there's an article published called, the title is something like 'The 10,000/1 issue' and that means out of ten thousand parasites people have you may be able with the best diagnostic tools right now to diagnose one. But what about the other 9,999 so we our ART method we can very often pin that down and there's also methods with electrodermal screening to establish that the patient in fact does have parasites and the results are very astounding.

Usually the treatment is done in two steps, first you need to remove the parasites from the gut, the sort of the mothership, and we like to do with colon therapy you know putting the antiparasitic drugs into the colon rather than giving them orally because when you give them orally they get absorbed and you get a load of killing all over the body, you don't want that you want to kill things in sequence. First in the gut so they do not get absorbed into the blood stream, so that whatever's in the gut comes out first and then we cautiously use systemically working antiparasitics because we know most parasites all have stages, a lot of stages in the lung, the brain, in the spinal cord, in the jaw bone and so this is a very new aspect of this field that didn't always exist before. You know the parasites thrive in toxic environments and they are where the toxins are and so usually when you do the detox first and then the parasites in the proper way that's very well tolerated. And the sickest people have never, imagine assuming you have somebody who can only eat one food, lets say they only can eat white rice because they are so allergic to everything

and they're almost dieting from any drug that they've ever taken. You give them the strongest antiparasitic and no reaction.

Alex: Wow that's fascinating.

Dr Klinghardt: The rule that has emerged there is that if you have a chronic illness that has one particular thing at the core of it if you address the core you get no untoward side effects but if you address peripheral issues you can get huge side effects.

Alex: The analogy that comes to my mind, and I'm not sure how good it is until I speak it out, but the analogy that comes to my mind as you're talking is it's a little bit like how warfare was 500 years ago. My army will meet your army in a field and we'll have a massive fight and whoever's got the most standing at the end wins and I think that's a lot of people's attitude to dealing with viruses. That we've just got to put in bombs and blow yourself up and hopefully we have more good guys standing than more bad guys at the end and actually modern warfare of course is infinitely more complicated, as we've discovered, with things like Afghanistan and Iraq where you don't actually know if someone is a civilian walking down the street or wearing a suicide vest. Suddenly there's so much more nuance and complexity and then there's the high psychologically piece of that in terms of winning hearts and minds. You can kill all the soldiers but that doesn't mean that you've actually won the battle. That metaphor kind of strikes me as being quite apt for the nuance that you're describing.

Dr Klinghardt: Absolutely, exactly, and you know what we're actually trying to do to understand the microbes, how they're all working together and the understanding that has emerged in the last couple of years only is really that there is, every microbe in us, every parasite in us, wants to live with us. They're potentially all symbiotic, even the worms, the molds, even the viruses, they're potentially all symbiotic and it really it always comes back to the main issue is we live in a time that's really penetrated by two issues. One is the incredible amount of toxicity in everything that we do, you know the laundry soap, the toothpaste, the skin products and then of course everything in the food and then unfortunately also the air since the geo engineering programmes.

That's one thing and the other thing is the Wi-Fi exposure. All the studies done by independent researchers show that Wi-Fi is devastating to our immune system but not only that it's also devastating to the microbes that live in us and the microbes that live in us feel that haven't we had a peace treaty here for 2 million years. We produce some amino acids and some B vitamins and you feed us with sugars and the other things that we need and suddenly

they feel attacked by us and say well screw you if you're attacking me I'll attack back. That's pretty much where we are and so in terms of the first step of treatment for me it is always to create the most Wi-Fi poor environment for patients in which the microbes in us no longer feel threatened.

The second one we create glyphosate free food by adding in some peat extract with every meal that we eat and it actually extracts the glyphosate not only from the food but also from the bowel bacteria that have ingested glyphosate and are severely life long damaged by it. So there is some basic issue when you understand the environmental issues that we currently have it's not difficult to clean it up but the point I will come back over and over to is when you do healthy, good detox first in the patient and then attempt to treat the pathogens in us in a certain sequence every step of it is mild, the die off effect simply means you've gone too strong in a direction for what the body can handle right now. There is no healthy die off effect and then all theory that was promoted you can only treat Lyme Disease by using the die off effect as guidance that's absolute bullshit, you know that's absolutely wrong.

And like most people that will listen to this you probably had your experience with somebody here or there having diagnosed you with Epstein Barr but then look at the evidence of it then you treated it with whatever way and you will probably come to the same conclusion, right, that I did. It doesn't work and if it doesn't work it most likely means that your diagnosis was a peripheral thing it wasn't the real thing at the core and this is of course something, I developed my own method with getting to the core most of the time. Not always, there's a lot of things we don't know but it certainly is ahead of the conventional way of looking at things.

I think I mentioned already we found at the core of chronic fatigue today almost exclusively the retroviruses or retroviral activity and the research by Julie Mikovich is the leader here and I am a loyal follower of her teachings and it's been a big, big breakthrough to realize yes people with chronic fatigue, most of them have mold illness, most of them have parasites, most of them have one or several of the co-infections of Lyme. All of them are aluminum toxic, all of them are glyphosate toxic, some of them are lead or mercury toxic, but at the bottom when we move through that and address the issue we find the retroviruses. When we address those that's where we see the miracles but if you treat them too early we get the overwhelm of the detox systems and we get the backlash.

Alex: Yes and I think that's such a crucial point in terms of that sequencing and of preparing the body before one goes in and one of the things I think is also very powerful about the way that you work is there's a real understanding of the subtlety and the sensitivity and having that biofeedback mechanism

through the ART testing that you're doing in terms of actually working with the body.

I'm mindful we haven't got that much more time but whilst I've got you, this is more of a personal question than a summit question but I think people will be interested, as someone who has had such a depth of experience over many, many years but also one thing I appreciate about you Dr Klinghardt is you remain a student of many of the other people doing great work. I'm fascinated to understand what your thinking is, what you're excited about seeing evolve over the next decade or couple of decades. Like what do you see as the next evolution and what excites you personally about that?

Dr Klinghardt: Yeah so my main focus right now is of course the environment the patient lives in, how that is the huge trigger for anything chronic illness pretty much. It's the food, the air and the Wi-Fi the electromagnetic environment that in a way that is no longer compatible with life and I'm very concerned about life. You know we've lost in the last few years along 75% of all insects and with that 70% of all songbirds and this is just an assessment that was done three years ago and the numbers are going up exponentially. You know you don't see flies and insects anymore on your windshield, you know you used to in the car, there's some simple things you can do.

So my main focus is really on where are we going as a humanity and the truth is the damage is exponentially growing and we really only have a few years left as the status as it's been. Stephanie Seneff calculated that by 2032, which is 13 years from now, pretty much no boy will be born which is not neurologically impaired, yeah. That expels the end of humanity as we've known it, only thirteen years from now, this is not like some OK maybe in 100 years/200 years, this is now.

So this is where my focus is but in terms of looking at the true causes of the modern illnesses, you know the chronic fatigue, insomnia, the Fibromyalgia, the just not feeling right, the low grade depression, in my opinion the truth is somewhere between Julie Mikovich and the retroviruses and Stephen Fry and the Fry Labs in Arizona is an incredible pioneer. He's the only person in the US who is allowed to examine your blood and then actually look at it with a microscope and then report in it. As a physician, in my State I am not allowed to make a diagnosis based on the microscope, that's the core foundation of medicine the microscope and you're not allowed to use that and so Steve Fry has managed to get that through the FDA and so what he does is he looks in the microscope at normal things in your blood and then does DNA probing, that means he actually uses a microscopic glass tube and sucks the stuff in and then does DNA analysis. What he found is extremely important and I

think new for everyone listening, he looks at chronic fatigue and biofilm go hand in hand.

The more chronic fatigue you have the more biofilm you have covering maybe every surface in the body. Not just the joints but also the sheaths of the nerves, the inside of the blood vessels, the fascia and more. This biofilm, he was the first one to really analyse it properly, doesn't contain just parasites, for example, and viruses and bacteria but what he found, and that's completely new, he found plankton and algae in there. That means plant based organisms that are covering along every surface in the body and those plants, we cannot call them creatures, basically the daily production of bio toxins to shield themselves from your immune system that is devastating to our health.

So in addition to having to use antimicrobial compounds we also have to use compounds that address that issue and so we are all exploring that and right now there is a pharmaceutical way of addressing that, that works to some degree, and there is another molecular way of addressing it which is absolutely fantastic and it's published so it's safe to say, is astronomically high doses of melatonin. You know so we use melatonin very high dosages transdermally and that has been a fantastic breakthrough, there's almost no side effects, dramatic improvement, but the truth is when you use that you have to keep the detox pathways open and its daily work for the first few months. But this is sort of what I'm excited about right now is the realising that the biofilm in us is really where the illness comes from and the biofilm is not just Lyme Disease, it's not just the viruses but is also plankton and algae that are forming this strange sub organism in us that is so greatly contributing to our unwellness. It shortens our life a little bit but it shortens our life span, the years that we have healthy, hugely and so by having finally found tools to address that of course makes me fulfilled as a practitioner. It's a joy when patients come back and after years of looking around the average patient in my office has seen 4 other practitioners and come to me and so I have a negative selection and maybe based on that also a negative view on the world but I am very, very worried about the world.

Especially since the media are completely cooperating with the forces that are leading to the destruction of our biology right now and so are most of the politicians. There's not a single voice out there that represents the environment in a proper way and I'm very concerned about this movement amongst children now against global warming. This movement has been completely abducted by the same interests that are causing destruction of the planet and it's completely pointing a certain way, there is no question that there is global warming, but it's caused by the same people that are supporting this movement. So by looking at global warming and the

superficial solutions, you know the true solution to global warming is we have based on the work of Jerry Pollock, we have the water battery, with a gallon of water we can supply the electricity for a whole family for one week, we can drive cars with it, but what happened to the researchers that developed it. Well several of them have been found murdered and others are silently in their labs wondering what they should do with their knowledge and so what I'm really saying is we have solutions for all the problems that are facing us right now but there is interests that are deflecting the focus on just little adjacent issues that are deflecting our view from the truth that can be changed overnight. Some just with the push of a button and so my main concern is the environment because we realise there is more and more things that we do not have tools for anymore, you know the environment and us are in a equilibrium. The more toxins there are in the environment the more in us.

Alex: Yes and one of the ways that I see it is that the toxicity and the kind of the burnout and the overload process that we see in fatigue in individuals is really what's happening to the environment is that on a macro level with the planet. As you say it's the same process it's just micro and macro of the same enfoldments.

Dr Klinghardt: We have cats and dogs with chronic fatigue, we have horses with chronic fatigue, we have birds with chronic fatigue so this is not a human thing and certainly doesn't have to do with your marital stress. Dogs tend to not have marital stress.

Alex: (laugh) You haven't met our dog.

Dr Klinghardt: And it doesn't seem to be job related either because horses don't have to go to an office but they're as fatigued as we are.

Alex: I would love to talk more but I'm mindful of time. Just as a final question Dr Klinghardt what's the best place for people to find out more about you and your work? I guess the Klinghardt Institute website but anything you'd like to say about that and what people can discover as they find out more?

Dr Klinghardt: Yeah the Klinghardt Institute is my website and what I recommend when people want to learn the depths of what we've found we have this thing called 'the ten modules', they're sort of one hour lectures where I show the support of literature and also briefly the tools that we're using. So it will give people a very deep education in just ten hours, you can do one hour a week or one hour a month and I think that is the best way.

I do have advising several other companies, K Science is the main one, but we also have Biopure in the US, but the companies that carry the proper preparations of the things that we are using. You probably know I'm more and more against the use of pharmaceuticals because there is tested down hill costs to it that is not acceptable and so we try to do as much of the work with our laprosonic herbal preparations and so I have to kind of advise companies of how to do that.

So I do have a deeper understanding of that. You know I worked three years in India together with some of the leading Ayurvedic and Tibetan medicine practitioners and so gained some knowledge that most physicians don't have and so I think Klinghardt Institue is the right place to turn to. In Germany it's called ink.ag and then my practice is the Sophia Health Institute in Seattle, well it's in Woodinville that's a suburb of Seattle.

Alex: Fantastic. Dr Klinghardt thank you so much I have always lived in admiration of the brilliance of your mind but it's also been wonderful to feel the depth of your heart in our conversation as well. I really appreciate it, thank you so much.

Dr Klinghardt: Thank you so much it was an honour to work for you, thank you.

Alex: Thank you.