The Increase in Internal Toxicity and the Effects of External Factors:
A Special Interview With Dr. Dietrich Klinghardt

By Dr. Joseph Mercola

JM: Dr. Joseph Mercola
DK: Dr. Dietrich Klinghardt

JM: Welcome, everyone. This is Dr. Mercola helping you take control of your health. Today we are honored to be joined by Dr. Dietrich Klinghardt, who is a long-time mentor of mine. He helped me understand some of the basics of natural medicine many decades ago. Welcome and thank you for joining us, Dr. Klinghardt.

DK: Thanks, Joe. It's an honor to be here.

JM: For those who don't know who you are, maybe you can give a brief history of your training, and then we'll go into some other –

DK: I went to medical school in Germany. I was actually born in Berlin. I'm a real Berliner, and then went to medical school. After medical school, for three years, I worked on a thesis, which at the time I wasn't sure. But it actually became very important because its subject was how the autonomic nervous system communicates with the immune system. At the time, nobody wanted to take that on. I got an award for it. When other people do residency – I did a residency in surgery, but only for two years.

JM: Normally, residencies are like eight years or something, something crazy, six or eight years.

DK: Yeah, yeah. Anyway, after I completed my thesis and defended it successfully, I spent two and a half years in India, working at a medical center there, where I really gained a lot of experience, especially with regards to parasites and infections. So that became sort of my passion all the way through. And then I spent almost a year in England, apprenticing with a wonderful man, Dr. James Cyriax, who was the father of non-invasive orthopedic medicine. The prototherapy he had pioneered and the many injection techniques and many, many palliative techniques, that became part of my arsenal of things. And then I moved to the U.S. and passed my exams. I've been here almost 40 years, I think. I haven't counted. Thirty-five years?

JM: Well, you split your time. You're not exclusively in the U.S. You're also in Germany and London?

DK: Yeah. The last few years, I also practiced in England and Switzerland. I have a license in Switzerland, where I started seeing patients. We managed – This is, I think, interesting – My group that I'm sort of involved with supervising, we managed to change the constitution in Switzerland, where alternative medicine becomes the birthright of every Swiss citizen. It cannot be denied by any authority to speak of. That includes homeopathy, neurotherapy, acupuncture, all the healing techniques, hands-on healing techniques.

It's the only country on the planet where complementary medicine or alternative medicine is the birthright of every citizen. When we managed to do that, I made sure I get a license in Switzerland, as an escape place, as a possible escape route from the forces that are sometimes very obstructive here.

JM: Have you had any recent experiences with the federal regulators in the United States?

DK: No. I sort of have been dodging a few bullets, but not in the recent years. It's been peaceful. I have to say the state of Washington has been very generous to me on the different issues that may have come up. I'm here in Washington State for over 20 years. Nothing serious has come up. I'm very happy about that.

JM: Great. You're known for a number of different areas. People come to see you from all over the world. Most of whom have seen a large number of other clinicians before seeing you. Certainly, Lyme disease is one of your specialties and neurodegenerative diseases. I'm wondering what the current range or the most common diseases that people are currently seeing you for.

DK: Let's start with toxicity. I have a very good friend, Dr. Richard Straube who is the main toxicologist in Germany. He developed the apheresis as a treatment — it's a blood-washing procedure where you filter out the dirt from the blood. And then because the toxins in there are concentrated, you can analyze them with affordable lab methods.

Using the same toxicology test, 10 years ago, he found on average in the population 20 toxins over the threshold of detection. In just 10 years, that number has gone up to over 500, which is a shocking number. He's actually just about to publish this research. He did the research on 1,200 patients. It's one of the largest toxicology studies.

Of course, the leaders in the toxins is aluminum, barium, lithium and strontium. These are the things in the geoengineering. It makes them sort of rain down on us. Because of that – And many of these toxins are really specifically mitochondrial toxins. I was always big on detox, but detox now is no longer like a hobby of mine. It's a survival strategy for everybody.

When you and I wrote this beautiful paper almost 20 years ago on how to use natural agents for detox, those issues have become much, much more prominent. Basically, the old theory has held true if you contaminate the body with manmade toxins. Those are stored not everywhere, but in certain body compartments compartmentalized.

In those body compartments that reach a certain threshold of toxicity, the immune system loses control over the microbes that are in that area. These become the areas where the microbes are domiciled, whether it's bartonella, Lyme, babesia or herpes viruses or so. They're not everywhere, but at the same time they've very strictly set up housekeeping in certain body compartments. They cannot be distinguished between the toxicity and the infections. They go together. It's a package deal.

Recently, since 20 years I've been harping on Lyme disease and developed treatments that do not involve antibiotics, because it's an absolute mistake to treat Lyme with antibiotics. I would exempt the fresh tick bite. There's a place for antibiotics. But for chronic Lyme disease, there's absolutely no place for treating this with antibiotics. We know too much about the microbiome now and how sensitive the structures are in us.

The latest development in the last two years have been my work with Judy Mikovitz. She was part of our think tank that we had way back in 2006 or 2007, and tried to alert us then at the fact that embedded in our DNA are retroviruses. And that certain environmental conditions disable our mechanisms to silence those viruses, and they become active. Really, in the last 10 years, all hell has broken lose with that.

Retroviruses, the most well-known one is the human immunodeficiency virus (HIV), but there are hundreds of others. Most of them are immunosuppressive. I'd like to prefer the term "immune - disturbing." Some aspects of the immune system are upregulated, others are downregulated. That makes us hugely vulnerable for Lyme's, mycoplasma and bartonella.

We completely have lost control over the microbial environment that was always there. The human condition has developed against the backdrop of a pretty hostile environment. First there were dinosaurs, tigers and whatever hostile creatures. But really, the main hostility that we've encountered was from the microbial realm. We slowly, slowly developed against the backdrop of parasites and of the microbes. Our immune system had to be ahead of the invasive forces. We've lost control now over that over the last 10 years. That, in this nature, is very, very serious.

[-----10:00-----]

JM: Yeah, yeah. I had the chance to interview Dr. Mikovitz a few months ago. I don't know if we've posted it yet, but it was an interesting interview. I've read a book on the retroviruses. It's almost like a novel or a spy novel the way she wrote it.

DK: Yeah.

JM: But I want to go back to detox, because that was a pretty bold statement, that increase. That increase was from 10 to 500 in the last –

DK: No. From 20 to over 500 in 10 years.

JM: Okay. So that's 20 to 500.

DK: That's a dramatic increase.

JM: I'm wondering – And that was done in the blood?

DK: The apheresis is like this: You have two intravenous needles. You have one in one arm and the other in your other arm. From one arm, the blood is taken, put through a filter system, and then the filtered blood is reinjected in the other arm. This goes on over three hours. The entire blood

volume is washed several times. This goes through thousands of miles of little capillaries that filter out the gunk. What you're left with is this filtrate called eluate.

The trouble in toxicology is that there's really no dose dependency between a toxin in the blood and reactions that you have to it. The tiniest amounts can cause huge reactions, and smaller and larger amounts of some other things may not cause a reaction. The toxicology exams that are affordable have all the certain threshold. You have the certain concentration in whatever you're testing before it can be detected. He used the same exact toxicology test that you used 10 years ago, when you found 20 toxins on average over the threshold.

This last study on 1,200 patients showed over 500. That's an exponential increase that is not compatible with life. You know, I have to say that very clearly. I'm quoting people more intelligent than me. This is no longer compatible with life, the inner condition. Detoxification, using the different methods that we have, is an absolute necessity to survive this actually insane time.

JM: Yeah. I want to go into some of the details. But just a quick question first, are most of those toxins fat-soluble? I was just confused why they would – I mean I know there's some equilibrium in the blood. But most of them would be the fat. That's part of the problem, because you must have to do a fat biopsy to get a really good analysis of what's going on.

DK: Yeah. Well, the lab of Dr. Lasseter in Texas has been shut down. That was a lab we commonly used for the fat analysis. It's very, very hard to – Toxicology is not nurtured in this country. But there are other toxins. There's thimerosal, which prides itself on being water-soluble. Glyphosate is water-soluble. Two of the major toxins are water-soluble.

They travel very quickly in compartments other than the brain or the fatty tissues. They like to get stuck in the kidneys, in the lungs and the bones. The fat-soluble toxins has pretty much all the benzene derivatives, insecticides, pesticides or herbicides. They like to settle in the fatty tissue, which makes them potent neurotoxins, because everybody's brain is mostly just fat. Both of them require different methods of detoxification.

JM: Okay. What are some of your favorite approaches? Because there are two components here. One is the everyday person, because this is an exposure that virtually all of us have and should be doing on a regular basis if we seek to avoid these diseases in the future, especially the neurodegenerative diseases. I'm thinking – Our paper 20 years ago was on chlorella. I'm a big fan of that. I take about 15 grams a day, which is 50 tablets, I think, and then near-infrared sauna. What do you like or do you recommend is a good strategy for most people to consider?

DK: Yeah. There are thousands of toxins. It's estimated that every one of us has well over 20,000 different chemicals in us that have to be carefully separated from each other, so they don't react with each other. But amongst all those, there are two toxins that have emerged as the key culprit. That's glyphosate and aluminum. They actually work very nicely together to destroy our brains.

Let's first talk about glyphosate. The glyphosate is an analog of the amino acid glycine. It attaches in the body in places where we actually need glycine. Now, glycine, we don't have enough of, because glycine is part of any detox enzymes. They're all overworked. In that process, glycine is

used up. There is, for most of us, not enough in the nutrition to defend us against taking up glyphosate. Glyphosate is pretty much in every food now that we eat, even organic food. I'll get into that in a moment. We try to saturate the system with glycine. It's like a teaspoon, a flat teaspoon, twice a day. It tastes like sugar.

JM: That's a lot of glycine. A teaspoon?

DK: Yeah, yeah, yeah.

JM: No. I take one-eighth of a teaspoon twice a day.

DK: Yeah.

JM: That's like a gram.

DK: Yeah. But what you will see if you take the larger amount, immediately the glyphosate in the urine goes up. That's what we want. We want the glyphosate in the urine. You don't want it in your brain.

JM: Yeah.

DK: So at least for a while, we use high doses of glycine. There are no issues with it. There are no problems with it. The other one that has been published is admittedly only a chicken study that shows that humic acid and fulvic acid can completely clean up the organ systems of a chicken. Chicken feet is full of glyphosate. Chickens absorb glyphosate. It travels to the brain, to the liver, to the bones, to pretty much every organ system. I was just surprised that humic acid or fulvic acid can take that out very quickly.

JM: Let's go back to the glycine again. Because you recommended a pretty high dose, a teaspoon.

DK: That's 4 grams, a flat teaspoon.

JM: I thought it might be more than that. But anyway, so 4 grams. How long do you recommend that dose? Certainly not indefinitely.

DK: Well, it really depends on what the eating habits were for a person.

JM: Okay.

DK: Let's kind of go back to that. In the U.S., the organic food has 80 percent of the same glyphosate content as non-organic food. That was, as far as I remember, measured with Whole Foods Organic Food, which may not be a representative. But we have a way of also measuring the geoengineering clouds on the sky. There's not only aluminum in there, strontium and barium, but there's also glyphosate in there. It rains down on us. There are retroviruses in it and glyphosate. We had that examined. That's why even organic fields get rained on.

[-----20:00-----]

The ambient air, the metals and things that are sprayed up in the higher regions of the atmosphere don't stay there. They come down and they settle on the fields and on the bodies of water on the planet. The whole oceans are covered with it. It's a big disaster. It's a military program that pretty much exists outside the democratic institutions. There's no oversight from it. Forty-two countries are doing it. It's a big mess.

You can't really get away from glyphosate, unless you have a greenhouse. But you have to water the plants. Now, the nanoparticles make it, pretty much, through all the conventional filter systems. If you water your plants, you've got nanoparticles in there, the little, tiny plastic beads spiked with aluminum and other things. And glyphosate, which only appeared in the last two or three years.

JM: I just recently reviewed the water report from my local community. The No. 1 toxin in there is glyphosate. I mean by two or three orders of magnitude.

DK: Yeah. It's kind of shocking. I'm a great fan of the work of Stephanie Seneff, who has really single-handedly exposed this particular issue. Even though there are thousands of other toxins, glyphosate really takes the No. 1 position. I think everybody alive –

You know, there was a survey done recently on the health of America. All of the 50 countries have been surveyed. In terms of general health, the U.S. was in position number 49, in spite of your teaching. I know you have had a huge influence on the health of this country, but it's still too small a group, however many, many people that may be. But we need more.

In child mortality, the U.S. is in position number 29, behind Mexico and other places that we consider inferior to the U.S. That's entirely been linked to the use of glyphosate. It's sprayed on the fields. Because it's water-soluble, it washes down with the rain. It gets in the rivers, and then gets distributed widely. The oceans are full of it. That doesn't disintegrate for a very, very long time. That's what we do. We do the humic acid, fulvic acid. That's peat extract basically, from a high-moor.

JM: Sure.

DK: We do the glycine for a while. We monitor the urine output of glyphosate. When that slows down – in some people two months, in some people it's six months – we back off on the glycine and go on a smaller dose of that.

And then the aluminum. The aluminum is far more sinister. The aluminum can exist in the body in 1+, 2+ or 3+ form, like iron. Stephenie Seneff has shown that aluminum, when it gets in the matrix, the extracellular space, completely changes the voltage on the cell walls, the voltage-gated channels, and has a profound effect on the microstructure, that microskeleton of our matrix.

It basically impairs the receptors that we have on the cell wall, hormone receptors, neurotransmitter receptor or whatever else we have, insulin receptors. They all get messed up by aluminum. It has a really, really strong effect, stronger than any other toxin.

Stephanie Seneff shows that glyphosate is a chelating agent. When you have glyphosate in the food, it binds all the trace minerals. They're no longer available for absorption. It depletes us of trace minerals. However, there's one exception. That's aluminum. It works like a shuttle agent for aluminum. It binds aluminum. It takes aluminum across the gut wall into the tissues and distributes it widely. It distributes it in a chaotic way in the system.

We know the thyroid epidemic that we're witnessing. Everyone's hypothyroid. There's glyphosate in the thyroid. The leaky gut is the glyphosate in the food, but paired with aluminum. Your aluminium – as we say in England or Germany – unfortunately, being a metal, has an affinity for the nervous system. It ends up in the brain. It ends up in the spinal cord, in the enteric nervous system of the gut. It blocks a lot of healthy vital functions in our system. To get aluminium out of the system, it's a little bit often art.

Chris Exley – he is the main aluminum researcher in England, who is a friend of mine – he has found that silica is the main ingredient that you need. You need to increase your silica intake. Now, he's, in my opinion, been misguided, because he thinks just drinking fulvic water will do it. Well, fulvic water in the U.S., as we have it, is in plastic bottles. It's full of phthalates and other things that come with plastic, so it's not accepted over here.

In England, you can get fulvic water in glass bottles, which may be an acceptable option. To increase silica, first of all, we used it from herbs. Interesting enough, one of the highest silica-containing herbs is cilantro. Dr. Yoshiaki Omura did a study 20 years ago where he showed that you could decrease aluminum content in the animal model very, very quickly, by giving just a cilantro extract.

Horsetail is the other well-known herb that's high in silica. We used a product from Belgium, that liposomal silica. That's BioSil. That's one part. But also, citric acid has been shown to mobilize aluminum. That's basically lemon juice. We recommend people to make a bottle of water in the morning and squeeze the lemon in it and drink it throughout the day. Malic acid is another one that's published. That's apple cider vinegar. But you can buy now malic acid in capsule form or use magnesium malate as your favorite form of magnesium that combines the benefits.

For the medical doctors, we use desferal. It's an injectable that's injected once a week subcutaneously. It's an excellent detoxer. However, there are some question whether it crosses the blood-brain barrier or not. Silica does. Desferal probably not, but you can debulk the aluminum in the body with a once-a-week injection. Those are sort of my top of the list to things. The rest then is the fat-solubles, which may be –

JM: Before we jump to the fat-soluble, let's just finish up on aluminum, because that is an important one. When you're supplying the body with silica – horsetail, cilantro – and it takes out the tissues, is it in equilibrium with the brain or you need a special transport to remove it out of the brain? Because that's where a lot of the –

JM: Okay. So, that gets it all?

DK: It certainly crosses the blood-brain barrier. We see a remarkable improvement over time in brain function when we do it. By the way, I forgot to mention, but it's long been known that when you do a metallurgic exam on various cancers, especially breast cancer, it's always full with mercury and aluminum. They both have a devastating synergistic effect.

JM: Okay. Well, thanks.

[-----30:00-----]

DK: You know, maybe the main source of aluminium is the ambient air right above us. But it makes it in into every body of water. For example, in Germany, Angela Merkel ordered that about five or six years ago that all the water stations had to update their filtration equipment so it can take anodized aluminum out. It's very, very well-known in the water science that we have a problem with that. It's kind of forbidden to talk about where the aluminum comes from. But in every air report, it's like hundreds of times more than it should be. In every water report, it's hundreds of times more.

However, maybe also to say this, in the U.S., we do not have a lab that can demonstrate the nanonized aluminum. Nanonized aluminum is in very, very small amounts is very, very toxic. It's below the threshold that is given to the labs where they can report it. We use the oligoscan. You probably know that one. It consistently demonstrates the high levels of aluminum in our patients.

JM: Will you be able to use a reverse osmosis (RO) filter or do you require distillation to remove the nanonized aluminum from the water?

DK: You know, honestly, I don't know. There is the question that even distillation, that even distilling it, that the nanoparticles make it across with the vapor. With RO – RO doesn't clean up everything. Even with fluoride –

JM: Yeah.

DK: Even fluoride is difficult to get out. By the way, there's also a synergy between fluoride and aluminum. You know, fluoride takes aluminum into the pineal gland. We have an absolute disaster here in the U.S., with the fluoridation of the drinking water, the persistent contrails, spraying of aluminum on the sky and the glyphosate in the food is the perfect storm to cripple the population, to get the vitality down, to get the children's intelligence quotient (IQ) down. It's all published. They're not my ideas. America is not the country that it was when I moved here. It was beautiful when I moved here 35 years ago. It was a gorgeous country. It had sort of committed some form of suicide.

JM: Well, I don't know about suicide. It's probably more likely homicide, because people are doing it themselves. I mean these challenges are forced upon people. It's not something they electively choose.

DK: Yeah.

JM: Alright. I interrupted you earlier when you were talking about the fat-soluble toxins.

DK: Yes. So, the fat-soluble toxins in our work take second seed to this other two. I believe sort of that the mix of sauna detox and putting good binders on board is the solution of that. One thing that's overlooked in the U.S., whenever we talk about detox, people mention the kidneys. People mention the liver. But the largest detox organ in the body is the small intestine. It has a filtrating surface of two tennis courts.

What's overlooked with sauna therapy is when you actually start sweating in the sauna, the 2 square meters of skin start sweating. But there are hundreds of square meters of small intestine that also start sweating. They start hugely increasing the output, and in exchange, circulating toxins in the blood into the fiber of the food. The fiber in the food is a binder, but it's not a very efficient binder.

We like, just like you do, to have people take regular doses of chlorella, and maybe some other binders. We like ecklonia cava. That's a brown algae. We like enterous gel that's methylated silica and zeolite. This would be the top four. We like to load the system with that. And then when you do sauna therapy, you're sweating out internally a lot of toxic crap that's bound up by the binders. And then on the way down, you don't reabsorb it. That's what happens if you don't have the binder on board.

I do feel by doing that regularly and watching the bowel transit time, that should be 24 hours or less. That means if you eat something or if you swallow something that's not digestible, it should come out of the other end within 24 hours. We have some patients where we mentioned the transit time and it was like 36 days, 20 days or so. And then those people are not able to excrete through the small intestine. They're really doomed. That becomes a priority then to get the digestion going. That's mostly the parasite issue. That is sort of my other hobby – to diagnose and treat parasites.

JM: Are there any sort of shotgun, all-purpose strategies to address some of the parasites that we invariably seem to be exposed to?

DK: In biology, it is known that many parasites, especially worms, but even candida, even fungi, absorbed multiple of their body weight in toxins into their coat, into their cell wall or into their skin, so to say. For example, like many worms are able to concentrate lead 300-fold compared to the tissues of the host. In the proper word of saying that is that the parasite load of a particular person is a bioindicator for the toxicity that this person lives in.

For example, if you want to study the pollution levels in the ocean between Hawaii and Alaska, where the whales travel, rather than taking 1,000 probes of water and examining it, they simply collect the poop of a whale once. There's a certain proportion. The more parasites are in there, the more toxic is the ocean that the animal swims in.

Now, bringing that back to us, there's an incredible increase in parasite burden in the population now that goes directly together with what I said before, that the amount of toxins in our connective tissue has dramatically gone up. The way that the U.S. responded to that is basically, there's not a single lab that can diagnose the parasite burden. We have a couple of ridiculous tests that may

show some superficial bugs in the system. But we've had people with complete negative parasite test and they're pooping out a tapeworm, a 16-foot tapeworm. Well, where was the tapeworm?

Basically, we don't have a test for that. We use ART, autonomic response testing, and we respond to what we find with using different cocktails of anti-parasitic drugs. That has been so rewarding. Every chronic Lyme patient is also full of parasites. If you don't address those. It's been shown that the worms in the Lyme patient themselves are infected with Lyme spirochete. If you do antibiotic treatment, it doesn't harm the parasites. The Lyme spirochete simply retreat into the worms, wait until you're done with the antibiotics and then hatch back out.

The teaching is to treat from large to small. In a chronically ill patient, always assume there are parasites. Treat them and then kind of slowly go down. In terms of treatment, the understanding that parasites are loaded with toxic metals and other toxins, you do not want to explode the parasites in the liver or in the brain or wherever they have strayed. You want to seduce them to leave those tissues and come into the gut, where they can be safely expelled.

We work with the Gubarev protocols – these are enema protocols developed by a Russian scientist – to start with. When there is no more stuff coming out, then we switch to the all agents. For the laypeople, we recommend the ozonated plant oils from BioPure. It's the Rizol Kappa and Rizol Gamma. They're designed as wonderful, powerful anti-parasitic treatments that have enormous properties.

[-----40:00-----]

Now, one word for the medical drugs that I think is important that recently, there's an incredible increase in the literature that shows that pretty much every medical anti-parasitic can also be used for treating cancer. I'd give you an example of that: Albendazole, a monthly treatment, used to cost 80 bucks. Then the articles came out of cancers healing from it. Now, it's 24,000 dollars a month. It went from 80 bucks to 24,000 dollars – supply and demand. Welcome to America.

There are some shocking developments. But we use the anti-parasitic drugs, the multipurpose drugs. It happens to be that the internal pathways of a cancer cell are similar to the pathways of the parasite. It's a very, very good policy to start chronic treatment early on, before attending to Lyme disease or mycoplasma, to attend to the parasites. This is what we find is the step in the U.S. that everybody overlooks because most people who don't have ART down, they have to depend on the lab. And the lab can only show what the lab is looking for. This is, in the parasite, are very, very deficient.

JM: Yeah. Certainly, Dr. Simon Yu does a lot of work in that area. I'm wondering in your experience a few things: One is if you find that the drugs are almost invariably required, the pharmaceutical drugs? And do you find a place for ozone therapy, either IV or most patients can do at home, which is interrectal or intervaginal if they're a woman?

DK: Yeah. We've used all the tools. But it's pretty clear that the old Hulda Regehr Clark, she was like the leader in the field in the '90s to point us towards, "Hey. If you have cancer, look at parasites. If you have chronic fatigue, look at parasites." She was a wonderful leader in that field.

But her herbal remedies no longer are sufficient. It can all be done with herbs, but it's a lot of work. It takes a long time.

I'll tell you what the main issue is. The main issue with parasites is this: If you undertreat a parasite, that means if you use a dose of an herb or a medical drug that's not enough to kill it, but enough to make it sick, that parasite will put out huge amounts of biotoxins that make you really, really deathly ill. The trick with parasite treatment is to come in high and strong from the beginning, so these creatures cannot shoot back at you. That's what I've learned from Dr. Simon Yu and from other – There's a wonderful German parasitologist, who has been my guide in this.

It's a Western worldwide phenomenon right now. It's the increase in parasite-related illness, and very rarely diagnosed. You know, parasites come only out in the poop if the parasite is sick. Parasites do not show up that way. As long as they still live in the belly, in the gut, you can palpate and you can get certain signs that make it [seem] like you got the right diagnosis. But unfortunately, the larval stages of many parasites stray to the lung, and also end up in the brain.

Cysticercosis is the name given for that larval stages of tapeworms in the brain. We see that all the time. Kids that have seizures, most of the time it's that issue. They're easy to treat once you have your nose in it. But it's difficult to do it with natural things. We find that the natural herbs that are used are good if we use them in conjunction with the medical drugs.

Now, in terms of ozone therapy, of course, we use ozone left and right. We actually prefer rectal ozone to the injection. We have a lot of our patients buy an inexpensive ozone machine and do rectal ozone every day.

I'll tell you why that is a phenomenal effective thing. When I worked in India, I worked with the leading parasitologist in India. We did a study where we had a rating scale of how ill people were. It went from 0 to 100. There were 600 questions people had to fill out, plus some lab work. Every one of our patients was rated on the scale from 0 to 100. And then we did what's called the colonic count. That means we counted – We just used the same test that's used for counting white blood cells in a blood smear. We did that with the poop of the patients.

We did what's called internationally the colonic count of anaerobes. There was a linear relationship. The more anaerobes that were in the poop, the sicker the person was. Now, the treatment that we came up with at that time – what we said was, "Why not put oxygen up there?" Because we didn't have ozone available. We just pumped oxygen up the rear end. It was very, very successful as a strategy to get people out of chronic illness.

I've preferred that compared to the IV ozone. I'll let you know why. There are some studies that were done in Germany. When you inject ozone into the vein, it's only 10 inches up detectable. Beyond that, it falls apart to oxygen. Any of the effects that we assigned to ozone therapy intravenously are rarely caused by the ozone that's caused by the oxygen. There is a German piece of equipment that simply bubbles oxygen into the veins and then has better results than the ozone therapy. I like ozone therapy in trigger points. I like it in joints. It's fantastic as an anti-infectious agent, especially for anaerobic bugs. But it really has no effect on parasites.

JM: And dental infections too.

DK: And dental infections. It's fantastic to inject it around the jaw, and to clean out the extraction sites with ozone. It also increases blood flow. When injected locally, some of the great successes with that seem to be linked more to the increased blood flow than the antimicrobial properties.

You probably know – I mean one of the key secrets in ozone therapy is when you inject ozone anywhere in the body, IV or in trigger points or wherever you put it, it elicits an antioxidative response by the body. When your genes have been asleep to create enough antioxidants, enough glutathione, enough melatonin, you just inject ozone in the area. It wakes up, instead of an epigenetic influence that flips some switches and your body starts creating more antioxidants.

Paradoxically, ozone is a strong pro-oxidant, but the healing response for many of its applications is actually antioxidative. There are a lot of research on that. You know, as far as I know, most of it is German, but there is an increasing use of this. In Germany, it's being used since the turn of the last century, since the early 1900s with a huge body of literature in German. Now, we have fortunately – slowly things have changed. We get more literature in English on that.

JM: Aside from improving antioxidant or decreasing oxidative stress through that mechanism, you're also going to optimize your microbiome through this.

DK: Absolutely.

[-----50:00-----]

JM: It's a good strategy. Thank you for that. We discussed this in a previous podcast where you highlighted the information about EMF and recommended that universally for everyone, and exposed some of the dangers that are coming, especially with 5G and the ones that are existing now. I'm wondering how – Just comment briefly on the integration of the EMF strategies into the parasites and the detox mechanism you talked about earlier.

DK: Yeah. One thing that's often overlooked – My friend Marco Ruggiero published on this that, actually, the Wi-Fi damages the microbiome in us far more than it damages our own cells. That, of course, has never been studied properly because everywhere it looks at the cells, we know that when we count the DNA, only 2 percent of what we see is our own DNA, and 98 percent of what's in our body is foreign DNA from the microbes. Many of them are severely damaged in resonance with the –

JM: That would make sense, because it's been documented clearly that it affects plants, insects and animals. So why wouldn't it affect the bacteria?

DK: I know. I think that is the most important issue, of course, of our time. It's the fact that we're destroying not just the microbiome in us, but the microbiome of the Earth. Wherever there's

cellphone reception, we know now that 80 percent of the insects have disappeared and 75 percent of the songbirds.

It's entirely untrue what we're told. It's not the nicotinamides and other insecticides. They play a role, but the big one is the Wi-Fi. Because we know in Canada, there are areas where they still spray insecticides, but there's no cellphone reception. The bees are completely well there. The other insects are thriving and the songbirds are thriving. It's the Wi-Fi that is destroying life on the planet. There's absolutely no question.

Unfortunately, titanium and aluminum in our system act like an antenna for the Wi-Fi. There's a beautiful study on amalgam. When you have an amalgam filling and you make a phone call on that side where the filling is, the speed at which mercury is evaporated from the tooth is [increased] multiple times.

Basically, we hold the position that the body needs to be metal-free in order to survive this crazy time. The 2.4 gigahertz was selected for sinister reasons. The 5G isn't 5G. It's 4.8-G. It's just simply the doubling the frequency, which was technically very easy to do.

In general, in medicine, it's very well-know that when you have a damaging frequency and you use a higher octave from it, it's exponentially more damaging than the original frequency. We're heading for something there. But in terms of protection, we recommend the Building Biology approach to shield the home and to shield the windows as a compromise for you; and sleep sanctuaries, basically a mosquito net over the bed.

We're propagating the smart use of the stupid phone – Only texting as far away from the body as possible. One phone call – I think a seven-minute phone call activates the Epstein-Barr virus for many years. We have this published. One phone call activates Epstein-Barr for years. All of us have that virus in us. If you want to have chronic fatigue, that's a great recipe.

But there are some internal protection that you can do. Other things published are tincture of rosemary and tincture of propolis. Those are the big ones.

JM: Yeah. Just one point. The shielding though, that typically works for a little below a gigahertz to maybe 8 gigahertz. But it probably is not going to work for the 0.5 g that gets supplemented, which would be like 30 gigahertz, 50 gigahertz or so. But the other issue is what exists now and you're certainly aware of. You had David Stetzer at your presentation earlier this year in New Jersey. It's the dirty electricity with these high voltage transients, which typically are far less in gigahertz. They're typically 1 kilohertz to 100 kilohertz, about one-tenth of a gigahertz. They supposedly, capacitively coupled far more effectively than the higher frequencies into the body.

DK: There's also the issue with the tetra network. That's what the police are using in the ambulances. It's absolutely devastating. It goes through everything. You cannot shield from that. The damage is cumulative. Whatever the exposures are in 24 hours, the damage accumulates.
we already know from a primary test that we did, that we can direct linear relationship between the cumulative exposure to manmade radiation and chronic illness. There's a direct linear relationship. The more you're exposed to, the more ill you are.

This has to be modified when people are metal-toxic. They concentrate radiation in them, and then it goes up exponentially. But in general, this is overlooked in how much chronic illness is directly the outcome of that.

I mentioned before, if you put aluminum in the equation and the fuel that airplanes are using is still leaded, the lead doesn't stay up there. It comes down. We all have daily exposures of aluminum that settles in the tissues. That makes us a living antenna for Wi-Fi and tetra and the ambient electromagnetic fields and the electric fields and the dirty electricity. This strategy should be – I know you're working on a book to give people guidance. I think that's the most important book ever written where people learn how to minimize their exposures without giving up their life. You know?

JM: That's the challenge, because of the convenience. Other people are swapping convenience for health issues that they don't anticipate will affect them, that they'll somehow escape for whatever reason. That's what they believe, most people.

DK: Yeah.

JM: I was in that camp for the most part, until you catalyzed my consciousness. Now, I'm appreciating this on deeper levels. Thanks.

[-----1:00:00-----]

DK: We learned that from the autistic kids. We have two groups of autistic kids. We've got the ones who get well, and the ones who don't. The ones that get well are the ones where the parents take my guidance and shield. It's as clear as day and night. It's shocking that it's not more known, the obstacle. The group that doesn't do it, it is usually the husband who is the obstacle. He says, "I'd rather have my kid die than give up the wireless connection." It basically comes down to that.

JM: Yeah. Just the inability to believe. I don't believe they're consciously making that choice. They just don't suspect that it's true, and they're not going to be bothered.

DK: Yeah. But it's going to be up to you as an educator to get that point across. I know you will manage it. Nobody else has really managed to get the point across.

JM: The challenge is quite substantial. Largely as a result of the telecommunications industry, which is far more powerful than Big Pharma and Big Food combined, which is not really fully appreciated so they've controlled the federal regulatory agencies, the scientists and the media. It's a really effective strategy. There was this book that reviewed it. I forgot the name of the book. But it was an old book. It was out about seven to eight years ago. They actually have a movie on Amazon Prime, where they reviewed the tobacco strategies and the same ones that the telecommunications use. "Merchandising doubt," or "creating doubt" I think is in the title. That's essentially the first step. It's to create doubt in people's minds.

DK: Yeah.

JM: They were able to do that with the cigarette companies. Tobacco companies were like 30 years after the U.S. federal regulatory authorities, the CDC and the FDA, both pronounced that cigarette smoking causes cancer. This still went on for another 30 years and created doubt.

DK: Yes.

JM: And here, those agencies aren't admitting that.

DK: Yeah, I know.

JM: They're in complete alliance with the industry.

DK: It's false information that's ceded in thousands of websites and things. There's a lot of effort that goes into that.

JM: Yeah. I want to thank you for your time. I know you've got to get back to seeing patients. Thank you for sharing with us really helpful wisdom that you've acquired from decades of treating very sick patients. If someone wanted more information, there are two groups – one is for the patients, the other is for professionals. What would you recommend as a choice? The Klinghardt Institute or the Sophia Clinic?

DK: Klinghardt Institute is sort of my intellectual website. Sophia Health Institute is where we treat people. Let me say one more last thing, Joe. The combined effect of the toxicity and the Wi-Fi has unleased these viruses that are called human endogenous retroviruses. That is really, ultimately, what's causing the severity of chronic illness. I just want that get that in at the end. So that when you mitigate all those influences, at the very end, you still have to silence the retroviruses. That is not difficult, but it's sort of –

JM: What do you like for that? I think Judy mentioned, one of these anti-malarial drugs, not the one you mentioned earlier, but a different one.

DK: Yeah. Well, there are several approaches. Plants have been exposed to the same viruses and have developed 350 million years longer than what we have had time – plant adaptogens – against it. We created an herbal mix called RetroV powder that has the 10 herbs in it that are published and are superior to the eight drugs in silencing the retroviruses. It's KI science, K-I science, that makes that.

The citrus tea is published, the powerful tool against retroviruses, and then the broccoli sprouts. Those are the three major things. Then once in a while, for a few months, we use Truvada or one of the other anti-retroviral medical drugs. But it's amazing. Chloroquine and some antibiotics that have retroviral effects. There's a whole host, but by focusing on that, somewhere along the treatment of chronic illness, has allowed us big breakthroughs in a lot of people who are stuck. And I do get stuck with patients also.

You know, we get a hard selection, with the average patient that we see have seen 32 other physicians before us. Sometimes it takes a while to crack it. It showed me how I'm learning and

it's how I discovered the value of Judy Mikovitz's teaching. She's definitely maybe the most important person.

The other thing – just to round that off – is increasingly in the literature is the recognition that many illnesses are caused by prions, self-folding proteins. That's ALS or Parkinson's. There are wonderful simple treatments that are published. I'm not going to go into that now. But those two steps attending to the retroviruses and attending to the prions have given us the biggest breakthrough, probably in 10 or 15 years. Since discovering the importance of Lyme, we've harped on that a long time. Now, we're off to whole other fields.

JM: Sure. Retrovirology.

DK: Yeah.

JM: Molecular biology, which is always fun.

DK: Yeah.

JM: Well, I want to express my deep gratitude for all the work you've been doing, you have done and will continue to do, and for helping so many people understand some of these foundational basics that can help them recover their health, which is really the most precious commodity.

DK: Thank you, Joe. Good seeing you. Good talking to you.

[END]