



Podcast Session #25

**The Search to Uncover the Root Cause
of Chronic Illness**

with Dr. Dave Ou

*Dr. Dave Ou speaks with Dr. Schaffner about ART
and the tools he's using to understand the root
causes of chronic illness.*

To learn more about Dr. Ou, please visit www.drdaveou.com.

0:00:00 Christine Schaffner: Welcome to the Spectrum of Health Podcast. I'm Dr. Christine Schaffner and I just wanted to take a moment and thank all of you for listening. I'm entering another year of the podcast and I'm excited to share more and more information that I hope is really insightful on your healing journey. I feel fortunate and blessed that I have gotten to know a lot of leaders in the field of chronic illness, and my goal is to share that information with all of you. I learn a lot from these conversations and I try to bring this knowledge back into my practice and to share with the other doctors that I work with, so we can help more patients, and I would love to continue learning from you all as well. If there's somebody that you would like me to interview, or if there's a topic that you think I should know about, please feel free to email me at info@drchristineschaffner.com. And please, if you're feeling open to writing a review, I would really appreciate it--it helps me to share this information more and helps me to learn how I can do a better job as well. We are starting the year off with a lot of great interviews and, again, I just wanted to say thank you. I look forward to sharing more of my work and my community with you all this year.

0:01:26 CS: Today, I'm speaking with Dr. Dave Ou. Dr. Ou and I have known each other for a number of years and we often run into each other at different conferences. I've always admired Dave's commitment to his patients, his integrity, and his search for knowledge as he tries to find more solutions for his patients. We will go through that journey today on the podcast, and geek out a little bit on talking about ART and some of the tools that he's brought into his practice and the results that he's seen. I hope that you find this conversation informative and insightful.

0:02:09 CS: Dr. Dave Ou is a practicing physician in Atlanta, Georgia. He graduated Cum Laude in Physics with distinction in all subjects from Cornell University, received his MD from the University of Miami School of Medicine and completed his residency in internal medicine at Emory University School of Medicine in 1999. He's a board-certified physician with the American Board of Internal Medicine and he's also certified in Autonomic Response Testing. He's trained with the Institute of Functional Medicine, studied with Dr. Simon Yu, and is a trained acupuncturist. Dr. Ou also studied LDI and FSM, and is a certified practitioner with Dr. Shoemaker around the management of biotoxin illness. He's done a lot of course work with ILADS and the Academy of Environmental Medicine, ACAM, and also Walter Crinnion and the Academy of Comprehensive Integrative Medicine as well. As you can see, he never stops learning and he has quite the bio! Welcome, Dr. Ou. I'm so excited that you're on my podcast today.

0:03:16 Dr Dave Ou: I'm happy to be here.

0:03:18 CS: Well, we have known each other throughout the years. You are definitely familiar with Dr. Klinghardt's work and I know that we've seen each other at conferences--we're really both on the front line of seeing a very challenging and unique patient population that keeps us really searching for more answers, and keeps us trying to make our treatments even more effective. It's really exciting for me to pick your brain today, as a friend and colleague, and for our audience to get to know you.

0:03:49 DO: I hope to, again, share something useful for you or other people.

0:03:54 CS: I have no doubt that you will. Dr. Dave Ou is a medical doctor and I always think it's really intriguing when medical doctors come to this work--it's not just functional medicine or holistic medicine, but we're really practising in an alternative medical field, using biophysics and other different modalities. How did you come from being a conventionally trained medical doctor to doing the work that you do now?

0:04:25 DO: That's a very good question. It's always funny, whenever I go to integrative conferences with all the medical doctors, whenever you ask other doctors, "How did you get into this?" there's really only a couple of answers--a personal reason or something that affects the family. That certainly applies to my case, but my story goes back a lot further, because both of my parents are acupuncturists, so I always knew there was a different way to treat people besides allopathic medicine, and I grew up basically knowing that. As a child I saw that doctors or scientists always said, "Oh, acupuncture can't work." I knew that wasn't true; I always questioned allopathic medicine. But my parents wanted me to be an allopathic doctor anyway, and it's something I enjoyed doing, so I certainly went to medicine.

0:05:15 DO: But as a child, I had lots of health issues like asthma and allergies and digestive issues, dermatologic issues, trouble sleeping; certainly, my parents didn't really bring me to the doctor too much. I just wanted to get rid of all these things. Things really got bad probably around

seven years ago, and I started to develop this mysterious syndrome of a pain in all my joints and tendons. It was almost as if I was getting fibromyalgia, and I thought that was really strange. At that time, I was afraid I would have to quit medicine, and go on disability, but fortunately, I had studied under Dr. Klinghardt just in time to figure out the cause of all those things.

0:05:57 DO: As a part of my journey, I had, starting, I guess, even during high school, read many books on alternative medicine. I read the books, tried all the things that they recommended, and really found they didn't work. I tried different diets and supplements, tried these cleanses, and it didn't really work. I had travelled to see a few famous alternative doctors around the world; they tried their stuff and that really didn't work. So that's sort of my journey, and one that lots of people have, as they start to go into it--you have to try to find things that work. I guess for me, that was the personal reason, but I also had my family--my father had a lot of chronic medical issues, issues with chronic fatigue and digestion. I wanted to figure out what was going on there.

0:06:46 DO: Just as important, I was really curious about why my patients were sick. I would notice that a lot of them would have lots of symptoms, and really, the medications didn't help them very much. And that's just sort of the average patient. But then, you also have the outliers, such as people with chronic fatigue syndrome and fibromyalgia, with neurologic complaints, and it there was nothing in allopathic medicine that could help any of those patients. So I was just really curious, "Well, why are they sick? How can I help them?" All these reasons sort of came together to get my interest into

at least looking at alternative medicine, and I'd almost say I was going down the Klinghardt path as an alternative to alternative medicine, because it's even more cutting edge.

0:07:35 CS: How did you find Dr. Klinghardt? Did it come about with your personal health journey? I didn't know that about you, Dave, and I'm so glad that you're doing so well now.

0:07:48 DO: It's been a journey, it's not something I share a lot about because the journey is not over yet. I could talk more about it once I get to the end of the journey, but I definitely have made some good improvements, and there's still some additional questions that I have. But as far as learning about Dr. Klinghardt, I was actually training, learning field control therapy from Dr. Kurkowski, and there was a classmate who was a close friend of Dr. Klinghardt's. I'd heard his name at that point, and always kept his name in the back of my mind. That's how I got started, and eventually, learned ART.

0:08:26 CS: Just to speak to your personal story, sometimes we go through these personal experiences to learn. I have no doubt that your personal journey is only helping your patients more, as you are going through all the layers that we look at. And every year, it seems like we're all learning a new layer that we didn't know about. I think the story continues. As a lot of my audience knows, we have both trained with Dr. Klinghardt and we use a system called Autonomic Response Testing. This is a type of, for lack of a better word, applied kinesiology, biofeedback exam where we get information that helps us. It's really a clinical tool to see how we can

really help, not only to figure out what's going on with the patient, but what treatment the patient will tolerate. When we have these complex cases, we could spend one day with one patient, we were just saying, and there are so many places to start, so many things to think about. ART really helps us to prioritize and distill this information. I would just love to hear how ART has influenced your practice of medicine at this stage of your career?

0:09:53 DO: I would definitely say that ART has changed my practice of medicine completely. As you said, it helps us to focus on what is or what are the notable factors making someone sick, and hone in on the highest priority item, to find treatments that are tolerated and are effective. My journey into energy testing was an interesting one as well because growing up with my parents, in Chinese medicine, they would have done pulse and tongue diagnosis. That was always very fascinating, although my parents really didn't know how to do it particularly well, and I never really learned it as part of my acupuncture training, but I was always fascinated by people who seemed to be really masters of that.

0:10:38 DO: I'm always curious about techniques like that. My first introduction to energy testing was going to a conference for medical doctors who practice acupuncture with the American Association of Medical Acupuncture. I stumbled into this class on treating fibromyalgia, and the speaker was a medical doctor who was using the VAS, but he would use pulse diagnosis to find out the exact points on the ear to treat people. He'd gotten about 10 volunteers who had back pain and he found exact points for all of them, and all 10 people were better.

0:11:21 DO: So, that definitely opened my eyes, "Oh, a medical doctor can actually use some sort of energy testing in an effective manner." Over the years, I first tried to learn leg length testing, but I really couldn't do that consistently. I took a class on E-AV or Electrodermal Screening, bought the equipment, started poking fingers and toes for a long time. But I could never get that to be consistent in my hands, and that's when I thought, "Well, maybe if I do the arm length testing." I even took a class on how to do the pendulum. It was all pretty messy. Then I decided to try ART, and that wasn't easy either. I mean, I really struggled with just doing the arm testing part, and part of it was that my assistant, she has sort of a "trick" arm.

0:12:07 DO: I really, really wanted to learn it, so I eventually decided to bring a friend to take a class, thinking that maybe if she learned how to do it, then she could teach me how to do it, and that's what I did. So, you know my close friend, Terry Thompson Horan, that's how I brought her into the whole thing. I wanted her to learn how to do arm testing, so she could show me how to do arm testing. And it worked perfectly, she showed me how to do it.

0:12:36 CS: You needed the right support, right?

0:12:39 DO: Exactly, and I think for a lot of people, ART can be difficult to learn, and it's really handy to have somebody who can show you some of the intricacies. Over the years, I've met people who are interested in learning ART and I'm always more than happy to coach them and help them to learn how to do it, because when done well, it just gives so much

information. But going back to how it's changed my practice of medicine-- we know that there are countless reasons why a person might be sick and they have lots of different symptoms, and we go to all these different conferences, and there are all kinds of possibilities. But the question is, when someone walks in through the door, what do they have?

0:13:22 DO: Over the years, I'd trained in functional medicine, and in the past I might run \$5,000 worth of tests and get all this information about this new nutrient, that nutrient, this microbe. From a practical standpoint, addressing those issues on labs, just wasn't satisfying and it really didn't necessarily help people. But with ART, we can really focus on which of those things are the most important, and this will create the greatest change in a patient. When I first started going deeper and deeper into integrated medicine and started seeing more and more complicated patients, people who had been to already 10-20 other doctors. At first I'd be really terrified, like, "well, where do I begin, what do I do, what can I think of?" But now at this point, it's not a problem. If no one knows what's going on, I'll just use ART, and see what's going on.

0:14:17 CS: It takes away the intimidation factor that a lot of these complex cases can obviously bring up. I think it's pretty common that people who do ART attract those types of patients that don't get answers from conventional medicine or even functional medicine or alternative medicine. One thing that I wanted to touch on too, is that this system allows us to also discover new knowledge, and so I consider us as detectives, and observers, and so we learn through our patients really what works and what doesn't. Wwhen people continue to struggle or you're dealing with

hard cases, you're forced to continue to bring up new questions and new theories and that's where I think a lot of us connect with the innovative part of ART.

0:15:17 CS: Dr. Klinghardt calls it an "open system" where we can bring a lot of other knowledge to this system and see what works and what doesn't, essentially. I guess maybe we just take a step back for our audience for a moment because I don't want anyone to be lost. So, ART (again, you can take classes with Dr. Klinghardt to learn it) is basically a way to look at where there are primary stressors in the body and see how to alleviate those. We do a scan of the body and we look at different organ system stress, we look to see if there's something called Extra-Cellular Matrix stress--that's where a lot of our toxicity lies. We look at intra-cellular stress, that's where a lot of the pathogens can lie. We have different ways of assessing if different parasites, viruses, retroviruses, fungi, or bacteria are present.

0:16:25 CS: We look at Lyme and co-infections, and other bacterial infections, and then we look at different toxins like heavy metals or glyphosate, and we do this scan in a number of different ways; we challenge the body and see where the stress is, what organ is affected. What people come out of that assessment with is a treatment plan. Well, you made a great point, in that we're getting better and better with objective lab testing, but lab testing can be expensive, and often there are a ton of false negatives, especially when you're looking at pathogen stress, and it doesn't always lead to the right treatment. So this tool, I think, has been really helpful.

0:17:14 CS: Dr. Ou, because of your journey with your patients, you've been learning a lot of other modalities and integrating them with ART, and I would love for you to share those with us. There are two in particular, but why don't we start with the use of lasers, and what that looks like in treating patients who are chronically ill.

0:17:38 DO: What you're probably referring to is the use of a device that I use called the Laser Cams. Just to back up a little bit, I want to emphasize to the audience that ART is a tool that is an extension of the operator. So if the operator is a lousy doctor, they'll still get lousy results. He might get better results, but it won't turn a lousy doctor into a great doctor. It's no different than a lousy surgeon who has the most expensive scalpel or the most expensive robotic equipment in the world, if the operator is lousy, you get lousy results. But a very curious clinician who will ask lots of questions will get much better results.

0:18:24 CS: I think that's a great point to bring up.

0:18:25 DO: As far as Laser Cams go, what I want to do first is attempt to explain the framework of my overall strategy of how I approach things. If I explain the framework clearly enough, then describing the other treatments that I do will make more sense. The first question that's always important to us is, "What is health?" to begin with. One of the definitions that I've liked is, it's the ability to adapt to challenges. So if one encounters a heavy metal, does the body deal with the heavy metal? If it encounters Borrelia,

does it deal with Borrelia? Once it loses its ability to cope with those challenges, that's when illness begins.

0:19:13 CS: I like that definition. I often say health is resilience, and I think that's exactly what you're saying.

0:19:19 DO: Yes, it's very similar. I got this definition from, I think, "Between the Heaven and the Earth," a classic book in Chinese medicine. One of the crucial pieces of this ability to adapt to challenges is basically a normal function of the body. And one of the things is that when we think about normal function of the body, we don't think about communications very much. In my work currently, I'm finding that communications between all the different parts of the body, is really, really crucial. If we look at different traditions of medicine, such as traditional Chinese medicine, their philosophy is that health is based on the normal flow of energy or Qi throughout the body. I like to think about that as the normal flow of communications throughout the body, and there are lots of other systems, such as Ayurveda, which has a similar philosophy. Dr. Klinghardt has a great model of health, which he calls the Bio-photon Model. I don't know if I can do justice to his model in just 60 seconds or less....

0:20:24 CS: For a later speech, right?

0:20:26 DO: Yes, I will attempt that. Basically the idea is that every cell in the body emits bio-photons, which is basically light. And if the cell is healthy, these bio-photons are basically described as coherent, which is a way of saying that they're in sync with the rest of the body. When these bio-

photons are in sync with the body, they basically inform all the other cells in the body what's going on. So every cell is talking to the other cells with these bio-photons. As a cell becomes ill, the bio-photons start to lose their synchronicity with the rest of the body, and it actually starts to lose communications. Sometimes I like to use the analogy of an orchestra. If an orchestra is in sync, then every instrument is in tune--not only is it in tune, but every instrument is in sync with all the others. If one instrument starts to go out of tune or out of sync, that's like a bio-photon getting out of sync with the rest. I don't know if you've seen Robert Naviaux's latest article on the cell danger response, it came out in the last couple of months.

0:21:46 CS: Not the latest one, but I think it's a great point to bring up...I think it's a great model of this breakdown of communication that happens in the body. What is he talking about in his latest article?

0:22:00 DO: His latest article came out, I think, in last couple of months. It's an extension of a cell danger response model, but he's actually talking about how the body heals from a cell danger response. Dr. Naviaux is a brilliant doctor of sciences from the University of California, San Diego, and he's done a lot of pioneering work on what he calls the cell danger response. He looks at what happens in a molecular biological bubble when a trauma or toxins or infection strikes a cell, and there's a stereotypical response in what happens to tissues or organs when it becomes ill, which he describes.

0:22:44 DO: It actually disconnects from the rest of the body; it actually disconnects from the autonomic nervous system, and disconnects from the

endocrine system. It's almost like cancer, where cancer grows on its own and the body can't control it anymore. In the same way, tissues or organs that are undergoing the cell danger response, sort of have a life of their own, and they're sort of off on their own, to try to repair themselves. But in order to have healing, these tissues have to reconnect to the autonomic nervous system, they have to reconnect to the endocrine system. This is a big reason why I really like the communications idea, the process.

0:23:31 CS: I'm really glad you're sharing this. This is all such poignant information, so I won't interrupt you, but I think this is great.

0:23:42 DO: I'll send a copy of that article to you. I think you and Dr. Klinghardt will find it interesting.

0:23:51 DO: So, I've talked a little bit about the cell danger response. Dr. Naviaux is describing that a tissue that's undergoing the cell danger response is basically disconnected from the rest of the body. To me, this is exactly the same thing as an area of the body that is not producing these healthy bio-photons. In traditional Chinese medicine, you might say that these areas have abnormal Qi as well, but another model that I'd like to bring into this is a concept of interference fields. This was first developed almost 100 years ago in Germany. Technically, there are areas or cells that have an abnormal cell membrane potential. In a healthy cell, there needs to be a more negative voltage inside the cell compared to the outside of the cell. This voltage gradient is crucial because this voltage gradient is what helps the mitochondria to generate ATP.

0:25:06 DO: If the cell membrane potential, the negative voltage, is not maintained, then the cells lose their ability to generate oxygen and they start to generate less ATP. As a result, these cells have less nutrient uptake and they lose their ability to get rid of toxins. If you look at Dr. Naviaux's model of the cell danger response, he describes basically exactly the same thing. The voltage starts to change, ATP starts to drop, oxygen consumption starts to drop, and nutrient uptake also decreases. So in a way, I've wondered for a couple of years if the cell danger response was the same as interference field. And to me, they are.

0:25:53 DO: In Dr. Naviaux's model, the main thing that causes a change in this voltage gradient is trauma, which can be either physical or emotional, and toxins, infections, and many other things. What's really nice about ART is that one of its primary goals is to identify interference fields. It's really geared towards looking for these areas of abnormal cell membrane potential. Sometimes, I tell my patients that when I'm doing ART, I'm looking for cells that aren't consuming oxygen properly, or not generating ATP, or cells that aren't detoxifying properly.

0:26:32 CS: That's a great way to frame it for the patient. I think that's part of why people do get really good results with ART. We identify the interference fields to treat them, and then the body can start communicating better to us in the system. I think it's a huge part. I'm sure you're going to share with our audience too, that the interference fields can be scars. They can be dental infections, they can be areas of trauma in the body, they can be a metal implant that you might have from a hernia surgery, or these types of things.

0:27:18 DO: Right, and now with Dr. Naviaux's latest paper, I sometimes tell people I'm looking for areas that aren't communicating with the rest of the body. Hopefully now, I've sort of got this framework developed. Now I can talk a little bit about the laser CAMS. This is a device created by Dr. Charles Crosby, I think he's an osteopath in Orlando. Dr Crosby created this device, and named it after himself, calling it Crosby Advanced Medical Systems, or CAMS. The primary purpose of this device is to correct interference fields, which I have been talking about the last couple of minutes. I first heard about it at a conference, and another doctor told me that someone wrote a textbook of neural therapy, and within the textbook, it talks about how to use procaine to treat all kinds of interference fields. But in the last three paragraphs, the author says that he doesn't even use procaine anymore, he just uses the CAMS.

0:28:24 DO: It was really intriguing to me. For the audience members who aren't familiar with what neural therapy is--it's a therapy developed in Germany nearly 100 years ago, where they primarily inject anesthetics, primarily procaine, into interference fields, which you had mentioned, including things like scars, or autonomic ganglia, or even into teeth that are affecting the system. This doctor, the author of the neural therapy textbook, says that 99.9% of the time, he just uses the device, instead of procaine. In classic neural therapy some of the injections are extremely difficult, and they can look very frightening, like using three-inch needles to go into the pelvis, or things like that. I never had the nerve even to try that. Then I heard about this device. Instead of using a three-inch needle into the pelvis, I could just use this device and I could get very similar results.

0:29:27 DO: This device is based on almost a form of gemstone therapy. It uses a special type of quartz that resonates with a Schumann frequency. Dr. Crosby picks these stones and tests them to make sure that they have the right resonance, and then with this device, it's pulsed with a low-powered laser also at the Schumann frequency.

0:29:54 CS: Can you tell people what a Schumann frequency is, in case they don't know?

0:30:01 DO: It's the natural frequency of the earth. If you look at the frequency of lightning strikes around the planet, it's around 8 Hz or eight times per second, it's a frequency that people need to survive properly. When NASA first started sending astronauts in outer space they did not know about the Schumann frequency, and the astronauts would get quite ill until they started putting Schumann frequency generators into the spacecraft to sort of recreate the frequency that they're exposed to while on the ground. This quartz, for some reason, it's not really clear how, seems to correct interference fields, and it works almost identically to procaine. The other aspect of the laser CAMS device is that it uses a blue wavelength, a very specific wavelength that Dr. Crosby says the literature shows as anti-microbial. Because of that, the same author of the neural therapy textbook has used it for dental cavitations, and he has said that he's gotten over a 90% success rate with clearing cavitations by using this device, which is another reason why I was very interested.

0:31:27 DO: In my practice, I have found very similar results, that if someone has a cavitation which is sort of infection in the jaw bone, often where a wisdom tooth was extracted or where a root canal is placed, in the past the standard treatment would be to send them to a dentist to get ozone injections or perhaps to get surgery. I found in a lot of cases, I can have the patient avoid surgery or even avoid ozone therapy with the device. At the same time, in a couple of cases I still had to send them to surgery because sometimes they're just too severe, and they need to have more aggressive intervention.

0:32:09 CS: How many treatments have you seen that are needed with the laser and cavitation? If you're sparing people from three-inch needles and surgery, this is huge, right?

0:32:24 DO: Exactly. I've found anywhere between six to eight treatments is usually sufficient. If that doesn't clear it, then they typically need to have more aggressive therapy. I use it to correct interference fields on almost everybody. It definitely seems to accelerate the healing process and keeps people from having, let's say, die-off reactions and adverse effects to other treatments.

0:32:52 CS: There's a lot of talk, I think, now more than there has been in a long time, about photobiomodulation, or using light as a treatment. I think the CAMS laser is obviously a very unique and effective way to use light to restore communication in the body, and there are more and more tools around, such as either infrared or LED light. There's actually a conference coming up in February I'm going to go to. At Sophia Health Institute we're

looking at getting the Weber Medical laser with the IV bio-photon therapy. I've heard a couple of people say, "Light is the future of medicine," and share how our bodies really respond well to this technique. It's relatively non-invasive and pain-free, all of these things that we want for patients. We use different types of laser in the office right now, but I keep coming back to wanting to dive deeper into the CAMS. A lot of our patients who've been sick for a long time get needle fatigue; they're sick of needles, sick of getting injected, sick of having to go through that. This seems like a gentler, but very powerful treatment.

0:34:26 DO: It's a fantastic alternative. It's definitely, for my patients, the first line before injecting with procaine. I haven't needed to inject any procaine since I've gotten my device.

0:34:37 CS: Wow. And do you find that people need to do anything at home to keep up the results, or is it just the treatment in the office that keeps them going?

0:34:49 DO: Well, as far as treating things like scars, it tends to work long term. But I definitely notice that for some people, their scars never really clear, and it doesn't matter whether I use the laser CAMS or whether I use procaine, it just keeps interfering with their function. That to me is always representative of the fact that there's something else underlying that needs to be taken care of. No, I haven't had patients do anything in particular at home to maintain the results.

0:35:14 CS: That's great. How many years have you been using the laser now?

0:35:17 DO: It's been about, I'd say, two years now.

0:35:20 CS: I appreciate the framework you shared with us. I want people to know about this, especially if they know that they have interference fields, but maybe want another approach other than neural therapy. Dave, we talked also about switching gears here, talking about your new exploration into bio-magnetism and incorporating that into your treatment plans. If you want to set the stage regarding what bio-magnetism is and then how you've been using it in your treatments, I'd love to learn from you.

0:36:02 DO: This has been the most exciting part of my year, when I first started working with magnets and then expanding from there. I'll give a background. Bio-magnetism is a form of therapy where the practitioners put magnets onto the body, and the magnets are always placed in pairs. The idea is that when illness develops, acidity might develop in one particular part of the body. In order to maintain the overall pH, an alkaline area has to develop as well. So, illness always happens in a sense of a complementary pair. So one magnet is put on the acidic part, and the other magnet is put on the alkaline part, and that sort of corrects things. It was developed by a medical doctor in Mexico, Dr. Isaac Goiz.

0:37:00 DO: Legend has it that he took a class from a NASA scientist who was talking about the use of magnets on astronauts returning from outer space. The scientist talked about how it seemed to change the length of

their legs or their arms. So after the class, Dr. Goiz, went to his practice, and his first patient was a terminal AIDS patient, and basically at that time, back in 1988 or so, there were no other treatment options. Dr. Goitz goes, "Hey, I just learned about magnets at this class. Maybe if you don't mind, I could put a couple of magnets on you and then see what happens." He moved a magnet around on the patient's body until he saw a leg length change. He was basically doing energetic testing with leg-length testing. Then he put a second magnet on that corrected the leg length, and he left it on for 10 minutes or so, and told the patient "Come back in a week." He was figuring that nothing was going to happen, but wanted to make sure it didn't make him sick. Actually, he wasn't even sure the patient was going to come back alive the following week because he was so end-stage. As it turned out, the patient came back the next week, and said he felt a lot better, and he was quite shocked by this. The story is that this patient is still alive 25 years later.

0:38:21 DO: From that point, Dr. Goiz started experimenting with magnets on a wide variety of medical conditions, such as other infections--more than HIV, the list of indications is huge. They seem to treat almost anything with bio-magnetism. Because Dr. Goiz is Mexican, most of the practitioners are Spanish-speaking, and so there are actually nearly 30,000 practitioners in Latin America and Spain who practice bio-magnetism.

0:38:57 DO: Now it's starting to trickle into non-Spanish speaking countries such as the US. You've probably heard that bio-magnetism can be helpful in chronic Lyme cases. Talking with most people it sounds like it takes a few dozen treatments to stabilize the typical chronic Lyme patient. In my

experience, I've found it to actually be additive to what I was doing with the laser CAMS. I've definitely found it very supportive, and I don't know that it necessarily can resolve a chronic Lyme case completely, but it can definitely help. I was really interested in "LymeStop", which you have heard is developed by a chiropractor in Idaho. He reports that he has treated over 4,000 chronic Lyme cases just by using magnets, and he says with five treatments over about two days, something like three quarters of the patients are almost symptom-free within three months, I believe that's what he's said. It sounds almost unbelievable. So, I was fascinated. Is this really possible? You can just use magnets, and resolve such a challenging clinical condition?

0:40:21 DO: Another challenge is that he doesn't actually teach it--but he does teach a class called the CranioBiotic Technique or CBT, not to be confused with cognitive behavioral therapy. A couple of months ago, I went up to Idaho to take his class on the CranioBiotic Technique, or CBT. This is basically a system that he had before LymeStop, and it was a system that he was using to help patients recover from viruses, parasites, bacteria and fungi, and it also helps with allergies, such as food and airborne allergies. Actually, it is a part of LymeStop, because you can't cure someone of chronic Lyme unless you take care of the viruses, parasites, bacteria and fungi.

0:41:11 DO: I thought if I just learn to take care of those things, even just to take care of food allergies, that would be great on its own. I went in pretty skeptical...I was even talking with Scott Forsgren, saying "How can there be specific points where you have a parasite? How can a parasite point

show up?" But it turns out, I went in with the skepticism, I want to use ART, I want to either debunk this or prove this, one way or the other.

0:41:39 CS: You were determined.

0:41:40 DO: I was trying to figure out what's going on. After the class, I went back to my office, and I found that when a patient has a virus, their virus reflex point lights up. If they have a parasite, their parasite reflex point shows up, and I do it the other way around--if I find a bacteria reflex point I would find a bacteria. So I was pretty convinced at that point that these reflex points actually exist, and with my background in acupuncture, it's not terribly hard to believe, because if someone has, say, back pain, there are specific reflex points or acupuncture points for back pain, or neck pain, or headaches. It just that in acupuncture, they don't teach that if you have a virus, then you might use such and such a point. There is acupuncture for infections, but not specific infections. So, it was plausible enough for me.

0:42:36 DO: Even though these reflex points existed, my next question overall was, "Is it really going to help the immune system enough to help people without antimicrobials?" I should point out that with LymeStop, Dr. Smith doesn't give anyone antimicrobials. He just says, "You just do these treatments, stop your antibiotics and herbs, and in most cases you'll get well." In working with my patients, let say, I find parasites or yeast. I find that they test for Diflucan, which is a prescription anti-fungal--but most of time after I do CBT, they no longer test for the Diflucan. So then I eventually would apply this to patients, and get kind of nervous, I couldn't believe this possibly could work, so I would bring them in again, just to

make sure they really didn't need Diflucan. Sure enough, they didn't, and I would find no evidence of the yeast anymore. I should also point out that for some people, their microbial load is so high that they still need antimicrobials. I'm just finding that people need way less than that.

0:43:40 CS: That's what we all want. I know as practitioners, we all see that, especially in this patient population, people take so many supplements, and we ask, how can we make that easier for people? So I'm so glad that's been your experience.

0:43:56 DO: I have found that through the work of combining laser CAMS, CBT and other things I'm doing, the number of supplements that I'm now recommending has drastically reduced compared to even a year or two ago. It's almost kind of strange to barely use any supplements at all, yet they're actually making very, very good improvements. So the next step was, "Okay, I'm really happy with CBT, but Dr. Smith has no plans to teach LymeStop in the near future." He has taught one person, but he has no plans, immediate plans, at least in the next year or two, that I can tell. I was wondering, "What if I could figure out the reflex points for Lyme, and their co-infections, using ART?" That was my next challenge. So with the help of some energetically sensitive friends, such as Terry, who I mentioned earlier, we systematically tested Lyme patients, which are not hard to find in our practice, and sure enough, we determined the reflex points for all of the Lyme co-infections.

0:45:00 DO: In the process, we found reflex points for micro-toxins, retroviruses and EMFs. I will say with the EMFs, I really didn't discover the

reflex point, it's been known by all of us for a very long time. It's actually the spring ligament.

0:45:17 CS: Wow. So you confirmed that. Have you been able to match what you've found with what Dr. Smith's findings are, or haven't gotten there yet?

0:45:28 DO: In terms of, are people recovering by trying these?

0:45:31 CS: For his reflex points for Lyme and co-infections that he uses with LymeStop, do they match the reflex points that you found?

0:45:43 DO: He hasn't taught LymeStop, so nobody knows what the points are. So I have no reference, I don't know.

0:45:49 CS: We'd have to ask a patient, right, who's been there?

[chuckle]

0:45:53 DO: I actually did ask a patient once and it does actually look pretty close.

0:46:00 CS: I know Tony. How validating it would be for him if the points line up very similarly to what you're finding, right?

0:46:13 DO: Right.

0:46:15 CS: So now that you've found them, how are you integrating them into the treatment?

0:46:23 DO: I should back up a little bit. All these reflex points are actually interference fields, it turns out. The trick is that with normal ART scanning, they don't necessarily show up, so sometimes they have to be physically compressed to show up. Sometimes I'll use a Laser CAMS to provoke them to come out of hiding. I'm still working on trying to figure out all the best ways to try to get them to show up, because I've discovered a lot of these reflex points, or a lot of these interference fields, are hidden by the body, because it's almost as if it's too embarrassed to show where they are. I'm just working on new ways to get them to show up.

0:47:13 CS: That's an interesting thought. I see that sometimes... We're using other provocation tools, but sometimes you know there's so much there that you don't find on the surface, right?

0:47:26 DO: Yes.

0:47:26 CS: It's because of these hidden interference fields, or hidden infections, that need to be revealed.

0:47:35 DO: Right. So basically what I'm doing with my patients is, first I'll try to identify all their interference fields and if I recognize them as a reflex point, say for a microbe, I'll verify with ART that it corresponds to the microbe. At the same time, I continue my ART scan for microbes separately, and if I find a microbe and I don't find a corresponding reflex

point, I'll then search for the reflex point. I'm finding the more work that I'm doing, that some people just don't have a standard CBT reflex point, or don't even necessarily match what I think are probably the LymeStop points. In some people, particularly the more complicated ones, the points almost seem to be random. Even today, I think I saw someone with Babesia and Borrelia, and the reflex points for those were not in the usual place. They were at a completely different location, but I go with that. I will say that I think that is perhaps one of the limitations of LymeStop, is they're saying that, "Oh, the Lyme points are just here," or, "The Babesia points are just here and the Borrelia points are just here."

0:48:55 DO: In my experience, they are mostly located there, but in some people they are located in a different place, and I definitely find I get much better results if I can just find those reflex points based on the individual, instead of going by a fixed map.

0:49:14 CS: That is a good point. That brings in the idea that even within these systems, there are individual differences, and if you're curious enough to figure that out, the body will show you. I think that's really interesting. I'm definitely going to pick your brain more, Dave. Are you going to be teaching this once you get the system down?

0:49:38 DO: Possibly. I mean, I think at this point I know one has to be really good at ART first. I don't think you can just do regular muscle testing. I mean, even though that's what happens in CBT, some reflex points don't show up with regular muscle testing. You actually have to use ART to find those. And as I mentioned, sometimes other things have to be used to get

these points to show up. But yes, I would love to share this. Probably my initial plan is to share this with people who've taken the CBT class, because I think having that background is really important as well.

0:50:18 CS: Yes, exciting. And it shows, just even with these modalities you've walked us through, how your practice of medicine is continually evolving. As it evolves, so do your patients' results. They get better and better, which is great.

0:50:42 DO: I will say that in my process of working with my patients, I think a lot of people have what I might call custom, or personal, reflex points. They're just unique to their individual needs. A lot of times I don't even know what these reflex points do, I just know they're there. And I treat them, and the patients seem to get a lot better.

0:51:08 CS: Do they have to treat them at home too?

0:51:12 DO: Sometimes. With parasites or candida, in CBT it is recommended that they do continue to use home treatments. It's fairly easy to teach. It's not exactly the same treatment that is done in the office, but it's a modified version that patients can do at home. The way the system works is, there are basically three points that are held during the treatment. One is the actual reflex point, the other is where the microbe actually lives. So let's say you have *Borrelia* in the spinal cord. You would put one hand or magnet over the *Borrelia* reflex point, then you'd kind of use a hand and touch the entire spinal cord. Then there's a third spot--the brain has to be held as well. Those three areas are held at the same time. In Dr. Smith's

working model, he believes that what happens is you're basically bringing the brain's attention to the microbial infection, and that stimulates the brain to ask the immune system to do something about the issue. In a way you're kind of going back to the communications theory of Dr. Naviaux. It restores the communications of those areas back to the body.

0:52:34 CS: Yes, it's bringing the body back online so it actually can clear the infection, so that it sees the infection, right?

0:52:45 DO: Yes. Sometimes that's all it needs to clear it. It doesn't need necessarily heavy duty antimicrobials, it just needs to know, "Oh, there's that." So it's as if the body forgets about it. That's what happens in the injury response, is that those sick tissues are disconnected from the body, and after a while the body just forgets that it's even there. If you re-engage the system, then things can get better. I also want to mention that in CBT, one of the other important parts is the desensitization to foods and airborne allergens. According to Tony Smith, in a single, basic 5 or 10 second treatment, a sensitivity to food can be completely eliminated.

0:53:27 CS: Wow.

0:53:27 DO: Which is, again, at first glance, unbelievable. And so Dr. Smith says that if the allergy ever comes back, he will treat it again for free.

0:53:40 DO: In my own personal case, I've had probably dozens of food allergies for a number of years. I had done LDA, or Low Dose Antigen Therapy, for a couple of years, and it just hasn't helped me that much.

Again, that was one of main reasons why I wanted to take the class--"Well, maybe I can take care of my food allergies." So I did the treatment for my food allergies, and then slowly I started introducing all the foods I was allergic to. Sure enough, I have no reactions.

0:54:13 CS: Wow.

0:54:14 DO: It's been astounding. I'm definitely impressed with that part.

0:54:21 CS: That's incredible. Hey, you see Dr. Dave Ou, you don't get needles and you can eat your food allergens--which is great, right?

0:54:32 DO: Yes; and it's certainly still early on. I don't really know how long it's going to hold, but it's looking extremely impressive. You've heard of NAET or Nambudripad's Allergy Elimination Techniques?

0:54:47 CS: Yes, that's sort of what this reminds me of.

0:54:49 DO: Yes. But in their system, you can only do one food per 25 hours, and there's a whole protocol where you have to clear your sulphur. I mean, I've never taken a class, so I may be mis-speaking, but there are lots of things they clear, different vitamins. In CBT, I've done two dozen foods in 10 minutes and it seems to work. I've expanded it beyond that because of NAET, where they'll do things like desensitize to vitamin D. I had a patient the other day who had a very, very low vitamin D level, but in ART, they'd never tested for vitamin D. When I looked further, I saw that

the body was actually allergic to vitamin D, so I did a CBT desensitization, and then after a few minutes, all of a sudden the body wanted vitamin D.

0:55:41 CS: Have you seen people who are potentially allergic to their own hormones? Have you looked at it in that way?

0:55:48 DO: I have. Yes, I've had a couple of people who appeared to be allergic to estradiol, which is a form of estrogen, so I've done desensitization to that. I don't have follow-up on what happens with those cases. Like you, I have lots of cases of mast cell activation syndrome and what I'm finding is an allergy to histamine quite frequently. So, I've been working on desensitizing to histamine. The last couple of days, I've been noticing that a lot of those folks have an allergy to prostaglandins, so trying to desensitize to prostaglandins as well. We'll see what happens with that. I've also found a bunch of reflex points that I often find with mast cell activation syndrome. I'm hoping all those things will be helpful.

0:56:42 CS: I feel like there's an increasing number of patients who fit in that model of just such heightened sensitivity and such, which makes them challenging to treat. Having these non-pharmaceutical or non-chemical tools are really, really important for these types of patients.

0:57:05 DO: Right, and such patients are very hard to treat. These patients react to supplements, they react to even drinking water and almost all foods. It's very tough and I haven't necessarily found that antihistamines or natural antihistamines are all that helpful. I was looking for ways to try to correct that issue.

0:57:30 CS: It seems like you're on to a lot of new discoveries. We're going to have to stay in touch around what you continue to see as your system unfolds as well. So Dave, I would love to know what you are most excited about now in your practice of medicine? It sounds like bio-magnetism, but if you want, please share more about what is exciting you at the moment.

0:58:10 DO: The most exciting thing is what I call the spin-off of CBT, and seeing where it goes. I've been describing it like experimenting a little, so see what things can I do to help with mast cell activation syndrome. What can I do with, let's say, someone is allergic to hormones or allergic to vitamins? Every day I'm discovering new reflex points, and I'm trying to understand what they do. With every patient, I never know what I'm going to find and when they come back, their ART readings are just drastically different from the last time I saw them. In the six years or so that I've been doing ART, I just haven't seen such dramatic changes in the patterns that I'm finding.

0:59:00 DO: So it's an exciting time of development, an exciting time to see how people respond. I'm definitely seeing lots of people who I've worked on for years and they've been stuck and finally they're moving forward. That's all our challenge, we always have these few people that are just stuck and we ask, what can we do to finally help them? This so far has been a really important part for helping in a lot of my stubborn cases.

0:59:30 CS: How rewarding, right?

0:59:31 DO: Absolutely.

0:59:33 CS: I know that through this system you have a lot of questions that you're asking, but is there any questions that you wish to have the answers to, by this time next year? What might be the most rate-limiting steps or roadblocks you see right now in your practice?

1:00:02 DO: I think it's always the question of what do I do with the case that's not moving? Why are they stuck? And so, in other words, what do I not know? What's the next thing? I always get excited with the latest things like mast cell activation syndrome or retroviruses, but once I clear those, what's next? I don't know, but it's exciting.

1:00:28 CS: Absolutely. And I think just even with the environment that we're in, people are increasingly more stressed and challenged. We're continually finding these new discoveries in how to help people, because like you said, some people just get stuck or we don't have the answers for them and we just don't know the questions to ask sometimes, or we don't have the theory yet to try. So, Dave, how do you take care of yourself? You're a busy doctor. I know that you put all of your heart and effort into your patients, and I know with that comes probably long hours and a lot of patient care. How do you take care of yourself?

1:01:15 DO: Well, lately I've been trying to test my invention on myself. I'm trying to come up with a new name for this process. I think I might call it Re-connective Immunotherapy, or something like that.

1:01:31 CS: I like that.

1:01:32 DO: Thanks. I want to keep playing with that, and maybe I'll come up with a cute little acronym.

1:01:41 DO: Lately, I've been mostly experimenting with that. I test myself regularly with ART, and I just sort of follow what it says I should do. If it says I should do ionic foot baths twice a week, I do ionic foot baths twice a week. I walk on my treadmill a couple of times a week, I do infrared sauna a couple of times a week. In the past, when the ART said I was allergic to two dozen foods, I'd go on a diet to avoid those two dozen foods, but now it says I can eat almost anything--but I'm still trying to follow a healthy diet. In general, I try to stay to a paleo autoimmune type diet, but definitely not strictly, because I'm human.

1:02:27 CS: Yes. And are you feeling better with some of these new therapies you've integrated? Are you seeing the results on yourself so far?

1:02:37 DO: Yes, certainly with a lot of the issues I've been dealing with, over the years using all the different techniques from Dr. Klinghardt and others. They've been helpful, but then I always seem to hit a plateau and sometimes even regress, and that's always frustrating. Lately, with this re-connective immunotherapy, I've definitely had a huge leap forward. It's actually been a couple of years since I've made any progress, and this is one of the first breakthroughs I've had in quite some time, so I'm definitely really excited about that. I suppose, it looks like the clearance of my food sensitivities, but I just don't know how many layers are left, or how many

other unknown questions I have to answer before I finally get to the end, but I've been feeling happier, I'm sleeping better, my mind is clearer, I'm feeling more hopeful, and just feeling more enthusiastic about life. I get more and more excited with working with patients. That's one of the beautiful things about ART, is that the more and the longer I use it, the more excited I get with what I'm going to find. It's a wonderful gift that Dr. Klinghardt has given us.

1:03:54 CS: Absolutely. I'm so happy for you that you're seeing that progress, not only with your patients, but with yourself. And I completely agree about ART. David, people want to get to know more about you, how do people get to learn about you and your practice? Can you share with us how to reach out to you?

1:04:22 DO: Yes, absolutely. I have a website, www.bridgestohealthatl.com. That gives some basic information about my practice and how to become a patient. Unfortunately, I do have a very long waiting list. You'll find a link to my Facebook page on that website, but it's facebook.com/bridgestohealthatl. I share some of the latest things that are on my mind. A lot of times I'll post things about my latest developments and latest ideas, such as Dr. Naviaux's recent papers. People can definitely look there and learn about some of my current approaches to healing at this point in time.

1:05:19 CS: I'm going to have to start following you.

1:05:22 DO: Yes, absolutely. Please join.

1:05:23 CS: Absolutely. Well, I know that you're so busy, and I really appreciate you taking the time to have this conversation. I think you've really piqued a lot of people's curiosity around your style of medicine and some of these modalities. My goal for sharing all of this to our audiences, especially people who are suffering or are struggling with a chronic illness, is to communicate that there are so many strategies and modalities to heal and regain your health, and to not feel stuck or hopeless if you are not getting the answers you need right now, and to find a physician like Dr. Ou, or one of our colleagues. We want to see more and more people get better.

1:06:10 DO: Absolutely. There's definitely hope out there. There's no reason to give up hope. There are lots of answers and lots of people have different parts of the answers, and hopefully collectively we'll have all the information we need to help almost everybody.

1:06:24 CS: Absolutely. Well, thank you, Dave, and I hope to see you again soon. I so appreciate your time today.

1:06:32 DO: Thank you for having me, it's been a pleasure, and I'm sure we'll see each other soon.

1:06:39 CS: Thank you for listening to the Spectrum of Health podcast. I hope you enjoyed my conversation today with Dr. Dave Ou. I hope to see you again soon.