

Dr. Schaffner: In our recent Brain Masterclass we covered some powerful questions. We would like to share some of those - and the answers - here, to support you.

One of the questions was about detoxification and whether it's good to take chlorella with a coffee enema. As you probably understood from our work - and all the work that Dr. Klinghardt's put out there over the years - detoxification is a huge piece of tolerating a treatment protocol, especially when you're moving heavy metals and doing anti-infectious treatments. Coffee enemas are a huge piece of that puzzle.

It's really important to use binders, just in protocols in general, which we went over. Binders, before and after a coffee enema, can be really helpful. Remember, coffee enemas are stimulating bile flow from the gallbladder into the intestines, and then you're excreting that bile and so it's just good to have a binder. You can take it about 30 minutes before a coffee enema, and that can also be a strategy for the toxins that are exiting the bile to be bound in the intestines. We use chlorella primarily, we also use ZeoBind, which is a very specific form of zeolite powder that BioPure makes.

We'll use charcoal more acutely. If you're using charcoal around a coffee enema, that's going not to be as ... We want to get out of the use of basically ... Some of our patients over the years have just found charcoal helps them and they use daily charcoal, and that can be really stripping of minerals. We just want to use that in acute situations or to support detoxification.

So that is a question around coffee enemas. I always have my patients ... I know we're a mix of patients and practitioners, but I always have my patients, at least if they're feeling nervous about this, to try at least one for the first time. They're often pleasantly surprised, even though it's just a new therapy to try. They're often surprised how good they feel. If you're a practitioner, I definitely encourage you to just make that part of your routine for getting patients through protocols. And then, if you're a patient, of course talk to your provider, but it's an excellent therapy.

I know the HOCL is a new product that we're recommending, and the company's called Briotech. Briotech has the same formula, but it's labeled differently. That's at least what they have told us. There's the topical spray and the dental sol. Someone's asking about the difference. We use them interchangeably, so that's something to be aware of.

"Do you recommend drainage remedies? When and how would you use them as far as Pekana drainage remedies?" I love using drainage remedies. I know Dr. Klinghardt has his own style of how he uses homeopathy and drainage, but I feel like drainage ... I was trained in naturopathic school with drainage, and I feel it's a very supportive tool especially, to support heavy metal detoxification and also parasite cleansing or Lyme protocols.

The ones that stand out as far as Pekana, I like the Itires, which is the lymph one. I know a lot of people like the Apo-Hepat, which is the liver. I also like another one called Mundipur, which is this global drainage and detoxification. Then there's another called Neu-Regen that's very helpful as well. Those are the ones - I switch up between Pekana, I also use LotaPhysica, sometimes UNDA and Viatrexx. Viatrexx is another really great drainage company.

Dr. Schaffner: Dr.Klinghardt is here.

Dr. Klinghardt: I can hear you well.

Dr. Schaffner: Okay great. We have a crowd here, and I have some ... This is all recorded, so a lot of our audience is going to watch the recording as well. I have a list of questions if you want to just dive in. Do you want to say anything before we get started?

Dr. Klinghardt: No, hi everybody. Nice meeting you. We had a really relaxed day in the clinic.

Dr. Schaffner: No, no emergencies? I know.

Dr. Klinghardt: Nothing bad happened.

Dr. Schaffner: Dr. Klinghardt taught a seminar all weekend too, so he is non-stop. Okay, well let's just jump in. I kind of categorized the questions, so let's go with some of the questions around EMF. What are some good brands of far infrared saunas that have addressed EMF concerns?

Dr. Klinghardt: I'm really trying to stay away from brands. I think the important thing is what Bill Ray used to do. He said buy the cheapest infrared sauna that you can, but you heat the sauna

up and then when you get in, you unplug it so there's no electromagnetic field. And a good sauna has enough residual heat to give you the sweating and all that. When you do several rounds in the sauna, you plug it in when you leave the sauna, heat it back up, and then when you get in, you unplug it. That's the only safe EMF sauna.

Dr. Klinghardt: All the other saunas that claim they're EMF free or EMF poor, when we actually measure it, there's still quite a field. However, one could argue because you're only in there half an hour or, at the most, an hour a day that probably that exposure is not as relevant as some people think. That's one part of it. Then there's different ways of heating up the sauna.

Dr. Klinghardt: Now, I hold very strongly that the best sauna is the original Swedish sauna because in that sauna, rocks are heated up. The rocks give off the infrared light, but they give off a spectrum that goes from anywhere from 200 nanometers to 5,000 nanometers, a huge variety of infrared radiation that is hugely healing. Whereas, in most saunas, it's iron rods that are heated up and they give off a very small band of infrared light. Then there is the ceramic ones that are a little bit better. Ceramic is a little bit between a metal and a stone, has a bit of a wider spectrum.

Dr. Klinghardt: Most of the infrared manufacturers have used a sauna research to claim it for their product, but most of the sauna research that I looked at that's published is done on a Swedish sauna where the rocks are heated up. And so there is a question. When you're sweating, the sweating is half the effect of the sauna. The other half is the actual penetration of the infrared light, which does all sorts of good things and activates several kinds of detoxes. It turns on the autonomic nervous system. It turns on the mitochondria to produce ATP. It does a thousand other things.

Dr. Klinghardt: That is depending on how the sauna is heated. However, I cannot give you any definitive answers. But it was horrible for me to hear that some of our patients fell for the advertisements and gave away their Swedish sauna and bought a cheap cabin sauna instead because they thought that's what is healing and the other one is not. That's a mistake. I like to stay away currently from ... But maybe, Christine, you say in our experiences. You're more familiar with the different types of sauna we've explored.

Dr. Schaffner: It's also that study I think in Finland that tracked a cohort that looked at regular sauna use and saw a decrease in Alzheimer's. I think the fact, as you said, just sweating, just opening up that emunctory is really important for detoxification. Honestly, a lot of our patients are too sensitive to tolerate the sauna, and we often have to go very slowly with sweating. We either use the ozone steam sauna in the office, but also Epsom salt baths at home, get the body temperature up. It's something that I love to do in my life, but a lot of our patients I think have to really tip toe into sauna therapy.

Dr. Schaffner: You've also trained me ... And I agree that even if you're having a hard time sweating, making sure that you don't feel worse. Some people just try to muscle up and go through and have a sauna session and think the longer the better even if they feel wiped out. I just encourage people, you should feel better from the sauna, not worse. And if you are, it's not time, not to force yourself to do that, that's just my opinion.

Dr. Klinghardt: Let me say just one more last thing. When you take a bath with Epsom salts, the warmth of the bath, that is infrared light. That is infrared radiation. You can get that part, that half of the healing effects of the sauna you can get with a hot bath. The more minerals you put in there or peat or Epsom salt. It's magnesium sulfate and maybe some trace minerals. You get a huge spectrum of infrared light by exciting those molecules and they give off light all in a different spectra.

Dr. Klinghardt: But the sweating, that's the other half, and the sweating is important for detoxing petrochemicals. I really stay away at this point from recommending a particular sauna because my current opinion is that if you buy a sauna, either buy a Swedish sauna, where the rocks are heated up, or buy a really inexpensive sauna that you can blow some ozone in because it certainly is increasing the effect of it. Those are well under \$1,000. Everything in the middle may or may not be the solution.

Dr. Schaffner: Agreed. On the EMF topic, this patient is asking, "What EMF neutralizers, mitigating products truly work? There are so many on the market." What are your thoughts of shungite or shungite water?" I know you don't want to endorse products per se, but just this idea of EMF mitigation.

Dr. Klinghardt: Shungite water, we had really, really bad experiences with when it first came out about 10 years ago. I recommend to stay away from that. In terms of the EMF, EMF is a manmade physical radiation. It is my firm opinion that physics can only be counteracted with

physics, not with metaphysics. I so feel that the shielding clothing is very effective. We get that feedback from patients. We know that the sleep sanctuary, that mosquito net, Cervia-coated cloth over the bed, is very effective if it is grounded properly. And if there's radiation coming from below, there also needs to be a sheet underneath.

Dr. Klinghardt: I know that the conductive pads in the bed, usually you put under the feet and then let to the ground, is very, very effective as long as the electricity is shut off for that room. Everything comes with ... It's a package. Don't use the sleep sanctuary if it's not grounded, and if you don't switch the fuses off for that part of the room. Yeah? Everything in physics, you can do right, you can do wrong.

Dr. Klinghardt: We have not seen any lasting benefits from all the amulets that people hang around their neck. I have not seen true benefits from the stickers on the phone. We're constantly exploring other things. I know the Stetzer filters really do work. They really have a dramatic effect on the physiology of the person, but that's real physics. They're condensers that take out the dirty electricity.

Dr. Klinghardt: In terms of mitigating devices that you put on the table or hang round your neck or put in the room somewhere in the outlet plugs, I just have not seen any convincing evidence. Right now, they're trying out a new Russian technology that's based on torsion fields that looks more promising than anything else that I've seen. You have at least one dramatic case of improvement in our own group here. The jury is out on that.

Dr. Klinghardt: I mentioned at other seminars the chicken study, you know, where they had two chicken coops? One they cleaned up the electricity with all sorts of devices, and the other one they didn't. And the group where they cleaned up electricity laid twice as many eggs, but died twice as fast as the other ones. I don't want my patients to feel happy while they're dying quicker. That's basically what the amulets do and the crystal things you put on the household currents and all that.

Dr. Schaffner: One of our audience members is specifically asking about the Memon devices, and I think that's what you were alluding to.

Dr. Klinghardt: I can say this. Memon threatened to sue me. They said even if I'm right, but they have all the money in the world to sue me until I give up, and we can't. And so that's all I want to say. That's the kind of company Memon is.

Dr. Schaffner: Understood.

Dr. Klinghardt: Instead of arguing on a scientific level, they said that they're going to use our money to shut you down. It's just a little side remark. It's a true story.

Dr. Schaffner: I have no doubt. Again, with the EMFs, I would like Dr. Klinghardt to elaborate a little more on the extent of shutting down the electrical fields at home. This person wants to make sure that they're doing right at home. Do we need to switch off the refrigerator? I'll let you answer that first.

Dr. Klinghardt: The refrigerator problem is twofold. One is that the low frequency sound that's generated by the engine in the refrigerator creates what's called infrasound. Infrasound is a deadly, cancer-producing. Wolff and Mass in Germany showed that with various studies. If you have a fridge that needs to stay on for whatever reason, you need to put the legs of the fridge on extra rubber padding like we use to cut out from car tires, little squares and put them underneath so that the vibration of the fridge is not translated to the floor below.

Dr. Klinghardt: Wolff and Mass had a case of a cluster of cancer patients in an apartment building. They found out that one fridge about 100 yards away in the same building, every time it came on, resonated the whole building with this infrasound and everybody got cancer. The cure then was to put rubber buffers under that, to find that fridge and put rubber buffers underneath. The American fridges in general do not have enough shock absorbing material underneath. That's one problem. The other one is of course that the engine, when it runs, it creates a very, very strong, very potent, electromagnetic field that's usually amplified by the metal housing the casing of the refrigerator and the metal grids that are inside.

Dr. Klinghardt: A good fridge tolerates eight hours being switched off and the ice in the ice compartment is not melting. If it is melting, then the fridge is leaking and should be replaced anyway because that fridge is going to cost you a lot of electricity over time. That's the thing, people generally don't know that the fridge needs to have good seals to not leak out the coldness. When it leaks, when the fridge gets older or was manufactured in China instead of

Germany, it will be leaking and will cost you a lot of money in electricity. Those cannot be shut off. Just try that out, eight hours, see if the ice is melting. Then you've got a bad fridge.

Dr. Klinghardt: Let me say the extent. First of all, the damage from electric fields and magnetic fields is cumulative. That means the light, even if it's shut off on your nightstand, the cell phone that's charging in your bedroom, the wiring in the wall ... Unfortunately, Nikola Tesla knew that, but in alternating current, even if you don't have any lights on, the electricity is at the rate of 60 times per second pushing into the circuitry in your walls and pushing out going forth and back. That is a moving current that creates a magnetic field and the electric field in the room.

Dr. Klinghardt: As long as the fuses allow current to go into the outlets in your bedroom, for example, there will be a pulsating electromagnetic field with the dirty electricity on it and all sorts of other phenomena. Unfortunately, even if you shut that circuitry off in the bedroom and you have a room adjacent or even adjacent one room over, through a principle of induction, when there is moving electricity in one room, it can induce currents in the electric wiring that's shut off from the main switch.

Dr. Klinghardt: My general recommendation is, if it's at all possible, to switch off the fuses for the entire house. The only exception is if you have an aquarium or if you have somebody on a lung respiratory machine or CPAP. Then you need to be creative with that. I'm very serious about that. If you have to compromise on that, then you have to get the Stetzer filters in and get familiar with it. It's the easy way of checking out which outlet is the worst in your house in a bedroom and you have to go with a measuring instrument called the Stetzerizer and measure the outflow. It should be under 50 Stetzer units. That's the cut off. Then you're probably okay. It's probably that the field is not too illness producing.

Dr. Klinghardt: If you are already ill and want to recover, I strongly recommend to silence as much as you can silence. Wi-Fi routers and all are not acceptable anymore. They need to go. You need to get a wired connection, ethernet or broadband. We found out that switching it off at night is not enough to recover from chronic illness. When you're healthy and sturdy like most teenagers are, you probably tolerate some exposures during the day as long as you shut it off at night, as long as you're healthy, but when you're ill, it's not good enough. You need to shut it off.

Dr. Klinghardt: Then of course the last part is the electricity comes in from the outside of the house, from the neighbors, from the cell phone tower, from radar, from space now from the satellites. For this, you have to ideally measure what comes into your house. There's usually places in the house, EDIs, where there's lower radiation than other places. For that, you need to have an expert coming into the house. Christine is going to make a recommendation for our area here in a moment.

Dr. Klinghardt: The ideal thing is then to shield the entire house, to turn the entire house into a Faraday cage. If you're in an apartment building, the concrete walls are pretty good at reducing the incoming radiation. Even though you may have 16 different Wi-Fi networks here that you can receive with your phone, but usually the amplitude is very low so that it may not translate into illness producing. It's pretty easy to shield against one neighbor. You can just do that with aluminum foil against the wall.

Dr. Klinghardt: More important is the smart meters, which are devastating to the health of people. They need to be either removed or need to be shielded. Experts say about four layers of aluminum foil do a pretty good job. Tell us who the specialist is that we're working with.

Dr. Schaffner: We have Risa Suzuki. She has done some work at Sophia. She actually came to my house as well before the baby was born. I live in Seattle in a neighborhood where we're going to be one of the pioneering neighborhoods for 5G. She was able to find some places in my house and then she made the recommendations. You want someone who will give you an assessment. Then I worked with Jimmy actually. He did the YShield paint. She helped source the paint and then how many coats of paint were needed. We did our bedrooms because I wanted Anne Marie to have obviously a safe sleeping space as well as the electricity to our house came in on one wall of our bedroom. We had to use more layers of paint for that.

Dr. Schaffner: Then there's these window films now that you can put instead of the curtains. Those are an option as well. We did the window films over the windows. Risa, I thought she did a great job. Then if you look at the Building Biology website, we can share that in resources. More and more people are getting onto this. There are more and more resources. You just want somebody who has the right tools to measure and then ... I know you have a lot of opinions. Our tools are probably getting outdated of what they can actually measure. There's probably stronger signals that we're not picking up with the tools that we have at hand. I actually thought

I'm not that sensitive to EMF, then when we did our bedroom, I felt like I slept a lot better, so it's important.

Dr. Schaffner: Then you answered all of those. This is more of a doctor asking us the question about compliance. She's having a hard time relaying electrosmog management. Do you make this a condition of receiving treatment? Often even when patients say they will do the most basic things like unplug the Wi-Fi or limit cell phone use, it's often clear that they are not doing it. How do you approach this? Just from a patient management perspective?

Dr. Klinghardt: I get angry.

Dr. Schaffner: You do. You do.

Dr. Klinghardt: I get really upset, but it does come up every day. The trouble is you can offer people the scientific literature and stuff. Usually the same people that refuse to cooperate also refuse to read the literature. That's also the current climate in Washington, where the scientists came together and just fired the climate report and said, "Okay, global warming is devastating," and our chief commander of our troops says, "I don't buy it." That's how he deals with the science and all the TV stations cooperated with that.

Dr. Klinghardt: None of the TV stations invited actually one of the scientists to interpret the data and comment on it. Instead, all the TV stations combined, pulled in lay people that never were scientists to give an opinion rather than the science. We're currently in the consensus reality right now in that science is completely stuffed under the carpet and not listened to. That makes it very difficult. It's not a personal thing of this patient or that patient. It's a climate of consciousness that science is not honored for what it is.

Dr. Klinghardt: It is difficult. We do it in the office by repetition. We let patients fail the treatment and then when they come back, if we ask them ... We don't ask them, "Did you follow our Wi-Fi suggestions?" We ask them, "What are you actually doing of the program?" They always will say, "I do everything." I'll say, "Okay, list it." They give the long list of supplements and maybe the colonics, maybe even coffee enemas. Then it ends. I'll ask, "And? And?" Then nothing comes anymore.

Dr. Klinghardt: "How about the Wi-Fi suggestions?" Then always comes the long face so that's more often than not. I explain to people, "This is inhibiting your immune system of coming onboard, and without that we can't work. It impairs the iron channels on your cell walls. It breaks your DNA. It's constant war inside. Where the system just barely tries to survive and directs all its forces towards just mere survival, which often translates.

Dr. Klinghardt: Chronic fatigue is that the system is prioritizing all the systems, the energy that's not there still, to survival rather than to the higher mental function of being able to move around. We just try to explain to people that without that chronic illness, you have no chance. With it, you do have a fair chance. Camilla Rees is a friend of mine. R-E-E-S. She wrote a beautiful ... It's a limited book. It's about 20 pages. It's something about the elephant in the living room. If you Google her website, you can download that brochure for free.

Dr. Klinghardt: You can give an attempt with your patient to give them the brochure and see maybe, maybe they read it and it will guide everybody towards the science, the published papers and the truth of it. I think we should probably do more of that and be more proactive in giving people a comprehensive view, but she's done that. She's a very strong activist in the field. She's in Washington DC so she tries to really sacrifice her life to talk to the senators and congressmen. It's making some inroads.

Dr. Schaffner: Is her-

Dr. Klinghardt: That's her brochure.

Dr. Schaffner: Yeah, I think her website is electromagnetichealth.org. Does that sound right? I'm on here.

Dr. Klinghardt: Yeah, but if you Google Camilla Rees, it will also come up.

Dr. Schaffner: Yeah, I'm seeing that right now, so I'll post that. Then we partnered with Nick Pineault, who did the Electrosmog Rx class. I think the more education that we can do and that people are catching on. Thank you. Some people are recommending his class and saying that it was well done. You participated in that. You did an interview if you remember.

Dr. Schaffner: Moving on from EMF, "Tell us what the best way to use the Sophia Flow cream on ASD kids and also do you do research on urinary, heavy-metal discretion in ASD kids

following the foot bath? Do they excrete the heavy metals faster than most adults, less than the 72 hours' peak excretion often quoted? Many thanks."

Dr. Klinghardt: What was the first part? Remind me.

Dr. Schaffner: How to do the flow cream on kids with autism.

Dr. Klinghardt: It's usually recommended pea-size bit of cream on each side of the neck and to massage it in the groove here between the food pipe or the breathing pipe and the muscles. There's this dip here. Massage it. Really spend on each side one minute at least. There should be downward strokes because the lymphatics go that way. This is fantastic. It's a fantastic tool. Sometimes we do two days on and on the third day, we do the bee venom cream, which has some other aspects. Bee venom is stronger in killing Lyme disease, but not so good with the general immune activation as the cream.

Dr. Klinghardt: However, people also use the cream over a painful knee joint or a painful shoulder or jaw joints have been very responsive. You can even take small amounts of the cream intra orally and put them next to an aching tooth or inflamed gum, and you will see improvements with that. I'm right now trying it out for hair loss. Just joking.

Dr. Schaffner: That with the light, right.

Dr. Klinghardt: We try it on everything, and it's been amazingly beneficial for a lot of conditions. Then what was the other question?

Dr. Schaffner: About ... If we're testing actually heavy metal excretion in kids with the foot bath. Do you think that they excrete heavy metals faster than that 72-hour urinary excretion we see from your study-

Dr. Klinghardt: We did 20 people in this study in Germany that we did with Margarita. We measured the peak of excretion of aluminum because that was affordable. It varies between eight hours and 72 hours. Somewhere in that slot, you get that incredible peak of aluminum excretion of over 600 percent from the baseline value. We found with the autistic kids it's a mixed picture. Some autistic kids that have never excreted anything, they start excreting massively.

Dr. Klinghardt: That was the missing trigger was the biophysics. Some autistic kids don't excrete anything because that's their basic mechanism where they're autistic that they have an impaired detox system, so they can't eliminate it. Then we have to find the missing piece. Often it's the coriander or the plant stem cells or the OSR. This is where the air tea comes in.

Dr. Klinghardt: People are encouraged. You can do the foot bath and send the urine in every day. It's a bit expensive, but you can do that. It's the urine excretion that we're after. You can do the urine excretion for three days afterwards. If the toxic metals are increasing in the urine from day to day, you know the foot bath is working for that kid.

Dr. Klinghardt: We had some kids that did it for three months, nothing happened. Then month four, all hell broke loose and month five, they had major improvements. There's also accumulative effect that the foot bath may at first not break through the shut down mechanisms in the system and just with repetition, suddenly, the flood gates open up and the stuff starts coming out. Also, I do have to say in a healthy kid, the excretion of metals is mostly in the poop. Currently, worldwide, we don't have a single poop test available other than our direct resonance test with ART.

Dr. Klinghardt: It shows often in the kids where we thought we don't make any impact because we didn't see anything in the urine, it turns out they actually shunted into the gut. It comes out in the poop. With all this said, we always felt that the foot bath needs to be part of a detox program, not a standalone treatment. People should be on the chlorella, on the cilantro, curcumin, TMPS where it's appropriate, TMSA, high dose melatonin. These are all the adjuncts I've been using. Then the foot bath is worth its weight in gold.

Dr. Schaffner: Great. This is just a little bit of a case, but I think it is a good example of sensitivity. For about 20 years, I did have in my mouth about 14 mercury fillings. Last year, I had them removed by a biological dentist. Now I'm trying to detox mercury in my system and my brain. I tried glutathione, DMSA, Emeramide and all of them gave me the same type of allergy reaction. My throat got swollen, and I had difficulty breathing. I went to the conclusion, maybe I'm wrong, that there can be two reasons, dysbiosis in my gut that doesn't allow me to detox or antibodies against mercury. I'm in a catch 22. I need to detox mercury, but I can't tolerate any chelation agent. Any suggestions?

Dr. Klinghardt: First of all, it's rare, what you're experiencing. Usually, we don't see any ... We see people that are allergic to DMPS, but not DMSA. Or people are allergic to glutathione, but not DMSA. To be allergic ... All the things that you mentioned are detox agents that are based on the sulfhydryl group that is attached to them. I would dare to say if you shift to other detox agents that do not work with sulfhydryl, like high dose transdermal melatonin is what we're using now. Curcumin is a very effective detox agent for mercury, and it doesn't have a single sulfhydryl in it. Cilantro is a completely different principle by which it detoxes. Then of course it is the binders that on their own work. We have a beautiful study from Japan that shows that chlorella mobilizes and detoxes methyl mercury without a single sulfhydryl group in it.

Dr. Klinghardt: I think the list that I was given is basically all the same molecule. They're all off shoots of glutathione, DMPS, DMSA. As some of you, I am not a fan of glutathione because it's a lousy detoxer. It has a role in detoxing mold toxins. It's very effective for that, but it has no place in my heart for detoxing heavy metals. It would take two or three lifetimes before it makes any single difference. That's how weak it is.

Dr. Klinghardt: DMPS is the strongest of the detox agents. Emeramide is wonderful if you have a Emeramide that works. We're not sure about the sources that are available for us. Right now, we're on a whole different train with the transdermal melatonin in very high doses, but it's too early to discuss it here. By the way, and the foot bath certainly mobilizes mercury without the use of a single sulfhydryl group.

Dr. Schaffner: Then this next question goes into that sulfur-mercury interaction that you just mentioned, but how do broccoli sprouts help and if broccoli sprouts are helping, does that indicate mercury toxicity as far as the symptoms?

Dr. Klinghardt: What is published with broccoli sprouts that they're fantastic detoxifier for manmade, carbon-based toxins. That's insecticides, pesticides, glyphosate, flame retardants and all the whole list. It's an absolutely fantastic tool for that. Don't be confused by the word sulforaphane. Sulforaphane doesn't have this name from sulfur. It's a whole different compound and people that are highly allergic to sulfur do tolerate the broccoli sprout extract. The new product from BioPure is fantastic because it has the enzymes built in that ensure the conversion to the proper chemicals that bind environmental toxins.

Dr. Klinghardt: We don't use it for heavy metal detox. We may find out one day that it's also good for that, but right now it's my main tool for all the petrochemicals, all the wood preservatives, all of that.

Dr. Schaffner: Then there's just a question from Vera. Could you clarify protocol for the foot baths since this is a current important piece? What's your current recommendation? Like how many days a week? How do you use cilantro with the foot bath?

Dr. Klinghardt: You need a mobilizer. That means something that detaches the metals from the binding site, usually to a protein. The easiest one is coriander. People that don't tolerate it, in the context of the foo-

Dr. Schaffner: That's cilantro just for people ...

Dr. Klinghardt: Yeah. Sorry, yeah. In the context of the foot bath, it's okay to use homeopathic metals. Likes cures likes. It's not allowed without the foot bath. With homeopathy, you stir up ... When you get homeopathic mercury, you stir up the mercury where it's at, but it doesn't get it on the move unless you pull it with the foot bath down and out. That's the thing.

Dr. Klinghardt: The current recommendation in autism is three days on, one day off. 30 minutes a day. We modified that for adults. That's certainly too much. We do probably two days on and two days off. That's a more reasonable schedule for adults, always half hour. I recommend every third foot bath should be a hand bath because if you use the hands, you're mobilizing a lot more metals from the brain. I told you. I like the KiScience foot bath because it has conductive pads that you can actually sandwich your brain or your thyroid. You can selectively, using electric fields, drive metals out of selected body compartments. That has been amazingly effective.

Dr. Klinghardt: All the foot baths are good. I don't think ultimately in terms of the long-term effects and we didn't see dramatic differences between the expensive foot baths and the more inexpensive foot baths. It's just the coils. When the coils leave too much metal rub off in the bath, there's always a fear, "Is the patient absorbing that or not?" It's largely copper and other metals that are in the coil that's in the foot bath. Much of the discoloration that people experience is actually the coil slowly dissolving. There are some concerns about that.

Dr. Klinghardt: The clinical experience is very, very clear. Everybody who's using it regularly gets better. At least in my observation, and we have hundreds of patients on there right now. Since I'm not financially involved, I feel that I'm pretty objective with it. In adults, there is fairly good evidence that Alzheimer's patients do significantly better when they do the foot baths regularly. That's a feedback that comes from every corner of the world. Then in autism, it's very surprising how many children benefit from it.

Dr. Schaffner: While we're on the foot bath topic, this question is about, "Why is using the foot bath not recommended during pregnancy and lactation, whereas Dr. Klinghardt recommends using chlorella as a binder? What other detox binding tools are safe, perhaps favorable during these periods, given that toxin mobilization occurs significantly throughout these periods?" I'm interested. I was reading about just hormones and mobilization especially of lead because the bones kind of get broken down when you're pregnant. You know, calcium goes up and there can be more lead mobilization. I was thinking, "Hey, maybe my baby brain is actually lead mobilized in my body." I'm curious what you have to say because I know that everybody has their hands tied. They don't want to recommend anything to pregnant or lactating women, but I'd be curious to hear your opinion here.

Dr. Klinghardt: During pregnancy, women mostly mobilize their toxic metals. And the inflammatory cytokines go up and they travel through the placenta to the fetus, both the metals and the cytokines. Whether the microbes really travel across the placenta was a long discussion. It's very clear that Lyme spirochetes do, although probably to a lesser degree, certainly viruses do, retroviruses do. The baby is a little bit protected, but not very much.

Dr. Klinghardt: The only study that I could find is from my friend, Nakano in Japan, who put women during pregnancy on relatively small doses of chlorella. 15 tablets would be our equivalent. And found that it greatly reduces the toxin transfer to the fetus. Because chlorella is, as several studies shows, excellent in binding lead that's mobilized. We have to think of it this way. When the hormonal changes break down the bone and lead leaves the bone, it first gets in the blood.

Dr. Klinghardt: Then the largest filtrating surface for that is not the kidneys or the lungs or the liver. It's the small intestine. It's the filtrating surface of two tennis courts. The small intestine, the inside of the small intestine, is separated from the blood vessel only by one single cell layer of membrane. It's very easy for the chlorella in the gut to extract from the blood the lead and the cadmium and the barium, all the things that are mobilized before it reaches the placenta.

Dr. Klinghardt: I still feel that when chlorella is tolerated that it's a complete detox agent during pregnancy and we're not requiring anything else. Then the trouble during breastfeeding is now the other way round. During breastfeeding, all the fat soluble things in the mother are mobilized, all the fat soluble toxins. They get on the move. And Nakano, again, he didn't believe. He thought chlorella will only bind the water soluble toxins, like the heavy metals, but he found that equally, he could clean up the breast milk with chlorella.

Dr. Klinghardt: I've been sticking with that. Because in the US, it's denied that moms are toxic and once the toxic are there, there is nothing you can do. That's the opinion of the American College of Toxicology. You can only prevent it, but there is nothing you can do. That's why DMPS is not in every toxicologist's cupboard and Zn-DTPA isn't heard of and EDTA is shunned. Since we don't have a problem, there's nobody looking for a solution. We have to look in other countries what solutions are found there.

Dr. Klinghardt: With that all said, I do feel that the zeolite that we're using is very safe during pregnancy. Charcoal is not recommended because it binds up all the fat soluble vitamins. You can take it for two or three days here and there, but not as a permanent thing. Ecklonia cava is a brown algae that's highly recommended during pregnancy. It's very safe and has similar properties to chlorella. I'm sure there's a whole host of other binders. We know that chlorella vulgaris extract has been tested for lead. It's very, very effective in binding and excreting lead. Again, chlorella vulgaris extract is just a concentrate of what's in chlorella. Just by taking enough chlorella, you get enough of that as well.

Dr. Klinghardt: Now, with the foot bath, these disclaimers are purely legal disclaimers because there hasn't been a group of scientists doing long-term studies of if it's used during pregnancy, what happens to the fetus? I promise you, your fetus is exposed to thousands times more electromagnetic radiation on an average day than it would ever get with the foot bath because of the Wi-Fi environment, the household currents and all the things we discussed before. I would not hesitate.

Dr. Klinghardt: When we do ART testing, we can test the health of the fetus in putting the signal enhancer on there. We can do a foot bath and see whether the fetus likes it or not. That's how we made those decisions in the past. Two-thirds of the time it comes up that the baby really loves when the mother has a foot bath, and one-third of the time, it's ambiguous the response, and then we don't do it.

Dr. Schaffner: There you go. They're always communicating, right? That's helpful. Going more into lymph drainage and the lymphatic system, we had mentioned during the class that really for the brain to drain, the lymph and the gut needs to be opened up. Ariana's teaching of SophiaMatrix. Can you just elaborate a little bit more on how that works?

Dr. Klinghardt: First of all, the lymphatic system really is the wild west of medicine, where really the knowledge that we have about is gained just from very, very few pioneers in the area. Dr. Vodder, I think he was from Denmark, he has an institute here in Victoria in Canada and trains physical therapists to do a very gentle lymphatic drainage that works for some conditions. Then Ariana trained with a German physician, who had his own ideas of how the lymphatic system works, and created a completely different set of hand work to open up the flow in the lymphatic system.

Dr. Klinghardt: I'm certainly not a specialist on it. I've just seen Ariana work on a patient once, and she lost overnight almost 60 pounds of weight after opening the lymphatics up. She peed basically out all the retained water that she had for many years. I've seen some miracles from it and some moderate improvements. I know then the Germans, then the business people moved in and said, "Well, we can create machines that use infrared light and pulsating magnetic fields." There is a whole host of instruments that work in the hands of people that don't have good hands. People that have good hands don't need a machine. I haven't seen a difference that the machines are better than hands.

Dr. Klinghardt: I've followed this for the last 25 years or so, the developments in this. At our clinic, we have the large pieces of the SophiaMatrix from Ariana integrated and we have aspects. Desiree does Dr. Vodder's more gentle lymphatic massage. Then the ultimate lymphatic is a colonic. You do a colonic, when it's successful, it usually drains the lymph from the system. It's this lymph dump that the colon therapist observe worldwide. They're agreeing on that, that that's what that is.

Dr. Klinghardt: Quite honestly, in Germany we had all these different homeopathic combination remedies, Lymphomyosot, Lymphdiaral and others. They increasingly work less effective. Part of that is not that we have changed, but that is that the European Union, which is run like the mafia now, has a continuous effort to destroy homeopathy. They tell the companies, "Listen, you cannot use Lycopodium 6X. It can at most be an 8X." 8X is 10,000 times ... Sorry, instead of a 6C, it has to be an 8C. That's 10,000 times more dilute.

Dr. Klinghardt: The homeopathic with the same name, the same appearance, same label, looking are now completely changed from where they earned their reputation as effective remedies 30, 40 years ago. Then practitioners still haven't caught onto that, that the remedy doesn't work anymore like it was supposed to, but there's always a long delay before people actually realize, "Somehow I've prescribed now the 50th bottle of Lymphomyosot and the 50th patient hasn't improved, so what's going on?" It's that there'll be a little bit an uphill struggle with that. We use different herbal remedies to enhance lymphatic drainage.

Dr. Klinghardt: I'm very clear that the manual therapies are, in my observation, clearly superior to the machine ones. However, they're very exhausting to the therapists, and so all the therapists that we have are encouraged to use the Lymphstau or some other instrument to take the load off the hands to enhance what they're doing without them having to put their own biomagnetism in there.

Dr. Klinghardt: We do like instruments, but the instruments are really there to take the load off the therapist. They do not improve the outcome. That's really all I know. Not to forget the trampoline, jumping on a trampoline. Really quite honestly, the most effective lymph drainage remedy is rapid walking. This is how our lymphatic system is actually designed. It's designed to a body that walks for long distances every day. We tell people, "Walk as if you've just stolen something." That will be the inexpensive version when people are still healthy enough to walk.

Dr. Schaffner: Yeah, that's the key piece there. With light therapy, we've talked about red light and infrared light. Can you say a little bit more about red light therapy to stimulate an underactive thyroid? Then also, you can tie this into your question, combining the HOCL with red light therapy in the child, would that actually be more helpful for any dental concern?

Dr. Klinghardt: The therapy with light in general, every color of light has different effects and different depths of penetration if you shine it on a body part. The therapy that we're most using at the clinic is now the Joovv light. It's actually not just pure infrared light. It's also red light and infrared light in the same light bulb. Infrared light always means warmth. An infrared light penetrates up to two or three inches into the tissues and certainly has the effect to increase ATP production in each cell.

Dr. Klinghardt: That means that the cell can start doing what it needed to do for a long time. Some cells, that means they're finally taking up the nutrients that they couldn't take up before. Other cells it means they can now let go of toxic material or metabolic waste and so on, so forth. Some total effect is it does increase lymph drainage wherever you put it. It does increase arterial blood supply and increase venous drainage. It increases stem cell migration to the area. It has multiple levels of beneficial effects.

Dr. Klinghardt: There is now these coffin type things that people can buy, where there is thousands of infrared lights, and you lie in this coffin thing. I personally disprove of that because I think if you activate the body in too many working places ... When you activate ATP in a cell, that means this cell now needs a larger supply of nutrients and oxygen and water. If you do that for the whole body at the same time, you hugely increase the need.

Dr. Klinghardt: If the patient has a leaky gut and can't absorb nutrients properly, it will crash a patient. We like the Joovv light because it's a limited area of the body that's treated. Short of that, we also work with lasers. We use a green laser, a blue laser, a red laser, infrared laser. Each one of them has a different quality that it brings to the table.

Dr. Klinghardt: The latest for the tonsils and for PANDAS, which we're very, very excited about, is this HOCL, hypochlorous acid, by actually spraying it on the tonsils, both on the inside of the mouth and on the outside, rubbing it in, we see within a few weeks the tonsils shrinking, looking healthier, looking better and the symptoms of PANDAS receding. I'm very excited about that.

Dr. Klinghardt: Usually, we also have to put some up the nose as nose drops because then that way we get to the adenoids and to the structures behind the nose that are often carrying chronic infections. It's a very, very exciting new tool that we have. We can use it sublingually. We can use it as a spray, transdermally. You can also inhale it. The same is true for the dental health. Pre dental surgery and post dental surgery, we recommend to use HOCL to reduce the pathogens in the mouth and to assure more safe healing after the surgeries, where the pathogen amount is decreased.

Dr. Schaffner: It's an exciting new tool. All of our patients test here, so I think it's going to be really helpful. This is tying into ... Maybe just a note on since the tonsils tend to be such a big problem in our patients, what causes tonsil stones is a question?

Dr. Klinghardt: Tonsil stones are actually cholesterol. The lymphatics that come ... The tonsils are a structure, basically digestive organ and excretory organ in the lymphatic system. When toxins from the sinuses, from the ears, from the nose, from the brain come down, they have to flow through the tonsils. The tonsils are supposed to digest larger protein molecules like dead bugs to break them down into smaller particles so they can flow down the neck that way and then into the blood circulation without killing the patient.

Dr. Klinghardt: If the things are too sticky and too thick, the tonsils excrete them, and that's what the tonsil stone is here. It's usually a mass of cholesterol with the break down products of metabolic waste and metabolized bugs and toxic metals. They're all inside that, but wrapped in cholesterol. That's how the tonsils are doing it. The tonsil stones on themselves are not a sign of pathology. However, it's a sign of a very toxic lymphatic system. It's very, very important them to look why is it there? Is it a sign of Lyme disease in the lymphatics? Often we find bartonellosis there or rickettsia. We find viruses and retroviruses in there and other things. The tonsil stones, it's a good idea that that patient learns themselves to squeeze the tonsils and squeeze those out periodically. It's a really, really valuable detox in itself, not a sign for a tonsillectomy.

Dr. Schaffner: A few more questions. I know you're probably getting tired. You had mentioned low antidiuretic hormone being common. We see that in all of our patients, right? How do you test and treat? Is it low because the body is trying to eliminate toxins through the kidneys?

Dr. Klinghardt: Of course, it's an unresolved issue for us. The fact that almost every one of our patient is low in antidiuretic hormones ... First of all, I have to say I hope it's not because the LabCorp that we're using is simply not detecting it with their methods, but we cross checked with other labs.

Dr. Schaffner: Perhaps it's the same, yeah.

Dr. Klinghardt: The same. I think it's a big huge overlooked problem of our time. Shoemaker was the first who pointed us in that direction. He linked everything to mold exposure, and that's certainly wrong. We find it with everybody with Lyme disease. We find it people with the retroviral infections. We find it with people with chronic fatigue that is not mold related. All the other mold indicators are completely normal. It's across the board maybe the most common denominator in our patient population is a low antidiuretic hormone. This really represents a failure of the pituitary to produce that.

Dr. Klinghardt: I looked a little bit at the ... As much as that's possible because there is not a single specialist in the world that really knows anything in that area. I really have to say that because we still get the people that had Lyme disease. They get this slight enlarged pituitary gland, and the idiot take out the whole pituitary gland and destroy the lives of these people. That's so where the status is, where conventional medicine stands right now. That's why I'm saying nobody knows anything.

Dr. Klinghardt: I want to make the comparison with adrenal glands. The adrenal glands produce over 60 different chemicals that are needed in different places in the body, but there's only one chemical, if you don't have that, we're dead in 72 hours. That's cortisol. Now, what the adrenals do, they sacrifice all the other 62 things because we can live without sex hormones. We can live without testosterone. We can live without any of the other breakdown products, limited lives, but we can live. Cortisol, we're dead in 72 hours. When the adrenals, when the system is fatigued, stressed by viruses, by other infections and it can only make one or two things in the adrenals because there is simply not enough supply there of energy and of nutrients, it makes the cortisol.

Dr. Klinghardt: By us giving people cortisol, which we often do, suddenly the adrenals kick in and make the other 62 things that a patient has, completely unrelated improvements in other parts of their body. Going back to the pituitary gland, antidiuretic hormone is one of the hormones that we do not need for our survival. We need ACTH. If ACTH, the pituitary hormones that are involved with regulating the adrenal gland, if those hormones don't work, we die. The pituitary, when it is stressed, when there's not enough nutrient supply . . . we talked about the stalk of ... the pituitary has this thin stalk that feeds it from the hypothalamus, the pre hormones that go in there, and also the blood supply, comes down that way.

Dr. Klinghardt: If that stalk is kinked from a head injury or from an infection, the pituitary does not get enough supply of all the nutrients it needs to make all the different things it makes. It is my firm opinion that one of the first things it gives up is growth hormone. Without growth hormone, yes, we age faster, but we can still live. The second thing that it gives up is antidiuretic hormone because without antidiuretic hormone, okay, we shrivel up. We look like a prune. We're dried up because we can't retain water. The cells shrivel up. The mitochondria is suffering, but we're still living. It's one of the things the body can live without for quite a long time.

Dr. Klinghardt: Prioritizing the things that the pituitary has to make to keep us alive. I firmly believe that that's true. For us, it's a sign, "Okay, when the pituitary hormone, this one is down, we need to address the pituitary. We need cranial work. We need to detox the brain. We need to find out what infection sits there. Is it a virus? Is it something else and so on and so forth? The important thing is we need to attend to that region of the brain.

Dr. Schaffner: Absolutely. I think I shared with you before when I was digging up and looking, antidiuretic hormone is the key signaling molecule for the aquaporin channels in the brain to control the flow of lymph in the lymphatic system. I think we look at low antidiuretic hormone, also poor lymphatic drainage too. That's a key theme that we're seeing in all of our patients I think.

Dr. Klinghardt: Maybe to say something here, we have a homeopathic version from BioPure.eu. It's called Homeo-K Water that works for a lot of people amazingly well. It's not quick, but after two or three months, everybody has improved on that level. The antidiuretic hormone in the US, it comes as a nasal spray, which we do not recommend. Somebody found out, went back to the company ... It's got ethel mercury in it in small amounts, so that's a no no. The tablets, it says nowhere how to take them, so people swallow them, and it doesn't work. The stomach acid destroys them completely. They have to be taken sublingually. For most of our patients that arrive at the 0.1 milligram tablets. For most of our patients, it's enough to take half of those tablets at bedtime, so they don't have to get up at night to pee and that's usually enough to fix the whole system over time.

Dr. Schaffner: Can you take one more question? Are you up for it?

Dr. Klinghardt: One more. Last question.

Dr. Schaffner: You guys asked a lot of amazing questions, and I'm sorry that I'm not going to be able to get to all of them, but I know this one is probably dear to your heart. Is there a protocol for minimizing vaccine reactions or to minimize any effect to the brain and body if you have to have a vaccine?

Dr. Klinghardt: Published two things. One is preloading the system with high doses of vitamin C. I've seen that definitely working. The other one is N-Acetyl Cysteine in high doses before, during and after. The NAC we know binds the mercury and other metals that ... We know now that vaccines have massive amounts of other toxic metals in it, so they need to be siphoned off. They're not needed for the vaccine effect. That's what we're doing currently for our patients in California. Ideally, some anti retroviral protection. It's probably enough to do the broccoli sprouts.

Dr. Schaffner: Thank you. I appreciate your time tonight, and I know everybody else does as well. Bye everyone. Thank you again.