

TRANSCRIPT Dr. Klinghardt's presentation July 2018 at Candida Summit/Evan Brand

EMF, 5G Cell Towers, Geoengineering and Retroviruses

Guest: Dr. Dietrich Klinghardt

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Evan Brand: Hello, this is Evan Brand, certified functional medicine practitioner and nutritional therapist, operating worldwide via phone and Skype consults from evanbrand.com. Now, onto today's guest.

Dr. Dietrich Klinghardt is a medical doctor and founder of the Klinghardt Academy, the American Academy of Neural Therapy, medical director of the Institute of Neurobiology, and lead clinician at the Sophia Health Institute. He is also founder and chairman of the Institute for Neurobiology. Klinghardt Academy provides teachings to the English-speaking world on biological interventions and autonomic response testing assessment techniques.

Klinghardt has lectured at universities of Illinois, Utah, Capital University in Washington D.C. and others, and the medical schools of Geneva and Zurich.

Between '96 and '05, he was Associate Professor at the Department of Applied Neurobiology at Capital University. He's regularly invited to teach workshops and summits, which I'm sure you've heard him on many summits before.

So, Dr. Klinghardt, thanks for joining me.

Dr. Dietrich Klinghardt: It's an honor. Thank you.

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Evan: Okay. So let's chat about—first of all, I'm curious about your clinic, because your clinic, like on the disclaimer, it says, "Hey, not only are we a fragrance-free facility due to the chemical sensitivities, but we're also a cell phone and wireless-free clinic." So when did you implement that rule?

Dr. Klinghardt: Well, I've been aware of the damages and the dangers of Wi-Fi for a long time. We had our first seminar on electrosmog 12 years ago. So we were already full on going 12 years ago. And things have only gotten worse.

And so, there are only two factors that drive the epitome of chronic illness: One is the Wi-Fi environment; and the other one is the agrochemicals, the chemicals used to grow our food. If you could control those two factors, there would virtually be no chronic illness. We would have succeeded in eradicating cancer and eradicating pretty much all chronic illnesses.

But the opposite is happening. The incidence of neurological illness is going up every day. And the main thing that is paralleling is the increase in exposure to electromagnetic radiation. That has reached catastrophic dimensions.

Evan: Yeah, it has. Now, you're in Seattle or near Seattle. Are they bringing 5G in your area of Washington?

Dr. Klinghardt: Well, 5G, the plan is it will be everywhere. For the driverless cars, it's a technology that will be needed to make the driverless cars work. And so, it will fairly rapidly be everywhere. So it doesn't really matter where it starts. It's going to be, within a year or two, everywhere. And that spells an avalanche of chronic illness.

Evan: What do you think are we going to see? I mean now we already see. I've lost count of the cases of autoimmunity, Hashimoto's. It seems like every single client I deal with has some sort of autoimmunity. What do you predict is going to happen once 5G rolls out everywhere?

Dr. Klinghardt: Well, in the last 10 years, the number one cause of death in women has shifted from cancer to neurological disease, so basically through Alzheimer's disease. And 80% of those is Alzheimer's disease. And there has been an increase of 663% in just the last 10 years, women dying from brain-related disorders. And that is directly, linearly related to the exposure to Wi-Fi. And so, by increasing the exposures, which the 5G will bring to us, and also accelerating the speed of the wavelengths—so the 5G is right now broadcasting at 2.4 gigahertz. That's 2.4 billion hertz. And that's going to be

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doubled for the 5G. The faster the wavelengths are, the more information you can put piggyback on it. And so, there is a race for that.

The unfortunate thing is that it is known in biophysics that the body, on its own, is using ranges between 2 billion and 20 billion hertz for the communication systems inside our body. And so the 2.4 gigahertz already has interfered with that. And the 5G, certainly, is absolutely guaranteed, will disrupt many of our internal communication systems in our body, which spells chronic illness, chronic fatigue, insomnia, autism in children. Children don't get a chance to develop normal brains in that environment.

But the full disaster will not be seen for another 10 years or so, when there are no more normal children, when society, as we know it, comes to an end. Fortunately, other countries like Russia and Iran have taken a very, very cautionary approach with this, and basically, are waiting until the US commits suicide. And then, they will be the emerging countries. There's no question. The countries that protect their citizens will be the ones who hold the future in their hands. And that's not the US.

Evan: Right. So, now, we see autism, what? I think the last record I saw was something like one in 50, maybe one in 40 is autistic? So are you thinking this is going to be one in two, one in one, or...?

Dr. Klinghardt: Well, the unofficial numbers are one in 26. And the numbers are doubling every four years now. So it has accelerated. And Stephanie Seneff, the famous MIT researcher, has predicted that by 2032, which is not that far away, that's 14 years from now, all children will be affected. No more normal children.

Evan: So you're from Germany. Now, what's Germany doing? Are they doing things different than the US? Or do you feel like there's hope there? Like would you ever move back to Germany? Or do you feel like you're in the States for good?

Dr. Klinghardt: Technically, Germany has the same status as Puerto Rico and Hawaii. There's no peace agreement between the US and Germany. And so, Germany is not allowed to make its own decisions. So the US is forcing its vaccine program on Germany. It's forcing the same technological issues on Germany that are done here. So there will not be a difference. It's not safe there.

Switzerland, very different. Switzerland is still a free country. And it has taken much more protective steps.

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Evan: So I've done the steps as far as—I've watched so many of your lectures. I feel like I already know you. Everything that you put out, I try to watch you. Turning off the breaker. Putting in some of the Stetzer filters, making sure that there is no increased magnetic field after putting in Stetzer filters. Going all incandescent lighting, no LEDs. No Wi-Fi. Air tube headsets, which who knows if the rubber tube headsets makes a difference or not? Grounding myself as much as I can. Moving to the middle of nowhere, surrounded by forests. Is that enough? Or for me to raise my daughter who's less than two years old now healthfully, will require more extreme measures?

Dr. Klinghardt: No, I think it's enough. I think reasonable is enough. You don't have to be a perfectionist. But reasonable is enough. It's the cumulative exposure, the cumulative effect of all the electromagnetic sources. Even the household currents, the TV, the radio tower, the cell phone tower, the TV towers, it's all that together. And so, the more you can reduce your exposure, the more protected you will be.

And then, of course, there is the internal protection. We know that when people are heavy metal toxic, they are a walking antenna and draw the Wi-Fi into their body. Certain genetic or epigenetic problems that we realize will make people more vulnerable, this largely has to do with the methylation of the DNA. So there are some things you can do internally also to protect yourself.

But the thing that I'm most concerned about is that the—maybe I give it to you in pieces. So in the 1980s, we thought everybody had Candida. And that was the solution to everything. And then in the '90s, we realized, under Candida, were the herpes viruses and the whole hosts of other viruses. And then came Lyme disease. And we realized “Oh my god, yeah, everybody has Lyme disease,” once we knew how to diagnose it.

But in the last two years, we're realizing that that's still not the depth of the bucket. What's at the bottom of the bucket is a group of viruses. They're called human endogenous retroviruses. These are viruses that are embedded in our DNA. We come in with them. But they're silenced. They're silenced largely through two mechanisms. One is called methylation. And the other one is called acetylation. And those mechanisms are destroyed by the exposure to Wi-Fi or the cumulative exposure to the electromagnetic fields. And so, what happens is that these viruses are now replicating in us. And the most well-known retrovirus is HIV.

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And so we referred to the illness that comes out of this as HIV minor or AIDS minor. And visible on the surface are people testing positive for Lyme. They're testing positive for Candida, for many of the molds and fungi that we have. But the real reason is that the immune system is completely dysfunctional as a result of these viruses.

And then depending on—if you go to Ritchie Shoemaker, he will diagnose everybody with mold. If you go to Richard Horowitz, everybody will have a form of Lyme disease. If you go to somebody else, everybody's going to—the medical medium, everybody's going to have Epstein-Barr virus. But the truth is that there's something deeper than that, the retroviruses.

And Judy Mikovits and Frank Ruscetti are the main researchers on that, Marco Ruggiero, who've been my mentors in that. And so, by taming the retroviruses, we actually get control again over Candida, we get control over mycoplasma, we get control over Lyme disease, we get control over the Epstein-Barr and Herpes type 6 and all that.

And so, it's been an exciting journey. But this is all of us being affected by that. So the moment you're exposed to Wi-Fi, you will unleash this dragon on the inside that then when this viruses start replicating, you will have all the symptoms of a chronic viral infection that doesn't instantly kill you like AIDS used to do or HIV does. But it's a slower process. It's a slow kill.

And so, by actually getting control of the Wi-Fi environment, of reducing the toxic burden that people have, we actually are able to get control of the retroviruses again. And then, the Lyme disease, the microplasma, the molds, the Candida, either fall away almost on their own or they become a much lesser issue than like when we needed to do three years of intravenous antibiotics to treat Lyme disease.

When we actually tame these issues, it may be six weeks on an herbal compound that cures the patient.

And that's sort of what we're observing right now. It's a very exciting journey. But also, increasingly more difficult. As you mentioned before, how can we let the entire population know that they're actually being destroyed by the current way Wi-Fi is licensed without any medical trial done to show safe or not safe? We know it's not safe. Actually, all the trials that have been done show it's not safe. But that's licensed everywhere in the US without any medical tests that was ever done to show that it's not causing harm. And so it's violating all principles of medicine, of common sense, "First do no harm." You first destroy whole generations of children and the people in order to then look back and say, "Maybe we shouldn't have done that." But it's going to be a grim situation. And I'm not a pessimist. I'm just a realist.

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Evan: Yeah. I understand. So how old are you, if you don't mind me asking? **Dr. Klinghardt:** I'm 68.

Evan: 68, okay. So even in your lifetime, you're suspecting we're going to see some major changes. We've already seen major changes. I've heard you talk so much about what the United States used to be like in the 80s and how people were much more positive and everything kind of had a different energy to it than it does today.

Dr. Klinghardt: Yeah. The US was a fantastic place to be. It still is a good place. But it's unfortunate in the kind of democracy that we have, that the politicians have become so vulnerable to the influence of money that they cannot govern without watching out over their money from morning to night for the next re-election. And that has made this system so vulnerable, so corrupt, and so wounded. And going into the future in a really dark way, because there's no political will to change any of this. There's no political will to look at the signs that's available. There's no political will to translate the signs into policy to protect people.

There are so many simple options that we know of that could—we're not suggesting that people should not have Wi-Fi. But people should have a choice, whether their home, inside their walls, get blasted or not. There were so many safer technologies available. But there was no political will to use a safe alternatives.

Evan: So, basically, the situation that I'm in now, I'm home most of the week. I work from home. I see all of my clients via Skype and phone. So my risk is small enough where I don't have any neighbor close enough to even pick up Wi-Fi. I only have, maybe, one or two cell phone towers within many, many miles where people in Manhattan will have 1,600 towers.

Let's just say five days a week, if I'm in a pretty low EMF environment, if I go to Whole Foods on the weekend and I'm getting blasted with Whole Foods' Wi-Fi

and the Starbucks' Wi-Fi next door, I probably won't experience too much, you're saying, because my cumulative exposure during the week is so low? The weekend, I can probably handle a day in the city.

Dr. Klinghardt: Exactly. But be aware that you're living a very privileged situation, sort of. And if everybody goes crazy and everybody becomes a mass murderer, then you won't be safe either. The damage will come to you in other ways or your own children. When there's a school shooting where the children go to school, you won't be able to protect them there if the rest of the world is going nuts. And so that's sort of pretty much what we're up against, sort of

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there will not be a safe world surrounding you. You can create your island for a while. But that won't protect you, ultimately.

Evan: Agreed, agreed. So what about the mental health aspect? I mean I know that we talk so much about autoimmune disease. You talked so much about autoimmune disease. With these retroviruses and other things we're up against, are we going to see changes in mental health too, like anxiety, depression? You're mentioning like murders. Are we going to notice more rage? Or what are we going to see do you think?

Dr. Klinghardt: Yeah. Well, the leading number one diagnosis in the US right now is chronic anxiety. And that is clearly linked to what we're talking about. Yes, glyphosate is involved. Some toxins are involved. But the main one, the main driver of anxiety is the Wi-Fi environment.

How do we know that? Well, when we have people shut it off and protect the home, it takes usually six to eight weeks and the anxiety is gone. It's a much more attractive therapy than putting people on valium-like compounds.

Evan: It's just crazy, the benzodiazepines. These people get on these drugs, the lorazepam and such, and they just can't get off of them. They're stuck on it forever.

Dr. Klinghardt: Yeah. Absolutely. Of course, it's a business on the surface. But even in the pharmaceutical industry, nobody is interested in having a sick population. That is not true. And by the way, I think it's important for the listener to know that, today, the cell phone industry, the telecommunications industry, financially, is six times bigger than all the combined pharmaceutical industry. And that is the reason why no politician can even propose a change in the law or propose an investigation without approval by representatives of the Wi-Fi promoting industry.

And so we're sort of screwed in that way. We need a different political system. Some of us have hoped, when Trump comes into office, that he may not be financially as dependent on securing his future. Now, I'm not so sure that happened in that way. I'm not so sure.

Evan: You want to know something interesting? I've got a friend who lives in Los Angeles. He told me, right after Trump got elected, that the spraying of the chemtrails in Los Angeles stopped for about three weeks. He said that he had seen the most blue sky ever since he moved to Los Angeles in 1997. And then, three weeks after he got elected, the spraying resumed. Did you notice anything like that in Washington?

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Dr. Klinghardt: Absolutely, absolutely. And it has lightened up the program, but only in the US. It worsened in Europe. How's that for a taste?

Evan: That's crazy. See, I've tried to use really high-powered binoculars. I've never been able to see any markings, any planes. They always fly so high compared to a commercial airliner, that you just can't even see what it is to try to see what kind of plane is it.

Dr. Klinghardt: You know that big air tankers? Maybe our friends at Boeing actually equipped them at the tanks to do the spraying, so high-flying tankers. They're another mile above the commercial airlines.

Evan: So I collected some snow, a snow sample. Because in December, here in Kentucky where I am, we saw five or six inches worth of snow come in December right after an entire day of spraying. So I collected a snow sample. And I was going to send it off to get a water testing. But I couldn't find any good enough company for water testing to try to test and see if the barium and the aluminum and strontium and all the things are actually in there or not. So do you think it would show a positive if I tested some snow?

Dr. Klinghardt: Well, it depends on the lab. We're talking about nano particles. And it needs a special lab that specializes in nano particles to detect them. It's a very different technology from just your regular lead in the drinking water.

Evan: Right. Do you have any companies that you could recommend for watertesting or melted snow testing?

Dr. Klinghardt: Not in the US. It's very difficult. **Evan:** Okay, okay.

Dr. Klinghardt: And many of the labs that we used to work with got threatening letters from the government agency overseeing the labs. Sort of that to stay away from testing aluminum nanoparticles and titanium nanoparticles. So how's that for a taste?

Evan: I know. Well, I heard an interview—and actually, it wasn't an interview. It was a lady who called NASA. And she recorded the line. And basically, the NASA engineer was talking about the chemtrail program. But people still say that this is a conspiracy, even like meteorologist. Do you know how many meteorologists? They've laughed at me when I ask them.

Especially if I call it geoengineering, they give me a little bit more respect. But if I ask them about chemtrails, and I used the word "chemtrail," they kind of

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just laugh at my face. It's like will we ever see the tide turn or admittance of this? Or do you think it's going to be just a continuous cover-up?

Dr. Klinghardt: Yeah. I mean, first of all, there's been a huge amount of money spent in the line of fake news to indoctrinate anyone peripherally involved with weather or air quality. People have been shamed for actually reporting on it. People have lost their jobs.

And so in the more intelligent community, there is a fear about talking about it. And in the less educated part of the community, they have given in to the ridicule and the shaming techniques that have been used to silence them. So this is an old technique, the same technique that Adolf Hitler used to use to squash the Resistance. The same technique's been used in all dictatorial countries. It's just a surprise that it's used in the US as well.

Evan: Wow. Now, let me ask you a good question that I've had in my mind. And I've thought, Dr. Klinghardt's probably the only guy I could ask this and get a pretty good answer from. So I just moved, like I told you, out of the city into a pretty rural area. Since I'm out of the city, they reroute the planes at night time. So UPS, one of the big major hubs, is in Kentucky. So from 10 p.m. to 7 a.m., every night, they reroute all the planes away from the city and right over my house. And they have been pretty low, like 8,000 feet elevation. So if I've got an organic garden, at an 8,000 feet elevation, if there's maybe 20—now, they're not spraying. They're just UPS planes coming in to land. Is that something to be concerned about where I would want to try to cover up the garden at night time to protect? Or do you think at 8,000 feet elevation, the dispersal would be pretty wide?

Dr. Klinghardt: I think you're probably safe. In fact, if they're right over you, you're safe. Because there's always some wind, going this way or that way, moving the fallout somewhere else.

But you have to know that the airplane fuel used called Jet 1 is leaded. It's fully leaded. And so, even if there's no chemtrails spraying going on, no persistent chemtrails, you'll still get the lead and the benzene residues, which could settle on your fields. And lead pretty much goes straight down because it's not a light metal. It doesn't float. So I would dare to say that, probably, your field has a good amount of lead. A little of lead may be okay. But there's a certain threshold in which eventually have the soil tested, grass tested that grows.

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Whatever grows, have it tested. If you have pine trees, pine trees are great. They concentrate the toxins that are in the soil in the needles. And so, that's an easier one to test. You just send the needles.

Evan: Yeah. I just planted some. So, maybe, if I can find some established pine trees, I could test those better. That's a good idea,

I wanted to ask you, and I know it depends. And you're continually evolving your medicine. But what are the biggest pie pieces of someone's health protocol? Like when a patient comes in to see you, obviously, we're addressing the Wi-Fi. We're addressing the EMF components. What are the other big pieces? Like do you still focus so much on the Lyme, the other bacteria, the parasites, the Candida? Or is that becoming a less big part of the health puzzle than the wireless piece?

Dr. Klinghardt: To start with, it's always the environment that the patient lives in. So it's toxins in the home, the paint, the plastics, outgassing of carpets, the mold in the homes.

Thanks to Ritchie Shoemaker, there is a huge number of the population are being mold educated. And then, of course, there is the interpersonal environment. People, like the relationship life that people have. There are allergies. If you have a cat and you're allergic to cats, there's nothing we can do for you. There's the food. There's the diet. Are the people eating food that's compatible with their system. So we're looking at that. It has to come first.

But then, with the increasingly sick population, some statistics show that in the last 20 years, the health span decreased by 20 years. The health span is the number of years that we have before we get chronically ill. And in the last 20 years, that lessened by 20 years. And it's increasingly shortening. So in a few years, the health span is going to be, maybe, five or six years. So it means, by the time we're five or six years old and we go to school, you're chronically ill. That's sort of where we're very rapidly heading.

So the big things for us in the office are pretty straightforward. We look at the toxin accumulation in the person. Aluminum, definitely, is number one. Everybody is aluminum toxic. And to get that reduced in the system is probably the single most important urgent issue. The other one is glyphosate and atrazine. The majority used herbicides, to get that down.

So any medical treatment, for me, has to start with cleaning the terrain to have a reasonably functional system to work with. And then, the next thing is to clean up the infections. And just to give you some numbers that we've got from Zach Bush, there is over 40,000 human pathogenic species of bacteria,

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like Lyme disease, Strep, Staph stuff. There are over 300,000 parasites, different species of parasites, like giardia, amoebas, and tapeworms, and so over 300,000 of those.

And when we get to mold—and that's what I was excited to talk to you about mold or Candida—there's over five million known species of molds that are affecting our health, over five million.

But for us, the biggie in all this is, okay, how are we going to treat five million molds? You have to have broad-based strategies to treat people. And for us, all this

starts when we deal with the infections to attend to the retroviruses and to get the body's own controls back over all these other things. And then, we treat Lyme and molds and Candida and Epstein-Barr in milder ways. It doesn't take a huge onslaught of armamentariums and intravenous therapies and all the things that people do. It becomes a pretty benign process then to get people back on track.

Evan: Good. I think what you're saying is that, basically—to kind of restate it in a different way, just to confirm—the other pieces of the puzzle, the Wi-Fi, the environment, the diet, things like that that are in the system, you got to fix those first. If you just go straight to Candida, you're just going to fail. If you're trying to throw in monolaurin and Lauricidin and all these other products, many practitioners have come on to the summit and recommended olive leaf and oregano oil and berberines, which I think were great.

But just like I said, I learned so much from you and try to implement, as much as I can, learning from you with my clients. If I just went after the Candida, it seems like it wouldn't work. I haven't tried it. But I don't want to. I don't want a limited approach. Would you say that to the practitioners that that's all they do is Candida, Candida, kill, kill, kill, that they're not going to succeed?

Dr. Klinghardt: Well, the literature is pretty clear that Candida is able to hold in its cell wall a multiple of its own body weight, in terms of lead, cadmium, mercury, and all of that. And there are plenty of papers that show in the body, Candida becomes systemic, which is the candidemia, it's called, or fungemia that didn't exist until the 1990s.

So in the 1990s, with the emergence of AIDS and HIV, Candida started to become systemic. And of course, there are different kinds of Candida. There is Candida tropicalis, Candida krusei, Candida glabrata, and so on and so forth. There's many different sub species.

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And in the '80s and early '90s, many of them became completely resistant to the diflucan and to some of the medical drugs. And that's, of the course, when the alternative Candida treatments exploded. But my treatment for Candida has always been, "Well, let's first take the mercury out of the equation, and let's take the lead out of the equation." And then, Candida usually withdraws back in the gut, becomes again a symbiotic part of the flora. Actually, talking to our immune system in ways that are very important and very helpful. It's not the enemy.

Candida becomes systemic when the conditions are forcing it to become endemic. I think you're probably aware. Like I've worked with a Swiss fungal researcher. And we had a mold culture. And exposed one mold culture to the Wi-Fi instrument that was there, one of the early Wi-Fi routers. And the other same mold culture, we split it in half, was protected by one of the things you put over cheese that had a wire mesh over it. And this researcher, when he was alive—unfortunately, he died

a few years ago—was able to measure the amount of biotoxins produced per hour by the Candida that was grown there; and also the virulence. That means the toxicity of the biotoxins created.

And the numbers were just shocking. The unprotected mold was producing 600 times more biotoxins per hour than the protected one. Meaning, when you translate that, the reason why Candida and other molds become pathogenic is because when you expose them to Wi-Fi, they suffer as much as we do. And they think that you are attacking them. And therefore, they're mounting their defenses to shoot back, to let you know this is not okay with them.

And so, you could then either try and kill the Candida, which is one way to reduce the amount, which will never succeed on the long run. But on the short run, you may make some gains. Or you change the environment for the patient and the Candida. In simply turning off the Wi-Fi at night, for example. It's a much easier and less expensive treatment for Candida.

And the Candida that was, today, highly virulent, highly pathogenic becomes a peaceful member of your microbiome tomorrow if you change the conditions. And we know that glyphosate and the food chain are big factors also to drive the pathogenicity of these box. But the big one is the Wi-Fi.

Evan: That's great. With the glyphosate, I got my levels tested through Great Plains. I did their GPL-TOX panel too and looked at the gasoline additives like the methylbenzene or ethylbenzene. It was the MTBE and ETBE, the things they add into the gasoline when they remove lead. It's like, "Oh, gas is unleaded." And it's like, "Well, they added something equally toxic to it." So my levels were off the charts. So what I started doing was doing infrared sauna.

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But here's something that's crazy. And I want to try to get your take on this, figure out what I'm doing wrong or what I can improve upon is, when I get in the infrared sauna—I talked with Dr. Mercola about it—he said, "Don't go too hot. Go like 120 degrees infrared, far infrared." And I did 20 minutes at 120 degrees. I did some electrolytes. I did some adrenal adaptogenic herbs, things like that, some liver support. But when I got out, my heart is racing for 12 hours and I can't sleep. What can be going on there?

Dr. Klinghardt: Well, you're definitely mobilizing something that's not good for you. But the only way out is the way through. So I would load you up with chlorella from BioPure before you go into the sauna. Well, it takes you a couple of hours for the gut to [inaudible] balance. So for a few days, you should high dose of chlorella. And then go into the sauna. And then it should be a very different experience.

Evan: I think it was Ann Louise Gittleman, told me, “Your chlorella is like a test tube chlorella, which you want.” Because she said, “You should not trust chlorella from basically any source now.” Is that right?

Dr. Klinghardt: Yeah. There is grade 1, 2, 3 and 4; 4 is the worst and 1 is the best. And there are only one or two products in the market of grade 1. And so, that’s what I use. BioPure has that.

Evan: That’s amazing. What other products in your BioPure line should I or the listeners be considering if they’re on this journey of working on metals and yeast and fungus, parasites? What other things would you say are foundational?

Dr. Klinghardt: Well, for extracting glyphosate out of the microbiome in the gut, it’s a peat extract that’s called matrix minerals. And that’s been shown in research that actually extracts, from your microbes in the gut, it extracts the glyphosate from them so they become functional again. Because glyphosate destroys the shikimate pathway. It’s a biochemical chain of events that the microbes have. And glyphosate totally destroys that.

And so, it was almost saying, well, we don’t have that pathway and, therefore, glyphosate is safe for us. But it turns out that the microbes in our gut are the most important single ingredient of our immune system. And by destroying that, we see what the messes that we have created. And so, the matrix minerals extract that from the microbes in the gut.

Some people don’t tolerate chlorella. And then, we give them Ecklonia cava. Ecklonia cava is a brown algae from the ocean that has similar toxin-binding capacity as chlorella does.

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Evan: How would you know if you don’t tolerate chlorella? Would that be like headaches or heart palpitations or what would you notice?

Dr. Klinghardt: No, most people complain, when they don’t tolerate, of constipation.

Evan: Okay. So that would be it. If you got constipation, you could think, “Okay, chlorella is not for me.” Or could you maybe add in some magnesium or something to help flush the bowels?

Dr. Klinghardt: Yeah. Most likely, the constipation is caused by something that the chlorella actually mobilizes. And so, rather than stopping, to then actually increase the dose of chlorella and combining it with things that keep the bowel movement forward, which is different for everybody.

Magnesium is always safe, magnesium oxide. But there are so many other ways that will make the bowel move. And so, we always try that first. And only if that fails, then we go to Ecklonia Cava.

Evan: What product is that one called? It’s just called, the Ecklonia Cava? I see. Is it the PC version? It says, PC Ecklonia Cava.

Dr. Klinghardt: Yeah.

Evan: Okay. How would I decide? Like let's say that I want to get back to the sauna. Like I said, I did it out, basically, 1 p.m. in the afternoon. And at 1 a.m., I'm laying on the couch, and my heart's still racing like, "Oh, my gosh, am I ever going to sleep tonight?" Does chlorella, across the board, pull out many of the things that I could be releasing? Or should I be looking at something like your cilantro or the Metal Sweep products? Like how would I decide or build a full—

Dr. Klinghardt: No. I think our experience is that chlorella covers it all. You just have to take enough of it. Sometimes, people that has to move to really deep-seated toxic situation, and we have to take like 120 or 140 tablets a day for a few days. And then tinker with it and taper it down to maybe, whatever, 10 tablets twice a day.

But in the acute situations, when you have a backlog of 20 or 30 years of toxic stuff and you suddenly break the dam on that, you need a large amount. Basically, the instruction, you take enough chlorella so your poop is green. Then we know you've covered your whole gut with it. And people would feel fantastic usually.

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Evan: So you've got different types. I've seen you've got like—and I may mess up the pronunciation, so I apologize, you've got the *Chlorella pyrenoidosa*?

Dr. Klinghardt: Yeah, *pyrenoidosa* and *vulgaris*. *Pyrenoidosa* is the stronger toxin binder. And *vulgaris* is a little bit easier on the gut. It's basically a multivitamin. It's a natural multivitamin. They're very similar. But they're 10% different. So the *pyrenoidosa* is 10% to 15% better in binding with toxic crap. But it's a bit harder to digest. And the *vulgaris* has a thinner cell wall and is a little easier for the body to make the ingredients available as a nutrient for food. But it's not as good at binding toxins. So we always start with *pyrenoidosa*.

Evan: Okay. People talk about broken cell wall chlorella, non-broken cell wall—does that make a difference in this example?

Dr. Klinghardt: No. All chlorella for human consumption is broken cell wall chlorella. Chlorella has a dual membrane around it and the outer membrane is hard like glass and completely indigestible. And it needs to be broken. There are different ways of doing that. It's either mechanically with a thumper or through ultrasound, by vibrating it. I'm afraid, probably, there are some types of chlorella out there where it's solvent broken, which we do not recommend.

Evan: So what would you recommend starting out? Like if you're doing sauna therapy. Like, I want to get back into sauna, how many tablets would you recommend starting with?

Dr. Klinghardt: Well, with the experience that you've had, it takes 24 hours from the mouth to the poop. So I would 24 hours before you get into the next sauna, start maybe with 20 tablets or 25 tablets, three times a day every eight hours. So you

have at least three or four doses in. And then, go back in the sauna and see what happens.

Evan: Wow. And then, what about after? Any type of like a post-sauna protocol that you would implement?

Dr. Klinghardt: Yeah. The most important post-sauna protocol is the cold plunge. You should never do a sauna without cold water afterwards. All the sauna research that shows this beautiful detox effects was always done, you get in the sauna, you sweat, you go under the cold shower or cold plunge afterwards. That is what makes it safe. Otherwise, we will have all sorts of circulatory problems afterwards or fevers or feeling the—

Evan: Really? If they don't do the cold afterwards.

Dr. Klinghardt: Yeah.

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Evan: That's amazing. Now, do you feel like it's because—

Dr. Klinghardt: In the rest of the world, this is known. The US is the only country that has misunderstood the sauna therapy. The sauna therapies go nice in this nice, warm, sweaty kind of thing. It's a pleasant thing. And then you go out and have a warm shower, and you watch TV.

No. The first part is the sauna. But, absolutely, obligatory, other part is the cold water. That resets your whole circulation and the detox system and the hormones system and the immune system. That is a huge important part of sauna therapy.

Evan: Makes sense. Some people argue that you need to wear cotton clothes the whole time so that you can be absorbing the sweat the whole time or wiping yourself with the towel the whole time. Do you worry about the details like that? Or if you're naked in the sauna, you're fine?

Dr. Klinghardt: You're fine if you're naked in the sauna if you, afterwards go under a cold shower. The only idea is, when you do cold shower, the pores of your skin close. And you do not reabsorb the stuff that you just sweated out. But if you go under a warm shower, the pores stay open and some of the stuff that you sweated out and put so much effort, it gets reabsorbed. That's one of the reasons for the cold water.

Evan: How simple. But everybody messes that part up, for sure. I would agree.

Dr. Klinghardt: I know. That part is unpleasant.

Evan: What about adrenal support? How do you feel about adaptogenic herbs or supporting the adrenals when you're focusing on detoxification or working on the Candida, the metals, all of this whole thing?

Dr. Klinghardt: So, the easiest one to know from a person or patient, to find out are you fatigued? Are you crashing in the afternoon? Are you crashing in the morning? Are you feeling pretty good? Because the main adrenal symptom is a deep level of exhaustion. And so, when you have that, we put people on support.

The FDA closed down all the channels to get a proper full adrenal. So as a medical doctor, I went back to use low-dose cortisol therapy like Jonathan Wright taught us how to do that. I'm not particularly impressed with any of the natural things currently that are on the market. And Cortef, the low-dose cortisol, is very inexpensive. Even if people don't have insurance, it's less

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expensive than the natural things that don't work. And so, we use that. But only for the crashes.

We all have adrenals. And we only need to support them if they're over burdened and so on. But that's the easiest one to tell. When you go through your day and then you have a big crash and then you can try out the adrenal support. And if that fixes it, you'll know that's what it was. We can do the saliva test for people that want to be more technical with it.

Evan: Yeah. So, personally, you're not staying on any type of adaptogens? You're not doing like ashwagandha, rhodiola? You're not staying on herbs just for like a daily preventive adrenal maintenance?

Dr. Klinghardt: No. As a man, I take ashwaganda every night because it's also good for my sex drive and for testosterone, and it's great for the sleep.

Evan: How much do you take?

Dr. Klinghardt: Ashwagandha? I take four capsules of the Ayush Herbs.

There's a local company here that has organic ashwagandha that's very good.

Evan: Yeah. I like Ayush. I use their AP Mag formula a lot for parasites. It's worked really good for like Blasto and Entamoeba parasites. I think there's, is it maybe 500 milligrams per capsule? I'd have to look it up. You probably take it around a gram or two.

Dr. Klinghardt: Yeah.

Evan: Any other foundational supplements that you're doing? Anything that's in your daily toolbox?

Dr. Klinghardt: Yeah. Well, I think the most important thing for us, are the things against the retroviruses, and the leading thing are broccoli sprouts. Freeze-dried broccoli sprouts because it prevents cancer. It's a treatment for autism. It's a fantastic retroviral drug. We individualize every test every patient on a variety of things. And then establish a program according to that. But one of the crucial things for us is always to cover the retroviruses first and the detox items.

So there are very few people that we have that don't take chlorella for detoxing.

There are a very few people that don't have the basic set of antiretroviral agents.

Scutellaria is one of the herbs. Broccoli sprouts are fantastic for that. And there are a few other things. So there will be tests through and put people on it. And it's fantastic.

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Evan: The Scutellaria, is that the Chinese skullcap?

Dr. Klinghardt: Yeah. It's a particular extract from it.

Evan: Okay. Do you at BioPure have a particular type of that that you sell?

Dr. Klinghardt: Yeah. It's a baicalin extract of Scutellaria root from particular mountain region in the height—it has to be about 2,000 meters up from the ground where that's grown to have the proper ingredients. And that's the one.

Evan: And what is that called? I'm on your store now. I just want to make sure I'm looking at the right one. It's in the immune category?

Dr. Klinghardt: Yeah. I don't know. I think we get it from BioPure, but I don't think it's even on the list yet. It's been a while.

Evan: Okay. So maybe you can't buy it—

Dr. Klinghardt: The wheels are turning very slow at BioPure. They have very high quality, but the wheels—they have trouble securing enough for the general public, because it needs to be the high quality stuff. And so we're getting it. And they will. I know from Joe, who runs the company, that they found a source that's reliable, trusted, organic, grown at the right altitude, harvested the right way.

Evan: Perfect. So we'll just check back then in a few months. Maybe you guys will have it on the site.

Dr. Klinghardt: Yeah, yeah. Definitely.

Evan: That's great. Well, thanks so much for your time. I know we got to wrap this thing up. I had so much fun. I'm sure we can go for hours. Any last words of wisdom for people that you'd want to leave them with?

Dr. Klinghardt: Yeah. I think the main thing people need to know, first of all, most people that are chronically ill feel like they failed, and feel like it's them, and have a sense of guilt underneath that, but also a sense of loneliness with it. And because I'm lecturing in Australia, England, Germany, Switzerland, or so, I know it's the whole Western world, right now, going down like a sinking ship. And so, I think it's important for people to know that the things that we discussed here, that's relevant to everybody.

I do have a teaching institute in Europe, Klinghardt Institute, where we try to make all these exact knowledge available to everybody without having to pay

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any money. And it's still very, very easy to stay healthy. It's just you need to know who the enemy is and what you have to defend against.

And there is intentionally seeded a lot of misinformation out there. So nobody will tell you about the retroviruses. Nobody will tell you about the persistent chemtrails and the aluminum that we're inhaling. So the main toxin is aluminum and glyphosate and fluoride. Those three together.

And the main bug that we're all dealing with is the human endogenous retroviruses. It is not the Lyme and the Candida and the molds and stuff. These things are all opportunistic, secondary to the retroviruses.

And if you understand that it's toxins and the Wi-Fi that have unleashed this monster in us, the retroviruses, that we need to detox, we need to get control of the Wi-Fi, and we need to treat the retroviruses. And then there's a beautiful life ahead, where we can be confident and trusting in our health.

I wasn't always healthy. I'd struggled with this also, because the causes of what we're facing are invisible and insidious. And they're hidden from us, intentionally. And so, fortunately, I have a technique, with ART. I use a form of muscle testing that has allowed us to go deeper into the system.

By the way, there's an article out now that shows the validity and reliability of our method of ART testing in a peer-reviewed journal. So that was a big joy for me when it came out.

But it's not that difficult. And we don't have to be perfect with our diet. We don't have to be perfect with our exercising. There are so many misdirections that people are directed to right now. Just be careful in doing everything in reason. But what you should not be doing and reason is the treatment of the retroviruses and the prevention of the electrosmog. That's where we should be unreasonable.

Everything else is overrated right now, the ketogenic diet, the South Beach Diet. My friend, Joe Mercola's exercise program is fantastic. But you have to be a rich person that doesn't have to work in order to do his daily exercise routine. I can't afford it. I have to actually get up in the morning, have breakfast, and go to work. And then, when I go home at night, I'm tired. I'm not in the mood of exercising. I do walk, but I can't exercise. And so I think, we need to be reasonable with where our lives are at, what we can afford, how many health-related things can we do. But what we cannot compromise, you have to shut off the Wi-Fi whenever you can. You have to wear protective clothing. You have to use a cell phone that

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you do with the air tubes or with the loudspeaker. You have to seek out Wi-Fi free environments. If somebody installs smart meters on your home, you will become neurologically ill and compromised. You'll stop sleeping, and you'll get ill.

And so, you have to fight those battles. Everybody who listens to this, you have to become socially active in the community to fight for your right, to stay healthy.

And that is, right now, under threat, because like—the place where my office is, Woodinville outside Seattle, is the first community in the whole union where the city council has decided, there's no opt-out solution for the smart meters.

And so, the people in the city councils are bought by the industry. They get their paychecks under the table or over the table. And so really the only way out is for

people to educate themselves. But really, it's not that difficult. We still have a beautiful planet.

Maybe just one more number that may contradict what I just said. It's just published that in the last 10 or 15 years, 80% of the insects have disappeared. 8-0 have disappeared. And with that, 70% of the songbirds. And the [inaudible] is rapidly declining.

And so, it's not an "I'm not a paranoid" kind of thing. But our boat is in flames. Our ship is sinking. And it takes all hands on deck. And the few things I shared with you are reasonable, simple things to survive this time, until there is a turnaround, which there will be. I always believed in the American ingenuity.

And right now, out of 30 countries surveyed for child mortality, US comes in last, worst. And so, there is some objective measurements that we are leading the rest of the troops into disaster. And we need to turn around and go on a different direction. And I know we will.

We have an interesting government right now, where it's not so sure yet which way that is going. I was hoping that Mr. Trump finally finds some time to actually govern rather than fighting all these battles. But it doesn't look that way right now. That's what I only want to say for today. Evan, It was great meeting you. **Evan:** Thank you.

Dr. Klinghardt: Yeah.

Evan: Thank you so much. Well, we'll chat again.

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Dr. Klinghardt: Thanks for what you're doing.

Evan: Yeah. Well, thanks for your time, your expertise. It's definitely a blast. And hopefully, we'll be in touch later this year. You take good care of yourself. And we wish you the best.

Dr. Klinghardt: Thanks, Evan. **Evan:** Thank you.

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