



HEALING FROM LYME
DISEASE AND CHRONIC ILLNESS
NATURALLY SUMMIT

Understanding The 3 Phases of Lyme

**Dr. Robby Besner PSc.D. interviewing
Dr. Kevin Connors**



Robby Besner PSc.D.

Everybody welcome back to another amazing interview. And today we have the guests of guests. It's someone that I've known for many years. We've stayed loosely in contact, and we have relationships that have drawn us back together over time. But the work that he's doing is incredible and timeless, he's really a pioneer, one of the early guys out there in the Lyme area and also in cancer research and cancer development with both original protocols, original ways to look at things. Dr. Kevin Connors, welcome to the Healing from Lyme Summit Naturally and other Chronic Ailments. Thank you for joining us today.

Kevin Connors, D.PSc., FICT, FAARFM

Absolutely, it's a pleasure.

Robby Besner PSc.D.

So let's just start Dr. Connors and just, we'll sort of do a little backdrop. Can you spend a few minutes with us and give us a feel for how you even, you know, how you got interested in Lyme disease and walk us a little forward as to the kinds of things that you're doing, like where you are today? So a little backdrop and then move us forward.

Kevin Connors, D.PSc., FICT, FAARFM

Well, I got interested in taking care of patients when I was in high school, when I was helped by a chiropractor that did kinesiology and acupuncture. So I was enthralled with that and I just knew that that was what I was supposed to do. This was just a calling of mine. So I went through chiropractic school in the early '80s, realized that chiropractic school really didn't teach kinesiology and acupuncture, so I had to go to a lot of seminars. But back in those days, they were free to students, many of them were, so I was gone a lot of weekends going to a lot of seminars, studied as much as I could. So when I graduated, really, I practiced what would be



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termed now functional medicine, we didn't have that term back then. And saw a lot of, you know, chronic fatigue, adrenal patients, thyroid patients, some, you know, structural things as well, but more so on the functional medicine realm. I got involved with dealing with Lyme disease when my daughter contracted Lyme disease, and that was really my first introduction to that. She, by the time we discovered it, was already in a chronic phase. At that time, I was working with an herbologists where we were living, we came up with a protocol for her and it really helped, it really fixed her chronic Lyme. So she still gets some flares even to this day, maybe once every few years will call me and say, "Hey, what am I supposed to do for this again?" And I come up with a protocol and we deal with it. But that was how I started with chronic Lyme, was just dealing with it personally. I contracted Lyme three times since that time, was able to catch it in the early phase one stage and treat it with antibiotics, and don't really think I have any issues or very little issue with it since then.

And then my dealing and how I got into cancer was a cancer patient came to me, one of my patients came to me and said, "I have breast cancer in both breasts, "and they gave me three months to live." And that's how I got started with using Rife technology with cancer, and then eventually with Lyme as well. That patient lived another 13 years not doing chemo or radiation. So that really started my journey, I got out of chiropractic a dozen or so years ago, just practice functional medicine. Our practice currently sees mainly cancer patients. We do have some Lyme patients that we accept and some other chronic illness, autoimmune patients. A lot of people are attracted to my books, and we'll talk later about that, I'm sure. But all our books, all my books I've written are all free downloads on our website. We really, really believe that our practice is a ministry, that this is a calling that we're involved in. And so we try to give away as much information for free. We know that we can't take care of everybody and not everybody can afford care, and so we, you know, everything's a free download, all our videos are free, and our website is pretty robust.

Robby Besner PSc.D.

Wow, how original is that in the world when everybody wants to charge you for something, and certainly the Lyme patients tuning in today, my God, like I didn't realize that we both shared a common denominator, our daughters both contracting Lyme. Actually have a little bit going on in my system right now, myself. So going back and forth three times, treating yourself is, you know, understanding that gives you a much deeper level of a viewpoint about, you know, how



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it's affected you personally, not just from a family point of view, but certainly your own person. And so that's the kinds of insights that people listening want to know about because oftentimes you get Lyme literate doctor that's got good book knowledge, but he doesn't really have the personal insights from their own experiences, you know. Just looking over some of your work history, I should have probably said that in the beginning, I can't believe the amount of certifications that you have in the various different areas, and that's super impressive. Because having different skillsets gives you a hell of a lot more tools to bring to the table when you, as the clinician, as a practitioner, can take a look at the way that a patient is presenting themselves and understanding how to unravel or create or bring in the proper protocols at the right time. And, you know, I don't know if you've seen it, but we've seen it in clinic that oftentimes the order that you do a certain protocol in and the way that you dose that protocol can make all the difference between it being just a moderate or okay, mediocre result or an optimal result, right.

Kevin Connors, D.PSc., FICT, FAARFM

Well, I would agree, and to touch on that, that is even more important, that order that you do things when you're dealing with a chronic biotoxin like Lyme and its co-infections because what I have seen over the years is people will go into a kill protocol of some sort prior to really looking at that their liver detox pathways. 'Cause as you know, if you're gonna start killing gram-negative bacteria and or the co-infections that go along with Lyme you're gonna generate a lot of endotoxins. And those have to be detoxed through your detox pathways. And if your phase one, two, three pathway in your liver, or I really talk about the seven phases of detox, that's a free download my book on "Seven Phases of Detox" right now. So if those are backed up, you're just gonna make yourself sicker. And that's what we refer to, that's what we really define as a Herxheimer reaction. But you see that all the time when people think, "Well, I'm just gonna go through it 'because I've got to get better,'" so they keep taking kills things and can make themselves sicker. So knowing how to unravel that, I'm not saying that I have all the answers or it's something a person can discern themselves and unravel themselves, and we try to give people the tools to do that. But doing it in the correct order is really important.

Robby Besner PSc.D.

Well, that's amazing. You know, I'm glad that you brought it back, or brought me to that point because I'm a huge champion of, at least approaching caring for a Lyme patient from making sure that their detox pathways are opened up and cleared beforehand and it kind of drives me a



little bit crazy, I have to be honest about this, because oftentimes Lyme doctors and treatment will say to the patient, "Now I'm gonna give you this protocol, "there's gonna be die off and you're gonna feel worse "before you feel better." And that's the Herxheimer reaction that you're referencing. And it comes in extremes because you could have a very toxic environment or a patient that's presenting, that's very toxic, now you just do a little bit of a protocol and boom, they're like in bed for a week or two. I believe that all of that can be avoided simply by approaching the treatment plan by making sure that the detox pathways, the liver, that they're pooping, that they're sweating, like the simple detox pathways are opened so that you're not creating a bigger problem than what already exists. And I think it's kind of lazy of a Lyme doctor to say, "You're going to feel like crap," pardon my French, "before you feel better." It's just an excuse not spend a little bit more careful time with that patient to explain that dynamic and allow them the time, especially with chronic patients that have had symptoms for more than a year, right, to actually make sure that they're detoxing beforehand. So I love the fact that you brought that to light so early in our discussion today. So that's helpful hint number one from Dr. Conners. Open up those detox pathways, I think that's way, way important information for people to know.

Kevin Conners, D.PSc., FICT, FAARFM

Well, do wanna chat on the detox pathways for a second?

Robby Besner PSc.D.

Why not, let's go there.

Kevin Conners, D.PSc., FICT, FAARFM

When anybody who says, what are the phases of detoxification? You know, a person might say, "Well, there's phase one and phase two, "and they're talking about liver pathways." So I've kind of coined the term, "The seven phases of detox," meaning that that's not all that we're dealing with. So if you really, you have to start with what I call phase six, phase six is what you mentioned, you have to be eliminating. So if a person is, "Well, yeah, I'm eliminating just fine, "I go once every three days," talking about having a bowel movement, you are constipated, quite severely, so you have to be eliminating, that's number one. And I go into detail of how you would define proper elimination in my book. But that's what I call phase six. Phase five has to do with binding toxins in the gut. So when your liver does its job and dumps poisons into the gut, what could happen with



people with leaky gut syndrome, with a slow, slow elimination, is that they'll just reabsorb those in the gut. So your liver did all this work to get it out in through the bile, in through the gallbladder into the small intestine, now it goes into the small intestine and in the larger intestine and because of your slow elimination, you're just reabsorbing that, or because of your leaky gut, you're reabsorbing that. You're just making yourself sicker and you're, you know, just think of it as a cartoon, here's this poison that your liver got rid of and now it's circulating back in the blood again, and your liver is like, "What the hell are you doing here again?" And so that's happening a lot of times. So healing the gut, making sure that phase six is open, that you're eliminated. And then phase five is binding, using different binders to bind stuff in the gut so that you won't reabsorb it. And then phase four has to do with the health of your gallbladder and the flow of that bile, because your liver takes poisons from the blood, goes through phase one, phase two, phase three binds it to bile, binds these toxins to bile, and it goes into the bile and then through the bile duct into the gallbladder and then out into the small intestine. So the flow of bile is really important, I call that phase four. And then phase one, two, three, go on in the liver and really how you assess the health of a person's phase, one, two, three is really looking at their genetics. We won't go into detail right now, but that has to do with your cytochrome P450 you PON1 pathways and your other genetic pathways in that process.

And then phase zero, what I call, that equals the seven phases is either if you're dealing with a biotoxin then you work on killing something. If you're dealing with a heavy metal toxicity, then you work on chelating something. If you jump into well, you know, "Mrs. Johnson, you have Lyme disease, "so we're gonna give you this herbal, Lyme killer "that's gonna kill Lyme and you haven't address phase one, two, three, four, five, six, you could very well make that person more ill. Or you have heavy metal toxicity and we're gonna give you this chelator, you're just pulling it out of one tissue, it goes by the liver, which is already backed up and saying, "Hey, no vacancy," it's just circulated in the blood had dumped somewhere. So you're really not making the patient any better, you're actually causing a toxicity level in the blood that could cause further issues to other organs. And then ultimately you're just gonna dump that poison in somewhere else, and you're not helping that person.

Robby Besner PSc.D.

We call that, I call that retoxing.



Kevin Conners, D.PSc., FICT, FAARFM

Yes, perfect, yeah.

Robby Besner PSc.D.

pull things out. And oftentimes times we see that with the smaller particles, like the heavy metals or the biofilms or the microbial effects, even the carcass, the dead Lyme or co-infection, if the body isn't efficient in eliminating it, those toxins are so small that they, I call it silt, we actually mobilize them, but we can't get them out. So it's not fun if the process is to get them out of the body and then maybe supplement the body with any deficiencies that might've occurred through nutrition and whatever. The body has an innate ability to bounce back once you give it what it's deficient in and you take it, or you address some of the root cause. But toxicity and inflammation often travel together, and that's what I see is why patients are symptomatic at all is because of toxic levels and inflammation, and it affects the whole systematic approach to the body. But you bring up a point about leaky gut, and that makes me think about Dr. Zach Bush's work on glyphosate and that everything is leaking now, leaky throat, leaky heart, leaky brain, leaky gut, which, these are closed systems that are designed to keep certain like, you know, healthy bacterias in place like in your GI tract.

And when undigested food and obviously that gets into the bloodstream, and even some of the bacterias, the body has no choice but to look at that as potentially an invader, when it's something that's innate for the body, and now we're kind of moving into an autoimmune and many of the other kinds of challenges that express themselves all from the same genesis. So I love your explanation, and, you know, our work is more about infrared, infrared saunas and using that as a way to initiate a more healthy detox pathways, sweating, and so forth. And we use binders similarly, but not body made bio binders, we're using the ones that like activated charcoal and bentonite clay and things like that nature for the same reason to basically take a lot of the heavy lifting off of the liver, pancreas, gallbladder, and so forth and make it easier because if you're chronic, you've already got these organs and systems are compromised, they're already working at some much lesser percentage. So I believe like you're expressing that addressing detoxing before you actually jump into the protocol. And I think back to my initial concept, I think a lot of Lyme doctors oftentimes just wanna prove that they can create a die off. And so they say, "You're gonna take this "and you're gonna not feel so good." But I believe that that's



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actually doing a little bit more harm than helping because they're not paying attention to the clearing out or opening up those detox pathways. So that's super information, really important.

Kevin Connors, D.PSc., FICT, FAARFM

I think it can actually be worse than that. So there's a worst step than having a Herxheimer reaction, and it's really what I term a false Herxheimer reaction is that if the person is in a state of having an autoimmune condition, using herbs that will essentially kill a biotoxin, those are typically herbs that are stimulating a side of the immune system, your T lymphocytes, your macrophages, your what's called your Th1 side of the immune system, that if you already have antibodies to self-tissue, you are actually damaging self-tissue more by stimulating the Th1 side of the immune system. So sometimes when people say I took these herbs and I felt worse, it can be because what we just described that they have a Herxheimer reaction, they really are killing the biotoxin, but it can't get out of the body, and the endotoxins are just causing debris, that's causing an ill feeling. But oftentimes it's that that person is in what I call phase three Lyme, meaning that they're in an autoimmune condition, and so by definition autoimmune diseases that you have antibodies to self-tissue. So if you have antibodies to self-tissue and you stimulate the immune system, even taking a whole bunch of vitamin C, you're stimulating the immune system, you will kill that which you have antibodies against first. So you have Hashimoto's autoimmune thyroid and you take a whole bunch of vitamin C long term, you're gonna have worse Hashimoto's because you are stimulating your immune system to kill that which you have antibodies against first, which is your thyroid gland. And you're gonna say "Boy, my thyroid, "I just can't get it in balance "and I was on this much thyroid product "and now I'm really tired, "and I went back to my doctor and my T3 and T4 "are still low, I can't figure it out." "Well, how many immune stimulants are you taking?" "Well, I'm taking this, you know, "cause I wanna stay healthy," and it's vitamin C or whatever they're taking, some herbal product. Well, that is maybe your culprit. So how I define Lyme disease is a little bit different than how other people define Lyme disease. Because if you're in that auto-immune phase, you can make yourself worse by using immune stimulants.

Robby Besner PSc.D.

That's actually the first time I've ever heard that. It makes way sense to me. And I think it's super important back to order and order of what you're doing, what you're doing and the way you dose it. So, you know, I'm a big fan of Dr. Gerald Pollock's work, where he wrote a book called the



"Fourth Phase of Water" and there he described exclusion zones and how the water acts differently in the body and that it's structured, and that creates better cell communication and better methylation and cell function. Now you've gone and talked about the phases of Lyme disease and you've described them as three different phases. So can we spend a few minutes and take us through, walk us through, unpack that, tell us what, you know, what your approach is because it's incredibly original and I've never seen that before in all my years. So I'm sure other people out there are just, can't wait to hear this.

Kevin Conners, D.PSc., FICT, FAARFM

Okay. Well, I think, you know, typically in the Lyme community, there's two phases of Lyme. You have an acute phase Lyme and you have chronic Lyme, just in practice over the last 20 years seeing Lyme patients I kind of redefined that for myself and that I wrote a book about those findings, and because I think there's really three phases of Lyme. So I think that first phase of Lyme, what I call phase one Lyme is the acute phase. You just were a bit by a tick, you just were exposed to *Borrelia* and its co-infections, it's circulating in your blood. So when you have a bacterial infection of any kind, it'll circulate in your blood for a period of time. But again, to me, this is the way my mind works, I like to think of things like cartoons, you know. These are opportunistic organisms and they want to do what? All they wanna do is replicate, right, they just wanna have babies. So they can't do so in the middle of a freeway, very well, that's your bloodstream. So bacteria, aren't gonna stay in the bloodstream very long, they're gonna try to get into the tissues. So they get through the capillaries, they exit through pores in the capillaries, and they're going to get into extracellular spaces.

So while it is still in the blood, if you have a bacterial infection in the blood, you could readily kill it, usually with an antibiotic. So you take an antibiotic and you could usually kill that bacteria. If it's in the blood or in the extra, meaning outside cellular spaces, the spaces between the cells, if it's in that state, so if it's not gone inside a cell yet an antibiotic should kill it if you're taking the right dose and the proper antibiotic, you're gonna kill that bacterial infections. It's not gonna do anything for a co-infection that might be a virus, but it's going to kill the bacterial infection. So what I define as phase one Lyme, other people would say, it's acute Lyme. It's outside of the cell, meaning in extracellular spaces or still in the bloodstream. That's phase one. And I think, personally, you should go get an antibiotic and, you know, people would argue, "Hey, you have an immune system, fight it off "with your immune system." Yes, but chronic phase two and



autoimmune phase three, gets pretty nasty. And anybody who has, is in that state knows what I'm talking about. So I'm not in favor of going to get an antibiotic for very many things, but for Lyme disease knowing that you have it in the acute phase, I'd say go take an antibiotic. So you'd agree with that.

Robby Besner PSc.D.

I'm on board with you there. I just have to jump in for a second, that I very rarely will recommend your direct people towards taking the pharmaceutical if they can use their body's support systems, except in this circumstance. And the paradox, which many people that's listening, might be able to appreciate that, you know, maybe you got exposed to Lyme, you see it, pull the tick off you, and I hear often, and you might have seen this or heard this, that, "I sent that tick out to the laboratory to be tested, "and it came back, there wasn't any Lyme." Then they could become symptomatic a few years later. I don't know of any, and maybe you could correct me if there's any good ticks out there anymore and how you actually tell the difference. So as far as I'm concerned from a prophylactic point of view, if I got exposed and was lucky enough to see it or got a reaction, I got a bullseye rash, that's classic, or something like that. I would treat right away and I would go for an antibiotic, the appropriate one. And then the paradox comes in that by the time you, if you do a traditional test, some of the new testing is actually quicker, but by the time it does show up in a test that you might test positive, it's already too late because it's moved from the serum or the blood or extracellular space into the cell, and at that point, we're onto the next phase. So please explain.

Kevin Conners, D.PSc., FICT, FAARFM

Yeah. So there is that danger is that you do have to make a clinical decision. And I know a lot of doctors have moved from the clinical, you know, assessment practice into a technical practice, that's really the practice of medicine now. You go into the doctor, "Hey, I have this, "got this bite on my hand, and I pulled it off, "and it looks like a little nymph, and put it on a piece of tape, and I looked it up on Google and it's definitely a deer tick, and now I have this bullseye rash. And still you have medical doctors that say, "Well, we need to do a test, do a blood test "and see if you do have Lyme." To me, that's idiocy. It's just, that's malpractice. If you can't make a clinical decision as a practitioner anymore, you shouldn't be a practitioner, just call yourself a technician. And you know, I just, that's a whole other discussion.



Robby Besner PSc.D.

I feel your frustration with that, I get that too.

Kevin Connors, D.PSc., FICT, FAARFM

It gets very frustrating. So you have to advocate for yourself. So I get calls, you know, "My son got a tick bite, "I pulled the tick off, I know it's a deer tick, "but he doesn't have any reaction, didn't get any bullseye, "should I take an antibiotic?" Well, you have to make that discernment for yourself. I can't tell you to do that or not, you have to make that decision whether you wanna do it. Not every tick is going to have Lyme in it, but you know, if we live up in Minnesota where I live, you can get bit by ticks all the time. And I'm sure I get bit by deer ticks and I garden all summer long and never have any issues. So you do have to make a clinical decision in that process. But if you move from that phase one into the phase two, and my the definition phase two is that once the bacteria goes inside a cell, once one bacterium goes inside a cell, technically you're in phase two. So remember the bacteria are just looking to find a really nice home where they can raise a family. And they're looking to move inside of a cell where they could be quieted, where there's no, you know, interruption from your macrophages and your T-cells and your natural killer cells to try to kill them inside the cell where they can start replicating.

Once that takes place you're in phase two. Now, how long do you have after that tick bite that you move to phase two? The answer is, everybody's different. We've had people move from "Hey, I just got this tick bite last Wednesday," to they're already in phase two a week later. So, on the average, you've got a couple of weeks to a couple of months before that happens. And it really depends on how healthy your immune system i. 'cause your immune system should be primed to be able to take care of most infections. So, you know, there's people that are exposed to Borrelia bacteria every year, and we'd have to argue that a good percentage of them, their body's immune system took care of it and they never got sick, and they'd ever even knew they had the infection. So, and this probably happens to most people. So we hope that your immune system will take care of it. But if there isn't that robust response by your immune system to take care of it, it could go intracellular, inside the cell, and by then it's now defined by me as an chronic infection or what I call a phase two. You're in phase two.



Robby Besner PSc.D.

Pretty interesting stuff. Well, you've made it pretty clear that, you know, well that you have to sort of have an understanding of what you're gonna do, you know, if, in fact, you come to that crossroad. And there's always a ramification if you take an antibiotic, even prophylactically to try to protect yourself, that does upset, could upset your, the balance of the other bacteria as the healthy bacterias in your body, and so you'd have to do a little bit of repair. But like you pointed out, which I think is so important that once you do move to phase two and three, then at that point you're dealing with a host a larger host of challenges, health challenges that can persist for many, many years as you've seen in practice and so forth. And so, you know, I always try to nip it at the bud if I can, as quick as I can. And they are perfect organisms, like you said, and I love your constant reference to cartoon characters because I think that we should look at this with a little bit of better understanding rather than the intellectual seriousness that oftentimes people put on, weight that they put on these situations. So a perfect organism uses your, users the host's minerals and basically life resources, it duplicates or replicates, that's kind of their main function, and it poops. It poops the toxin, if their normal die off and their life cycles are toxin, their biofilms are toxins, so these, all these toxins, along with the toxic environment that we're living in these days kind of rolls up to a perfect storm for these kinds of situations to occur. But they are very individualistic, and that's why there's, I think, Lyme, besides the fact that it often presents itself as some other kinds of disease, maybe neurological, MS, PD, you know, things of that nature, which makes it also misunderstood. Each body interprets this stuff differently. So now we've gone from acute to chronic and that could be a week, a day, a month, two months, like you say to phase two. So is it too late to treat, like when you're in phase two, are you more aggressive in your treatments to try to prevent from phase three or does it naturally go to phase three in it's normal as you see the progression in it's normal cycle?

Kevin Connors, D.PSc., FICT, FAARFM

I would not say there's a natural progression in the sense that everybody that's in phase two is going to move to phase three. No, that's just not true. So phase two is that that one bacteria gets inside the cell, it's gonna start replicating, of course, it's more than one, they're getting inside many cells, and as they replicate and they do so inside the cell, they leave the cell and try to find another cell to find a home, just like teenagers, moving out, finding a better place to live 'cause mom and dad's house is, it's got too many rules. So that's what happens with the Borrelia and the co-infections when they go inside the cell. So once it goes inside the cell, antibiotics are not



gonna go inside your cells. So antibiotics are not gonna be helpful to stop the replication intracellularly, neither as your immune response going to be able to help stop that replication intracellularly. What long-term antibiotic use, 'cause I'm sure there might be some listeners saying, "Wait a second, my friend was on antibiotics "for three years and that cured her Lymes.". But the truth is, is that it just killed the Lyme bacteria when it went outside the cell again, and you reduced the population to the point where that person's symptoms got, you know, extremely better. That's really what you're doing with chronic Lyme. If you're gonna use an antibiotic approach or if you're gonna use an herbal approach, and that's why so many people, once it goes inside the cell with chronic Lyme, so many people will say, you know, they can never get fully better. They may get to the point where their symptoms are greatly reduced they can live a normal life, but they'll still have days in the month or the year that they feel Lyme-y, and because it starts to replicate more and raise its ugly head again. So you're always knocking it down because there are some that have stayed inside the cell and that are able to continue to hide. So there's other ways that *Borrelia* and the co-infections hide. We won't get into too much technical things like that, but they can mimic your normal microbiota and hide that way outside of the cell and be, and invade you immune response by doing that. But then that's phase two. So a person could stay technically in phase two for 15 years, and that's what they're struggling with. But there's ways to know if they went to phase three.

So my definition of phase three is now they have antibodies to self-tissue because of that Lyme. So you could have an autoimmune disease because of other reasons, but if you have an autoimmune disease because of Lyme, then that's phase three Lyme. So let me spend a minute just defining what an autoimmune disease is for some listeners that might not know. So an autoimmune disease means, so normally you have two main sides of your immune system: you have your natural killer cells, the side of the immune system that will attack a pathogen. When you first get Lyme disease that side of the immune system called your Th1 side will fire up to kill that bad guy, that pathogen, that biotoxin, that bacteria, that virus, whatever it is, that's the healthy immune response to kill that pathogen. If for some reason that pathogen is either really virulent, meaning there's a lot of them and they're replicating really quickly and your Th1 side can't keep up with it. After a period of about 24 to 72 hours, if it seems to be kind of losing the battle, then that side will suppressed and that your Th2 side or your B cell side will come into play. So if you can think of the Th1 side as your army men that are trying to be at the front line, killing these guys, and then the Th2 side is the CIA that has to go in there and infiltrate, and find



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out who the bad guys are, that's really what your B cell side does. That makes antibody. So your a B cell your Th2 side then comes into play and they go in there and they go, "Okay, wait a second, "you guys, pull back army guys, we're gonna go in there, "we're gonna find these guys, "and we're gonna tag them with yellow tape," aka antibodies. So it goes in there, makes antibodies to these bacteria, tags them and then now it says, "Okay, we found them, go after them now." And now the Th1 side flares again and now, "Oh, there you are," and it could kill the better. This is what happens, if you get a strep infection, this is what happens when you get a bacterial infection. And the more robust of an immune system, everybody goes, "I wanna build my immune system." Well, what's the definition of a healthy immune system? Meaning you have a lot of healthy Th1 cells, macrophages, T-cells, natural killer cells, but that you also have a lot of circulating antibodies to many different pathogens. Why don't I get strep when my daughter got strep? I don't get strep because I was exposed to it in years past because of my other kids, and I have circulating antibodies for it. So I did get strep when my daughter got strep, it did enter my system, it did get into my bloodstream, but my antibodies tagged it and my Th1 side flared and killed it, so I never got sick. So that's what a healthy immune system is.

And that's what your immune system's trying to do when you got *Borrelia*. So you got this tick infection, your Th1 side flared, they went out there to try to kill this. If it did its job, you didn't really get sick, you might've had a little fever, you might've felt sick for a couple of days then you got better, and it did its job. If it is virulent infection, and it continues to replicate than your Th1 side suppresses your Th2 side fires and it's making antibodies to the pathogen, and then that suppresses, and then your Th1 side fires up again and tries to kill that. And many times that's all it takes is maybe that one little loop of that, and it kills the pathogen and you get better, you were sick for a couple of days and went back to work after a week. But in the case of an infection that is more virulent, that has multiple co-infections, that is getting inside the cells, this Th1, Th2 teeter-totter can take place multiple times over months. What can happen at that point, after, you know, six months of this teeter-totter, the B cells start to get confused and they're looking for the pathogen and can't find it to make antibodies against it and realize that it went inside the cell. So erroneously, your B cells can start making antibodies against the cells. Now, if you read in a book on what an autoimmune diseases is, it says that your body has gone awry making antibodies against self-tissue, but it truth it really hasn't. That is really a protective measure to save the life of the person. "Hey, we'll make antibodies against the thyroid "because there's some antigen, pathogen "that has gone inside the thyroid cells, "that we need to just kill these cells "to



save the person's life." So you make antibodies against a tissue to really save your life, which causes a lot of dysfunction, causes a lot of sickness. So at autoimmune diseases, when you make antibodies against your own tissue, there is always a reason though, it isn't just your immune system acting weird or going awry. There always is an antigen. So an antigen is what we call either in Lyme disease, the pathogen *Borrelia* and the co-infections, or it could be a heavy metal toxicity. It could be some other toxins that your immune system cannot make antibodies. You can't make antibodies against, you know, mercury or aluminum. But if mercury or aluminum goes inside the cell, your immune system firing against that will make antibodies against the cell to then, "Hey, let's sacrifice the cell to save the person." So your immune system will then destroy that cell, but it's not just one cell, it's lots of cells in that tissue. And you're gonna be firing against those cells and damaging those cells. That's what an autoimmune disease is. So in the case of phase three Lyme, is when the Lyme pathogen has gone inside the cell, you have this teeter-totter of Th1 firing trying to kill it, Th2 firing to try to make antibodies against the pathogen, and at some point in time with some people, not everybody, you start making antibodies against the cells in the tissue where the pathogen is found.

Robby Besner PSc.D.

Impressive, amazing explanation of auto-immune. I often just thought it was like, almost like your body's own cells, the GPS got turned off, and so it's sort of starts to attack us or the healthy side, but it's really just the same mission statement, the killer cells have a mission statement, and whether the pathogen is outside the cell or in the cell, the mission's still the same, it's just waiting at the door, or actually going after the cell for that same mission. I think that's super interesting for people to understand the differences. So your body over time, when you're exposed to, like, you talked about being exposed to strep and other viruses of sort or bacterias you get exposed to, your body catalogs these antibodies, and so that if later on in your life you get exposed again, or presented again to the virus, you've already got your immune system, "Oh yeah, I kind of remember that one." And so part of the steps that you talked about, one of those steps is already kind of in place, the blueprint of that is in place. So becomes more familiar and the body can respond a little bit faster to that invader, right, the secondary-

Kevin Connors, D.PSc., FICT, FAARFM

Yeah. So antibodies are your immune system's friend. You want to have antibodies to pathogens, and you want to have circulating antibodies to *Borrelia* and every bacteria you could possibly



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expose to, that is really the benefit of making your kids go out and play in the dirt. There's a benefit of gardening. You wanna be exposed to as many pathogens as possible, because when you're exposed to pathogens, if you have a healthy immune system, you're gonna fire a Th1, Th2 response, and when you do fire that Th2 response, you're gonna make antibodies. I wanna have as many circulating antibodies to as many different pathogens as humanly possible. That's the person that doesn't get sick very often. So, yeah, these antibodies are little chemicals that recognize that strep or a similar strep, not always specifically that unique strep, but if I have antibodies to coronavirus, I am going to be able to kill all sorts of different types of corona virus that I'm exposed to, and then I won't get sick. So, yes, you want as many circulating antibodies to pathogens as possible. You don't want circulating antibodies to self-tissue, and that's one of the ways that you can know, so the question is when we get to this point, it's like, "Well, how do I know what phase I'm in?" Well, you know, you're at phase one, if you just got exposed to a pathogen, do you know if it's gone inside the cell yet or not? No. So you want to treat it as quickly as possible, not wait for a test, best to get on an antibiotic as quickly as possible, my perspective. If you get on an antibiotic and it kills it, you feel so much better. And then you go off the antibiotic, 'cause you're done with that course of antibiotics. And two months later, you start getting sick again, it's quite possible you're already in phase two.

You could go on an antibiotic again, and then you could knock it down again, and you might be better for years and years. I've had that happen with patients, and I'd suggest to try it, but quite often you get a patient that comes in and says, "I went on an antibiotic for 30 days, "it really knocked it and I felt so much better. "Two months later, it came back again. "I did it again. "It felt so much better and then it came back again. "And it just keeps coming back." Well, it's because you have bacteria that are living inside the cell, the antibiotic can't get at that. You knocked everything down in the bloodstream and extracellular spaces with the antibiotic. But as soon as you go off of it, the stuff inside the cell starts replicating again, it spills it outside of the cell and you get sick again. So that's what's taking place here, at least in that chronic phase. "Well, how do I know if I'm in phase two or phase three? "How do I know if I have antibodies to self-tissue?" Well, one of the morbid ways you can test yourself, I'll say is, do, or just observe, do you get sicker when you take Th1 stimulants?" Well, what's a Th1 stimulant? Any herbs that is designed to help kill Lyme is gonna be a Th1 stimulant. Any immune system stimulant echinacea, vitamin C, most medicinal mushrooms have Th1 stimulant sides, even though many of those could be immune modulators. But any herbal, cat's claw, things that you would think that you would use for Lyme



disease. "I take those and I get worse, my sister had Lyme, "she took it and she got better, "but I take it I just feel worse." You're probably in phase three because you're stimulating your immune response and you'll kill that which you have antibodies against first. You have self-tissue antibodies, you're damaging self-tissue, and that's really why you feel lousy. So in that case, it's not a Herxheimer reaction making you feel lousy, it's you are damaging self-tissue. You are promoting the death of self-tissue when you're stimulating immune response and you have self antibodies. I know it's hard to think that way, and some people have to listen to this a few times. But if you have antibodies to self-tissue, and you stimulate your immune response for any length of time, you're gonna make yourself worse 'cause you're going to help your immune system kill that tissue.

Robby Besner PSc.D.

a lot. And it's oftentimes misunderstood. And I've heard before that some practitioners integrated functional guys will actually use and what you're suggesting, some of the cures, whether it be natural, pharmaceutical, but some of the cures actually is the test. Because when you take a supplement that is designed to support your immune system or your tissue health, and you get that adverse reaction, then you, it's actually self-defining what phase you're in in a way.

Kevin Conners, D.PSc., FICT, FAARFM

It does.

Robby Besner PSc.D.

Yeah, I love that. And one of the guys that I really love Dr. Steven Hines, he's down in Seguin, Texas, he'll often give like cat's claws, Samento or whatever, rather than doing the traditional live blood tests, Western blots and all those they're real expensive, and it'll just dose up like two tabs, three tabs, four tabs, five tabs to see if you get a reaction, and then if you do, then you know that, in fact, you've got either phase one or phase two, just what you're suggesting. With my daughter, I said to her, you know, is it possible that you'll always have Lyme disease, no matter what medication, whatever approach, what doc you're seeing, what would that world look like? And many people watching feel that, like, am I ever gonna get better? And what I said to Julia was, you know, we all have Epstein-Barr, we all have strep, some of us have cancer cells, or mutant cells, atypical cells in our bodies. If we have strong support systems and as we've been designed



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by nature, then they die off, and we go on, 'cause all the healthy parts of our bodies thrive and the ones that are atypical sort of fade away, right. So I said, "Julia, what if we defined health "as living symptom-free and, or living, "and living purposefully." So if you have a Lyme that's kind of a label or diagnosis, right, like we see in many cases, and you may always have Lyme and have that diagnosis. Like you say, sometimes with your daughter, she gets a flare up, right. But if she has more good days than bad, more good years than bad, isn't that normal, isn't that how we all are? And so we have a label called Lyme, but really has to do with your, the way your life, how your life is progressing. And so I said to her, "Why don't we just define good health as being, you know, "living symptom-free and living with purpose, "whatever you love to do. "Your health is strong enough for you to able to do that. "And so Julia, if you can't work 15 hours a day, "well maybe we're not designed to work "15 hours a day anyway. "So let's just, you know, "take a look at it from a little different perspective." Dr. Connors earlier in our discussion, you mentioned just sort of in passing something like Rife machines and Rife technology. And I'm curious about that because I know that you, as well as some of the other alternative things you use in your practice, your integrated functional practice, you grab whatever tool you feel is appropriate. And I've been watching, I learned about Rife and his work and got devices and have been using that technology for a better part of 20 years. And so when you were talking about the bacteria being in the serum where you can maybe hit it hard with an antibiotic or something at that phase, and then it comes and sneaks into the cell, that made me think immediately about something like Rife frequencies or some kind of way, some technology that can actually irritate the bacteria parasite so that it comes out of the cell and back into the serum, and once it's there now, it's kind of like that biofilm the jacket, the veil, the cloaking effect is gone, and either your natural immune system and, or some supplementation of sort gives you a much better chance to actually lower that population and get part of your health back. So I'm not sure if you use Rife that way or not, but can you describe what people in the Lyme community hear about Rife all the time. So can you just spend a few minutes with us and talk about that, how you use it.

Kevin Connors, D.PSc., FICT, FAARFM

The struggle with Lyme if you're in the auto-immune phase, especially is, "Okay, well, if I can't take "immune stimulants, how in the world "am I gonna kill this thing? "Am I just never gonna get better? Yeah. That's difficult because, okay, every time you take some sort of antibacterial herb or something, you get sicker. So yeah, we've gotta figure out something different. So that's where enter Rife technology. So Rife technology is light frequencies to help stimulate the body



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to kill it more directly. So you're not like boosting the immune system, but you're identifying the bacteria to the immune system. So with the other benefit of Rife technology, if you have a Rife machine that is hardy enough, let's say, you could kill single cell organisms directly. So the thing that you have to be careful with Rife, is that you could kill too quick and cause a Herxheimer reaction that we were talking about before. So with Rife technology, you know, with our, you know, chronic or phase three Lyme patients, you have to start really slow. Some patients we only can do five minutes a day, and then you work up to, you know, 30 minutes to a couple hours a day to kill this off. And you have to deal with those seven phases of detox while you're doing this because you are gonna produce endotoxins as you kill these things off. Rife has been the key, really is the key in chronic or in the phase three, when you cannot use herbal killers, you have to use some other tool and you with saunas, we use saunas all the time with Lyme patients as well. But Rife is the key, cause that goes through your body, and again, there's a lot of machines out there that I don't think are worth anything, but I'm not here to promote a particular Rife machine, I have no financial interest in any of them, but, you know, we've had patients come in and say, "I tried Rife and it didn't work." "Well, what'd you use?" "XYZ machine." Well, you know, that's not gonna be strong enough to do really anything and you're not using light frequencies.

So I have some stipulations that I use in classifying the benefits of different types of Rife machines. But that works, we have never not have that work. The issue that I think we need to touch on is what you talked about with your daughter is, how do you classify health? The problem that you have with anybody with long-term illness, and it's not just Lyme disease, it can be other things, heavy metal toxicities to glyphosate damage is that you could damage, you could damage tissues that you're gonna have very little recovery of, and then you're going to have symptoms that are going to persist, that no matter if we could magically make all the Lyme bacteria go away in your body, you're still gonna have symptoms because you have damaged tissue. So you do have to redefine sometimes how you look at health. And I would love to have another discussion at some point in time, because what are the major issues that you see with Lyme disease is damage in the brain to certain cells called microglial cells, and that's that microglial cell damage that is called microglial priming. A lot of research has come out just in the last few years with all the money that's been poured into research for post-concussive syndrome with football players. And some wonderful research has come out to show that this is exactly what happens with people that have Lyme disease that enters, crosses the blood-brain barrier or heavy metals that cross the blood-brain barrier, or they damage the microglial cells, which are



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really the immune cells of the brain in a way that they're not gonna become undamaged. It's called microglia priming. And that's at least an hour discussion in itself. But that's something that managing it, just correct management is the key. So yeah, you may have symptoms for the rest of your life, but can we manage them so that you could feel like you can have a robust, healthy life that you could be a productive member of society, and your family and you don't feel confined to your home? Yes, that's usually the case. Even somebody with a lot of microglial priming brain damage can still get their life back. They might not feel like they're 20 years old anymore, but hey, I'm going, you know, 59 years old this year, and I don't feel like I'm 20 years old anymore. So, you know, we have to kind of redefine our definition of health as we age anyhow. So with somebody with chronic illness like this, the more damage that they have to tissue that will not repair, like neural tissue that won't repair, then you just need to better manage that. And there's ways to do that from a nutritional standpoint that could really change a person's life around.

Robby Besner PSc.D.

A whole new topic area of research now has intrigued me supplements and things that will help the neurons or your brain, your brain tissues, your nervous system stemming from your brain to fire more efficiently. And then what I have noticed in some of the research I've read that many of the forensic doctors that are analyzing Alzheimer's and dementia type of diseases, that they very often find Lyme in their brain. And so, in fact, it could be just an extension of Lyme disease that Lyme encephalitis, Lyme that has actually gone the spirochete has gone into the brain. And a really interesting researcher out of Wisconsin is tying a correlation between glyphosate, almost acting as a transport system to bring the co-infections and the Lyme into the brain. So it's actually like, it's remarkable the new work that's being done. Well, you and I could go on, like, I wish I had really more time to spend with you, and I love the fact that you carved out the time to share some of your wisdom with us today. So in closing, we only have a few minutes left, and I was always hoping that you could offer and shed a little light to the Lyme patient one that needs inspiration because they're bedridden from severe Herx reaction and, or just the functioning Lyme patient that's looking to just keep their health and maintain it, and actually try to dial it up a little bit more. Can you offer us maybe one or two suggestions that maybe I could use tomorrow or offer to the Lyme patients listening that they could integrate into their lives, family unit that they can start working with as early as next week?



Kevin Conners, D.PSc., FICT, FAARFM

Well, I mean, the first thing I suggest if I'm doing a case review with somebody and they're having severe symptoms and they're on a bunch of different supplements is make sure that what you're taking isn't actually causing more damage. That's a key component. I've had patients that had no idea what phase three Lyme was, what autoimmune disease is, and it's not that I'm trying to make everybody a physician here, but just having some knowledge, and access to that knowledge can be really beneficial. If you're in a state of, like you said, bedridden, feeling like you've just lost your life, and you're taking a bunch of supplements, maybe look at stopping those for a period of time, at least anything that's an immune stimulant. And again, they could read my book, "The 3 Phases of Lyme" to know what those immune stimulants are that they should stay away from. But, and then secondly, probably one of the most beneficial things, especially if you're in a state where you have severe chronic Lyme that's affected a person's brain. So, and that's what you see very often with chronic Lyme, it's affected a person's brain. Their thinking is off, they have chronic pain, chronic pain because of inflammation in the parietal lobe of the brain. They have, you know, memory loss to, mixed up data, unclear thinking in lots of different ways, early dementia type symptoms.

Robby Besner PSc.D.

brain fog.

Kevin Conners, D.PSc., FICT, FAARFM

Yeah. So brain fog. So the best thing that you could start as far as a nutritional protocol, is decrease things that are gonna inflame the brain like gluten and dairy, and secondly, get on a healthy dose of flavonoids. Flavonoids are like your curcumin, your resveratrols, if you have supplements at home, and usually I talk to my patients, they have a cupboard full of supplements at home. Get off the immune stimulators, start on some anti-inflammatory things, things that will decrease inflammation in the body. You alluded to that earlier that inflammation is the key, these people have chronic inflammation throughout their whole body. What's gonna reduce that the curcumin, the resveratrol the green tea extract, the quercetin, the stinging nettles, those kind of anti-inflammatories that will decrease that hyperinflammatory response in their body. That in itself can reduce their symptoms so that they feel like they're having a little bit better days.



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Robby Besner PSc.D.

Well, and it gives them more of their life back and it gives the practitioner a little bit more time to go after root cause and to get things organized. But certainly it's inspirational to know that just simple dietary changes, and I love just fasting. I mean, just put a stop to all of it and see what actually is causing the challenge. I recently just took an inventory of all the supplements that I have in my home. And they are now filling three cupboards, filled with various different layers of things. And we both know each other and met through Premier Research Laboratories, they occupied three shelves of one of my closets, so I truly can appreciate how easy it is to collect them. And it's all coming from the same place, like the heart you're trying to discover which combination is gonna be right for you. But I think that what you've done is you really laid it out and said, let's just calm the cytokine storm, let's just calm the body down a little bit, regroup, regroup the troops, right, and then come at it, maybe one or two, start introducing some one or two back in, see how your body responds? And then you're back on the road for health, better health and wellness. So I want to know, I know everybody else out there wants to know. You've talked about your books, you're up in Minnesota, is your practice virtual? Can somebody call in and get consulting services from you? How do they get to know you? How do they meet you? Like how do they, besides coming to your physical clinic, can you let us know how people can find you?

Kevin Conners, D.PSc., FICT, FAARFM

Well, you can't come to our physical clinic 'cause everything that we do is virtual now. So we've always had a virtual side of our practice, and since this whole COVID thing, we've just gone completely virtual and it's allowed us to help more people. So, yeah, how you find us is through our website, Conners Clinic, C-O-N-N-E-R-S clinic.com. We also have that's mainly our cancer site, we also have a sister site that looks similar that has all our autoimmune and Lyme information on it, and that site is called myhopeforlyme.com, my hope for Lyme, both sites have all books on it. So all my Lyme books, my brain book, my cancer books and my automobile book, and my new "7 Phases of Detox" book are on both sites. They're all a free download. You can buy them on Amazon, but you can get them as a free download as well. All our blogs are on the sites as well. So look at those, that's really the place to start. You know, you might not need me, if you do want to consult with me, you can the call the clinic and schedule a case review, that's what we call it. But our goal is that you don't need me. We want to make, we want to empower patients so that they can best care for themselves and make their own clinical decisions. In this day and age, you



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need to be able to do that, you can't be dependent upon a doctor. And we're moving more and more towards that, everybody's seen that through COVID. So if we can empower people through education that's the best that you to do. Certainly if you do need to talk to myself, or I have multiple naturopaths that work for me and utilize our services, you're welcome to communicate with us by calling our office as well.

Robby Besner PSc.D.

I love the easy access. I love the virtual environment platform. You can touch so many lives. My hopes would be from the summit and people meeting you through our interview, that they really tap into your intelligence, your dedication, and all that you've done to just elevate, educate, and get people well. Dr. Conners, I super, super appreciate everything you've offered us, including your time, I know how precious it is, and certainly your dedication to helping people get better. So you're awesome. Thank you so much for joining us and being part of our summit.

Kevin Conners, D.PSc., FICT, FAARFM

Absolutely, thank you.

Robby Besner PSc.D.

Hey, everybody, it's Robby Besner. Thanks so much for joining us today. Please share this content with anyone that you think might benefit from it, and we're looking forward to having you with us tomorrow for another great interview.