

Caspar Szulc (00:00:00):

Hey guys, Caspar Szulc here with this last podcast of 2020. It's been an interesting year, I guess is the word, but I'd be remiss to say it was a quote-unquote bad year. I've talked to some amazing people in this first year of this podcast and not a single one didn't mention that 2020 carried some sort of silver lining full of hope or opportunities. So before you close the door on a year, many want to put in the rearview mirror, ask yourself, what has this year done for you? Did it get you out of your comfort zone? Did it make you more grateful for the little things? Make you see how precious life and health really are? Questions to ponder. And speaking of questions to ponder here's one related to today's podcast. Why hasn't the medical community jumped on the use of ultraviolet light to help with diseases?

Caspar Szulc (00:01:12):

We know UV light is an amazing disinfectant UV sanitary wands sold out quickly during the pandemic and hospitals employed UV disinfection robots to sanitize spaces. They're literally using robots with UV lights attached to them. On top of that, some of the cleanest water systems in the world use UV light as part of their purification process. So it would seem that the use of UV light within the body for infectious diseases could yield some really interesting results. Well, the truth is UV light has been used in medicine since the early 19 hundreds, and it did in fact yield great results. And today's guest is here to pick up where many doctors left off in improving the technology and impact of UV light in **therapeutic** setting with his device, the PL 2020 from AscEpi Medical solutions. This is the story of ultraviolet blood irradiation therapy with John Scordos.

Caspar Szulc (00:02:07):

You're an outsider to the medical community and the medical world, which I find fascinating, cause I too many people like to say Dr. Szulc, but I always say, that's my father. I'm not a doctor. I understand medicine, but I wasn't indoctrinated into medicine.

John Scordos (00:02:22):

And I appreciate that from you as well. I did notice that that we're similar in that, in that sense.

Caspar Szulc (00:02:27):

Absolutely. Also from European immigrants you're from Greece. I mean, of course my parents from Poland. So there, there are those similarities as we get started, but maybe absolutely, but maybe you could share with the audience a little bit of how you did find yourself. You were in computer science as business admin, and I think you were at IBM, you know, and then you found yourself going into medical devices, which is in many ways, a very stale you could say type of career, but you've made it exciting. And I want to go into that, but tell us your story that led up into you starting your own company in medical devices and UBI.

John Scordos (00:03:03):

Well, it's very interesting. I've got a very interesting past. My dad passed on when I was young, but he had developed a shopping center. We had retail stores, liquor store bakery, and, and a restaurant. It was in DC and when he passed, I'm the only son I have three sisters and I ran it for seven years and tripled the business and found it very interesting. You know, rolling the sleeves up and getting it done. So we're hard workers. You come in from Poland, you know, we're, we're the same. We roll our sleeves up work eighteen hour days, if we have to. So when we sold it, I told myself, well, one of my sisters knew I was

very, I'm very good at math. She goes, Johnny, you know, you need, she was taking computer science at the time. And I had already had my business management before my dad had passed.

John Scordos ([00:03:47](#)):

So I say, well, I'll give it a shot. And the first semester I was beating my head up against the wall. I didn't know how to turn a computer on or off. So I got, I finally, when it clicked Caspar, it was like a light bulb went off in my head within the next couple of months, I became the assistant to the teacher. And for instance, COBOL, which was supposedly a hard program to learn, I could write it like the back of my hand. It was amazing. My progression through the computer science industry. My first job was for a telecommunications testing manufacturing firm. They were owned out of Canada and within eight months, the guy that hired me worked for me. So I became assistant manager. And I think what happened is that my business perspective and management applications went into my understanding of how to write programs the proper way.

John Scordos ([00:04:37](#)):

So what I mean by that is folks that they'll say you get out of high school and you go to college for computer science, you understand computer science, but you don't understand the marketing, the business perspective of that. And so I had both of those specialties, which I think added value to having me program. So not only was I the director, but I was actually programming until three in the morning, myself, because I was very fast, very good, very efficient. I ran the Washington Times for 10 years as their business director. It just comes natural. The fact that automation I look at something and it's natural to me to take a look at why are we doing it like this, let's change this and this and this and make it more efficient. And we have safety features and we have, you know, verifications. And so I consulted for Microsoft for a while.

John Scordos ([00:05:26](#)):

We did the first Chrysler what we call it cloud, which was B POS back then. And it was very efficient and looking at details, I think is part of my expertise. Probably you're the same way. After the Chrysler area, I started getting my health started declining a bit. I smoked for too long. Yeah, I'll admit it. That was seven years ago. I've quit. But by smoking, it took a deterrent. My dad passed away at 60, by the way. So I was a little concerned there. So when I hit 60, my health started declining a bit, I said, you know, let me go to the doctors and get some analysis. And the analysis they were giving me, I didn't like number one. I don't think they personalized it to me. I think they were putting me in a category or group of COPD. Let's do this.

John Scordos ([00:06:13](#)):

Arteriosclerosis let's do this. So I started researching it myself and I, I'm a very quick learner. I flew around the country and started looking at alternative medicine, homeopathic medicine I talked to, and I'm still friends with a lot of homeopathic doctors DOs. And they agreed with me that when I saw this ultraviolet blood irradiation, my curiosity is why wasn't this being used in the medical world? So I started researching that a bit and that led me to, it was something that was inexpensive, but very effective. It worked on me. It gave me my life back. And by doing that, I said, you know, instead of retiring, I'm going to invest my retirement funds into getting a device that the medical world will accept. We know what it does. Let's get something out there that we can help people. And I'm not all about the money, Caspar it's about efficacy and getting that patient to get a better quality of life for people.

John Scordos (00:07:14):

And what I was seeing is all my friends were going to the doctors and they're coming back. If they get out of the hospital, I know three out of 10 don't come out of the hospital. They go in with pneumonia and, you know, three days later, they're six feet under. And these are friends that I played tennis with a week before. My curiosity was, why are we continuing down this path of a rotten road when the is going to fall out from you? And they're not getting any better? I don't think the FDA. And I don't mean to say this negatively, but when I got into the medical world, I started seeing a little bit of political bureaucracy, a lot of funding. And if it wasn't to assist the patient getting better, it was more to the business side. And how can we make more money out of this?

John Scordos (00:07:59):

As a matter of fact, you probably know Bayer bought one of the UBI devices for a couple of million. I think it was. And they were charging 5,000 a procedure. And finally they said, it just wasn't worth it for them. So they, they shelved it. And I heard that a lot from some of the other folks that did UBI devices, they just put their hands up and said, you know, we're tired of it. We're fighting the bureaucracy of the government. So I met with some strategists out of Chicago and we put a plan together that said, this is how we're going to do it under the radar. We're going to create our own clinics. We're going to put our P L 2020, our own device into clinics that want to work with us such as your, your clinic, which is very effective. And I saw that your clinic is involved in trying to help the patients.

John Scordos (00:08:45):

And that's what we want to do. We want to get somebody healthy and, and, and not come back. You know, there are some diseases that we do maintenance on the Lyme, the fibromyalgia, the osteoarthritis, some of the rheumatoid arthritis, we're having some good benefits on, I got rid of some of the patients, Alzheimer's if, if we can catch it in the beginning, we can actually cleanse out Alzheimer's disease. So this is a very effective product. And through the strategy that we've got, and I just patented last year I patented RPL 2020. And the reason that that's different is that I found that most of the devices out there, and some are coming from Germany, which are fairly effective. But if you look at the history of UV lights on plastic, that's not good. You know, they, they even tell you, some scientists have studied.

John Scordos (00:09:36):

If you leave the water bottle in the car and the sun hits it, don't drink that water. Cause it's, it could cause cancer. So we don't want to cause issues. We want to rectify the body and get that cleansed as much as we can. And so that's how we put the PL 2020 in place. We have nothing touching the lights, but the glass that was the other patent that I've done is a nice, clear, flat sterilized, sterile crystal cuvette. And we're very particular on the materials that, that the light, because the penetration is one of the major things that we look at the flow of the blood going through that, and the penetration of the combination of ultraviolet lights hitting that. And when you do it the right way, you can feel that first treatment. And then we have compounded that by saying, okay, so we don't want to overload the procedure.

John Scordos (00:10:28):

If we do that, then you have the Herxheimer's come into place. So there was a study in Germany where they did seven dogs and they did it every day. So they found out by killing the dogs. What happened is they overloaded it too much. There was too much excretion that couldn't be handled and that's what

killed the dogs. So I took a lot of the German studies, the Russian studies, the Japanese studies, and there were some American, but mostly American was anecdotal. And being an engineer, I like looking at details show me the medical records, show me this and show me that. And that's why I flew around the country because I actually data mined several different doctors, databases. You know, we sign an agreement, allowing us to look at their medical data that we weren't going to use it. It was all HIPAA compliant. And I took that data and database and started doing some manipulation of why did this work and why did it work on one person versus another person? And so that, that's when we got to our initial device, is this is the one that's going to be a generic device used run for everybody.

Caspar Szulc ([00:11:31](#)):

I want to get to that device. Cause it is just a really good understanding of what was wrong with the path devices and then how you can improve it. And I found this in medicine as a whole, you have these approaches, these devices that have kind of stayed the same for a long time, without any updates and with the technology we have now, and the understanding you could do much more to improve on them.

John Scordos ([00:11:54](#)):

Absolutely.

Caspar Szulc ([00:11:55](#)):

But even before we get to those improvements, let's set the stage a little bit because UBI or I say UVB, it's potato, potato, but ultraviolet blood irradiation therapy is not something new. It's not something even in the last 20, 30 years, you're talking about 1920s or so this started.

John Scordos ([00:12:15](#)):

A century ago.

Caspar Szulc ([00:12:16](#)):

And it was quite popular. Right? And we talked a little bit before we started here about why that lost this popularity, but can you share that story of how it got started, why it was used so much and then why it went into decline until maybe recently?

John Scordos ([00:12:32](#)):

Absolutely. So the history of ultraviolet was interesting when I got into it, it was really interesting. The fact that they add this back at the turn of the century, the late 18 hundreds, they were utilizing it and how they did that was it's interesting story is that the children that were in the hospital beds, if it was a nice day, they would roll the hospital beds out onto the patio and the sun would hit them. Well, then they realized the sun was helping these people. These children get better quicker than the ones that didn't go outside. So bing they put two and two together and started utilizing light therapy. And back then, and I suppose it's the same ultraviolet blood irradiation. And they were utilizing that spectrum of light that the sun gives out the UVC light, which is the most germicidal. So you have a bacterial, which is the UVA.

John Scordos ([00:13:26](#)):

And then the, the germicidal, which is the UVC. So we've combined those two because we don't know what you have germs or bacteria diseases are all UVC. And then your impurities are the UVA. So we

combine those lights at a particular spectrum that allows penetration so that the blood can, it sort of activates the irradiation of the blood. And I consider it a similar to photo, you know, in a plant generates oxygen from the sun or, you know, from photosynthesis, right? It's photosynthesis, the sun hits the plant plant turns the chlorophyll. And so it's very similar to that chemical reaction when we activate the radiation of the light to the blood and return it back to the patient what's happening is that it's activating the body's own self auto immune system. And it, it, at that point, we have done a study in Florida several years ago, and I wish I had the photos to share with you, but it's very interesting as the blood was going back into the body, it was almost like a 4th of July fire work display. It was activating all these RNA and DNA to accept the oxygen through the blood. And in theory, blood is such as oil is to an engine. Our blood is to our own health. And if we can cleanse the blood, get it distributed to all of the organs and it's going to be very helpful. Even if you aren't sick, it makes you feel better.

Caspar Szulc ([00:14:57](#)):

Yeah. That's what they realized all the time. Back then in the 1910, 20, 30s, it was very important for tuberculosis and other types of infectious diseases that were, you know, very common back then. And it wasn't until when around the forties or fifties and the advent of penicillin and also of vaccines came around that it got basically pushed away, right.

John Scordos ([00:15:22](#)):

They shadowed it. You know, we don't want to stick anybody. We'll give them a shot and that's it. And they go home. The dilemma was the impurities in the vaccines, I could tell you some stories about some vaccines that did not do justice to the American people or to the global people for that matter. So back in the twenties and thirties, they utilized this for a number of purposes. A lot was for acute thrombosis. You've got polio which was amazing to me when I read that I went, Oh my gosh, why are they not using this? A number of gangrene, for instance you know, gangrene is very popular setting in, in hospitals back in the days when they didn't have the antibiotics. So the light would get rid of the gangrene. And so if you had gangrene, they gave you UBI or UV wound infections, skin infections.

John Scordos ([00:16:14](#)):

They noticed that it was doing tremendously well with that. And we've noticed that as well. I had a patient come in that she was 380 pounds not being comfortable with herself that, but she had eczema from the back of her ears to the, to her ankles and was in four treatments. Casper, I gotta be honest. She came in and was crying because she could now wear it was barely pink were, were, the scabs were now, the problem was this. So I looked at that the doctors were giving her a shot every month. It was a thousand dollars a month for that shot. The dilemma is psoriasis and eczema is coming from impurities in your body and the blood. And it's trying to push it through from the underside of the skin. Well, if they're working from the outside, you know, a lot of therapies now, the light therapies are working from the outside.

John Scordos ([00:17:04](#)):

That'll take care of the outside, but you still haven't got to the stem of the issue. And so what we've done is we've identified that by irradiating their blood, we can excrete the impurities through your liver and kidney, and it won't have to come out and excrete through your skin. So we're very good with skin conditions. We have closed diabetic Legion where the gentleman's, there was two gentlemen that were going to get their foot amputated and they did not want to do that. And they started researching and lo and behold, they thank God they found us and the guy had a three and a half inch on the bottom of his

foot opening with an inch and a half deep. And we have photos and all, but within 12 procedures it was closed up and you couldn't tell that it was there. Now the country of Canada is interested and I'm going to be going up there in July of this coming year.

John Scordos ([00:17:56](#)):

I've got contacts there. They want this for only for the diabetic Legion folks. And they say, it will save them \$1.2 billion a year by not amputating and not providing prosthetics to the patients. In addition, look at the health viability of that will happen to these patients that would have been less one leg or one arm or whatever the case may be. So I, you know, that attracted me to the medical efficacy of what we've done and, let's help people. And if we can't, then I look at it as why not? Why did this not do to that patient? What it did to another. So that's our future of AscEpi is that we're going to be looking and thank God we have clinics like yours, Caspar. That's providing us the medical data, we're databasing this, and we're going to look at blood types. We're going to look at where you live, your living environment.

John Scordos ([00:18:48](#)):

Do you live near power lines? Do you have mold in your house? Do you, what's your nutritional intake? Do you take different vitamins and minerals that could be affecting you inadvertently rather than helping you? So a lot of these things, you know, I, I do understand there's a billion of things that we could put in the database, but if we can get to a general format of what blood type A or blood type B or blood type AB, and we have to recalibrate the lights to give you maximum, maximum exposure for maximum results. And that's where we're heading with this, we know what we have, and we're starting this out the right way. We've, we've taken it to the modern world with, you know, we recalibrate those lights at 500 hours. We utilize our materials, which is, we know will work. And so that was part of, if you go back in history and I'm sorry to keep jumping, but if we go back in yesterday, what I did is I took all of the doctors and the scientists that studied the UVBI and said, this is what's working the best. So I took all of the best and consolidated into the PL 2020. The knot device came out in the forties. You know, that was one thing that kind of raised my eyebrow in the fifties. They went into Seattle and just took all those machines, all his data, all his research and shelved it. Now, why would you do something when the guy is getting rid of polio is getting rid of, you know, sepsis and MERSA and tremendous amount of underlying diseases that he was helping with.

Caspar Szulc ([00:20:18](#)):

I'll tell you why John it's called money. It's called greed, trillions of dollars right now, trillions. We know. And, and, and that's the shame of it. Cause when I learned about the history and this goes beyond just UVBI and you look at so many natural healing that were really, really effective until money greed and other things got in the way. And of course it was easier. Don't get me wrong. This is not suddenly you just take a pill and that's it. You feel better. And there's, there's no way to truly patent everything like this. That is natural. You just can't do it. So there isn't as much money. Yeah. So, I mean, I sort of understand. I just wish there was more education. Like you just shared, man, this was really effective. Maybe we should bring it back because we're seeing some problems.

John Scordos ([00:21:08](#)):

If it works, why change? It let's take the best of the best. And going back to my automation experience, that that helps a little bit too, because I also noticed that a lot of the devices that were working even the not device, it was a lot of maintenance to the device in today's day and age. You know, you want people that just want to plug it in and go away and come back and unplug it and go home. The dilemma was the

cleanup, the maintenance, the particular procedure that we were using. So I had to consolidate that into a modernized device that was still providing the same efficiencies of the procedure. So that was kind of hard to do, but it came about, and I think our next device, which will be the PL 3000, that will be integrated into the HIPAA compliant cloud that hopefully if you travel around the world and as we expand our devices, I believe that that centralized repository will give any clinic that has the device, the capabilities of looking at the medical history, that looking at how many procedures you've had and the diseases that it's attacking and what you, what your outcome is.

John Scordos ([00:22:15](#)):

So I think that's the new normal for medical facilities is that we need to understand the patient better. And, and so that's what I'm going to try to do. Caspar is put my technical cap on and help us, you know, because we do and, you know, they have the little monitors for diabetic patients. Well, we have developed a silicone bracelet that will detect the PH level of blood. It will tack your oxygen, your heart rate, and hit a link to a app on your smartphone and we can monitor you remotely. So those are things that I think will be a benefit for people in the future.

Caspar Szulc ([00:22:53](#)):

No, it's amazing what you can do now with technology and looking into the past, right? Not trying to reinvent it and say, don't look to the ancient wisdom of others and all the discoveries going back to time and utilizing things we know in nature are very curative. We talked about this too, about you use UV light now for water purification to disinfect water. Some of the best places we talked about that you know, the show is Zac Efron and Darin Olien talking about water right in France. And, and you saw those big UV ones in France, they do that, it's such a natural way to cleanse water, any microbial you know, things that may be in it. And we know now that one of the biggest things I saw sell out in the last year was those UV wands that yes, we use them at the center and we were trying to get more and you go to, and there were sold out because people realize UV light is very effective, incredibly much more than even the spraying of things. You could just go over it and is incredibly effective at killing microbes. Viruses, bacteria mold.

John Scordos ([00:24:02](#)):

And quickly. It's not like hydrogen peroxide. It takes hours.

Caspar Szulc ([00:24:07](#)):

And we brought, we also brought up air purification. Some of the best ones are all based on a UV light. Even if you look at things like molecule and new technology, they're based on UV light, in a sense. So tell us, we know what this does to all these other elements, but what is it doing to blood? Cause some people may say, Hey, that seems like it may damage the blood cells. It may do something negative. Is it safe to expose something that usually isn't exposed in our body to these things? So,

John Scordos ([00:24:37](#)):

No, it's a very, very good question. So what we found is that the only thing in the procedure that we're doing that could harm, the blood is being rough. The blood cell is sort of like a thin layer of skin. It's a, it's a tube. Those suggests an inner tube. And that thin layer of skin is laying over top of that inner tube. The minute you break that skin, the cells dead. So we have to be very careful on the blood. And that was something that was found in the forties. When the nut theory was coming around, his initial device had a dropping a foot, the blood was dropping a foot and hitting, and they weren't getting the same type of

results because the dead blood cells, there were too many, then you could not oxygenate those or radiate those to get it back in the body.

John Scordos ([00:25:25](#)):

Because if it's dead, it's not going to carry the irradiation as good ones are. And so our procedure has over the hundred years has never damaged anything. It has never harmed anybody. The only thing it will do is that it might make you feel like you have the flu for a few minutes or so you might get cold chills and you might get very tired. You know, if you do this procedure, as it's working internally you'll notice that it's making you feel tired. Some patients feel like they're gonna run around the block and it's different. It just depends on what it's working on internally. So as it's cleansing your organs, your vital organs, it's also clarifying your brain. You figure now out blood hits every part of your body. So if we're irradiating that blood, it's actually going down to the RNA and DNA level Caspar, and that's what happens.

John Scordos ([00:26:21](#)):

So we've also have studies and this is going to be very interesting that I've already seen positive results on this, but I'm going to talk about the telomere for a minute. So the telomere has a DNA strand, that when you're born, you have 18 strands on it. As you age it decrements when you die, if you die of normal, between four and six are left of this strand, what we've found is that by irradiating the blood and providing additional oxygen and auto-immune system activation, that the telomere stops the documentation. And in some cases has increased the telomere DNA strand. So to give you an example, we had a hockey player out of Michigan. He was in his early forties. He did our procedure once a month for about a year and a half. And the unfortunate thing is we didn't get a baseline test on his telomere, but being 42 years old and the telomere tests coming back at 19 and a half tells us that we probably did work some.

John Scordos ([00:27:24](#)):

So we've got three patients under the protocol right now, 50, 60, and a 70 year old. And so weighing that and we're going to have the results in August and September and October of this year, but I'm sure it'll prove that the telomere will have either stopped decrementing or have increased. So we did get the baselines on unfortunately the 60 year old showed that she was 72, the 70 year old showed she was 55, you know, so it's not all the same. It depends on your living. Like we were talking about before, you know, if you're a good, very healthy person and you don't, you know, you go around and do a mile a day, stay healthy, you eat healthy. Your telomere would probably show that you're at your age or maybe a few years younger. If you're a person that's abused, you drink a lot of alcohol or wine. Not saying that that's bad, but it does take an effect on the body and your brain and the kidney and liver. And so those are the folks that we see that the telomere is actually going to be five to 10 years, show that your internal organs have taken an abuse on your living. And so that's, that's what we've seen. It's very interesting on the telomere side.

Caspar Szulc ([00:28:31](#)):

That's incredibly interesting that you talk about telomeres? That's where everyone's pointing to for anti-aging right. Trying to live longer. It's all about your telomeres. It's all about looking at that and your mitochondrial function related to that. And that's all where aging takes place and DNA repair and destruction. So it's really, you could say in many ways that that UVB BI ultraviolet blood is an anti-aging therapy in many ways.

John Scordos ([00:28:53](#)):

Well, we'd like to say that, but being an engineer, I like to have the proof of it. And when we get, when we get that, then we'll be glad to expose it and market it appropriately.

Caspar Szulc ([00:29:04](#)):

Now John, let me play devil's advocate for a second, because I have done UVB treatments before many times. And, you know, as a skeptic, you can say, wait a second, you're only pulling so much blood. You're not pulling all of the blood in and out, right? So you're only exposing a certain amount of CCs, depending on what you do. Autologous blood major, minor, right? You could expose 50 CCs, a few hundred CCs, but not all of the blood ever is going to be exposed. Right. So how are you getting a systemic reaction? If only a small portion let's say of the blood is actually exposed to UV light and has that reactive you know, effect within it.

John Scordos ([00:29:45](#)):

That's a very good question, Caspar. And based on off of the studies that we've done, I did notice that a lot of the manufacturers of the UVB iDevices are, you're only pulling 60 CCs of blood. They're pretty standard. What does the patient weighs? 50 pounds? What does the patient weighs? 200 pounds. It's still 60 CCs of blood from the scientific studies that we've done. Your body weight is the amount of blood that you're, you're carrying. It determines that from your body weight, not the size or whatever, but if you're a 300 pound person, we pull a 1.5 CC's of blood per pound of body weight, but we have a maximum amount, 250 CCs is the maximum amount because of the, Herxheimer. So we don't want to harm the person. And over two 50 cc's could become a little detrimental and excretion through the liver and kidney.

John Scordos ([00:30:40](#)):

So those are protocols for that. We found that that's the most effective. It's one fifth. Really, if you say 1.5 cc's of blood per pound of body weight, it's one fifth of the blood that's coming out. And you're going back to your question. It's a chain reaction. When the irradiated blood gets into the bloodstream, every blood cell that it hits it activates, and that's how the auto immune system gets kicked in. It realizes, Hey, we've got something here that we haven't had before. Oxygen radiated blood, pretty much is oxygen. And that's very effective. There's a lot of procedures that are out there that are very effective and I'm not down talking the ozone therapy as a matter of fact is very good, but it's a different approach. You're injecting O3 three into you and that's going to go through. And that part is, if you could think about a train that train on the track as the O3, and as it goes on along the track, it's knocking everything off the track and that's good, but the UVI works differently.

John Scordos ([00:31:46](#)):

It's a chain reaction. It has all of your blood and it activates your whole body. So once you're finished, we suggest that the patient sits there for five to 10 minutes and let the blood flow start taking process. We also recommend that the patient, once they leave that if they have the energy, some of them feel a little tired because I know I've slept for 18 hours after my first procedure. It was really working on me. Some patients feel like they have more energy and they're going to run out and run around the ball field. We suggest that if you can to get out under the sunlight, it doesn't have to be sunny. It could be a cloudy day. You're still going to get the ultraviolet in through your skin and it's going to assist the UVI to start flushing out. And so that's, those are very interesting facts that we've, we've realized and scientifically proven.

Caspar Szulc ([00:32:33](#)):

Yeah, that's really interesting. Even the going outside part, listen, everyone knows that being outside. Now we have such a, you know, a focus on vitamin D and other things, but the sunlight is so essential. And of course it contains that UV light. We unfortunately have demonized UV, light and light to slather on chemicals. Again, going away from nature to slather on chemicals, to stop, the, you know, what is normally a very positive thing to get that UV light from the sun to come in and cause vitamin D to cause these other basic oxidative repairing functions in the body. So it's really interesting that that's the case.

John Scordos ([00:33:13](#)):

I have a theory man, right or wrong. I'll tell you my theory. I think that within the past two centuries that our atmosphere is changing and by us not getting what we were supposed to from the inception that, you know, by us shooting the satellites into space and rockets and opening holes in the atmosphere that that is changed the ultraviolet penetration to the earth. And by doing that, that's where a lot of these newly formed diseases are coming from because before the UV light was penetrating to the point where it was very effective, it was killing these bacterial. We can't see in microbial impurities that get into our body. And a lot of these new diseases are coming from somewhere. I believe that might be the cause of it. So by us doing the irradiation, it's providing your body what it's missed from day one because of the atmosphere. It's not any of our faults. It's just the evolution. And I believe I do. I truly believe that this is a good lifesaving procedure. That's giving you back, which you hadn't had whether you eat healthy or not. And whether you smoke or not you know, this is something I think that your body's needing because it has been lacking because of our atmospheric penetration, the UV lights, personally, the insight.

Caspar Szulc ([00:34:37](#)):

It's a really interesting thought process there and philosophy on everything, because of course, we're going through a lot of changes. The modernization of where we are is taking us away from nature and nature. Then also adjusts a little bit and how we react to it maybe is not as natural. And therefore we have more diseases and we're in an environment. Maybe isn't the most ideal for the human body. Now, you know, let's talk about the PL 20, 20, what you did, because you took a device that's been around for so long and made that an improved on it and got it there. And now one of the really cool things that I became so interested in was the fact that you used a flat crystal cuvette. You didn't use plastic, you didn't use rounds. Can you go into why you did that? Because it seems logical when I heard it, I go, Oh, that makes sense. But no one ever did it before.

John Scordos ([00:35:25](#)):

Yeah. I, I don't understand it either. So I go back to my studies and I noticed that the knot had a flat designed cuvette and that he was getting the maximum results from it. When I looked at, from the eighties, nineties, and two thousands, they kind of manufactured the device to maximize the profits off of it. And what I mean by that is you can go and order fibular cuvettes are tubular crystal, and it's a couple of dollars. So it's very simple. Attach your lines to the tubular cuvette. When I started researching that scientifically, and didn't take a lot when light hits a tube, what happens? It bends. So the penetration to the blood that's flowing through this tube is getting approximately 13% and we've done scientific studies out of Louisiana on this. It's getting 13% of the light. Now, the UVB light, we didn't find any, at this point, we haven't found any medical benefit to the UVB light of the blood.

John Scordos ([00:36:27](#)):

Now externally it has benefits to the skin, the UVA and the UVC, the germicidal and the bacterial lights had the best effect. So if you run it through a tubular, crystal cuvette, you're going to get 13% of what that light should be maximizing it. So I designed and it took me a while to design this cuvette. And the reason for that is the flow. The blood flow has to go at a certain rate and we normally have it at a drop per second, which means that the time that your blood is hitting the beginning, part of the, the, flat cuvette and penetrating through our chamber, which is, which is patented and coming out, the other end has to get the maximum level of the radiation that's allowable to that blood. And so we did a ton of testing and we came up with the solution that was generic for everybody is going to have the same effect.

John Scordos ([00:37:23](#)):

And the flow through the irradiation chamber is going to be maximized with the tubular cuvette. The other thing that I've noticed is that these are the folks that were saying, you only need to do 60 CCs of blood. So, you know, I did do that. I found that it helped me for a day or two. It didn't alleviate any of skin conditions or headaches or make my eye sight better or whatsoever, but by utilizing the resources that we had in calibrated the lights. So the UVA lights calibrated at a certain nanometer, the UVC's calibrated. A certain nanometer is placed at a distance that will not harden or hurt the blood through the crystal cuvette, that we've designed. And the flow rate is very important. And so that's what we've done. We've it took us a while to design and scientifically prove my theory. And we hit the nail on the head with that. I, I do believe Caspar. So this will be our flagship for the next device, which will hopefully tie us to the cloud and be automated, automatically managed remotely.

Caspar Szulc ([00:38:30](#)):

Are there benefits to the use of crystals aside from the negative of plastic that may be there?

John Scordos ([00:38:38](#)):

Yes. So the crystal is the only outside of fusion. So silica. So in our device, the bottom plate, and I noticed the previous device has had issues of spillage. Well, let's assume that the tube wasn't on the crystal tube properly, and you got a leak. Well, it went right down into the chamber, which could have blown the whole device out and maybe electrocuted somebody and our device. We use a filament called fused silica. It's actually a gas that's hardened, and it does not bend UVC or UVA light at all. It's like, it's not even there. If you take a piece of glass. Now glass you can buy in different formulas, but the best formula of glass, the cleanest formula of glass that we get bent and almost eliminated filter, to UVC light, almost 90%. So glass you can't use. And you're probably well aware of that.

John Scordos ([00:39:38](#)):

You know Anderson windows or the window companies sell you glass and they say, we'll say you, this tinted, you can't see it. But what it's doing is it's stopping the UV light from coming through that piece of glass. So the minerals and materials that we used were very scientifically proven to maximize what we needed to do. And we needed to irradiate that blood and not burn it because UVC light could do that at 254 nanometers, which is the maximum potential as a UVC light. If you had it too close, if the flow was too slow, and if you even put it through the tubular, it will start hardening. And coagulating, so that's how we derived of the flat crystal cuvette.

Caspar Szulc ([00:40:21](#)):

A lot of precision that goes into this, right? I mean, we're talking about different wavelengths by the nanometer could have such a difference. The flow could have such a difference. Even the amount you pull out, you know, I understand it can coagulate. If you do it too slow, or you don't have an anti. So there are a lot of things that need to go into this, but of course, this has been studied for a long time and is quite safe where it is right now.

Caspar Szulc ([00:40:42](#)):

Correct?

John Scordos ([00:40:43](#)):

It has.

Caspar Szulc ([00:40:44](#)):

So tell me, let's go into the data now because you're more of an engineer. You understand that. What have you been seeing since you've gotten this out in your clinic, other clinics, what is it doing? What types of you know, conditions are you seeing improvement in?

John Scordos ([00:40:59](#)):

So my objective was to identify our top 10. We have around 80 diseases that we've clarified in our medical database, that it has an effect on. So I've taken that data Casper and I've taken each disease and I've added five stages to that disease. So let's assume that somebody has Lyme. And that was our first Jeff out in Beloit, Wisconsin, out of his clinic his wife had chronic Lyme disease. He goes, John, my wife will be the Guinea pig. Let's do it. So on Lyme disease, she did six procedures and we did it, our frequency that we had proven. So the normal procedure and frequency of the procedure is two the first week and two the second week. You know, the reason for that ultraviolet blood irradiation works from day one. As you get it, it starts peaking around day three and goes for 10 days.

John Scordos ([00:41:50](#)):

So what we've identified is that if you front load it, to try to flush out the underlying diseases, depending on what it is, if it's HIV/AIDS, it's going to be a different frequency. If it's a mononucleosis, it's going to be different. If it's a tumor or a blood, you know, skin conditions. So we have identified the best frequency for that particular disease. Now, what we're hoping to do when we get the next device onto the cloud is that every person's different. Every person, eats different lives, different environments breeds different, has different physical activities. Is that we're going to fine tune this for each particular patient. Unfortunately right now we have a generic set of guidelines and we know that works. And so by front-loading that I've noticed that it doesn't have to be male or female. Your hair becomes a lot more fluent and airy.

John Scordos ([00:42:43](#)):

Your eyes become wider. You breathe better. You have more energy. These are all standard, almost a hundred percent from data that we've seen Caspar is that even if you're not sick and you come in for the first three days, you might not feel it. But the fourth, fifth or sixth day, you might feel a little energy. Some people, if you're attuned to your body. Now, the reason I say that is it's so gradual. And because people, you look in the mirror every morning. So if you're gradually changing, you're not going to notice the change, but on my patients that I see once a month, I see a tremendous difference in them. And

they notice it. When you tell them, did you see the whites of your eyes? Did you see your hair? And the women actually let me know about it. And it also gives a very positive attitude to people.

John Scordos ([00:43:31](#)):

I have patients in their sixties and seventies that come in and they, I hate to say this, but they would rather be six feet under because they feel so bad. They don't want to wake up in the morning. My gosh, after the third procedure, these people are coming in and looking forward to living life again, they're looking forward, they're actually getting up and cleaning their house. They're getting up and finding things that for decades, they've been looking for this box in the closet and haven't been able to find it. So what I see that that is generally on a, on a person's quality of life. You want energy, you want to be able to think clearly you want to be able to see as good as you can. You want to be able to discuss things with your kids or your parents or your, your better half. And you want to be able to think clearly, and in order to do that, and what I've seen from ultraviolet blood irradiation, it's actually doing that.

Caspar Szulc ([00:44:21](#)):

We've definitely noted it also. I mean, regular UBI, UVB therapy was pretty effective. You know, this isn't to knock it or say it wasn't working and needed something to work. No, you've just enhanced it. You've really taking it to the 21st century and beyond you could say.

John Scordos ([00:44:39](#)):

Thank you. And that's what I was trying to do with this. I believe I have. Thank you, Caspar.

Caspar Szulc ([00:44:44](#)):

No Bravo on that. Let me ask you as, as a visionary, are you looking elsewhere in the medical field saying, Hey, I can do a lot there too. Are you seeing any other devices, therapies that kind of peak your interest?

John Scordos ([00:44:56](#)):

Yes. Ozone generators have piqued my interest. The materials that they're utilizing are quite generic and we've we have in our R & D right now, one that we're testing it's at the internals are a little expensive because it's 14 karat gold, but it produces such a tremendous of concentration of O3. That I'm a little, I needed to get our testers in here because I don't want to test it on a live person yet. We need to run it through our evaluation and determined that this is, I believe it's going to be the next generation of O3.

Caspar Szulc ([00:45:31](#)):

I got to connect you with Mika Lowe from simply O3 he's a guy who was on here before, and he's everything to ozone. But I agree. Listen, there are certain areas that there is definitely always room for improvement, and it's not just one step. You know what you're doing with PL 2020 is great. I'm sure in a few years you even have, then you appeal 3000. It's going to be the 4,000, the 10,000 soon, because once you start and really put attention, I don't think anyone's done that to these types of therapies. Ozone is ozone hydrogen peroxide is hydrogen peroxide. This is that right. We even things like hyperbaric chamber, I'm seeing people out of Europe saying you could tweak it to be Normabaric, where you could stay in for longer, without any negative side effects. And it's actually better, you know, so people are now paying attention and saying, how can we apply technology even more? So learn more about it and then really get the efficacy up there.

John Scordos (00:46:24):

Yes. And the other things that we're looking at is the LED lights. Okay. So when I did the evaluation for our particular lights, the UV lights that were using, unfortunately we had to go with the fluorescence. The LEDs have not had enough tests, but I'll mention something here. About four years ago, a friend of mine called me out of Colorado and asked me to come up and do some scientific evaluation on their medicinal marijuana plants. And they have an LED calibration that can calibrate the medicinal marijuana to generate the THC that will attack PTSD, or you can adjust it to attack pain in your knee or pain in your back. I was very intrigued by this, and that's where I started focusing in on the calibration of the lights to our UV devices. Well, if it's doing it to the plant, why can't we do it to the human?

John Scordos (00:47:19):

I hate to hate to put it in that manner, but if we can calibrate the lights to focus on efficiencies and maximize the results to that, and that's what we've done. So when we look at the fluorescents versus the LEDs, the LEDs are great because the last 50,000 hours versus our lights will last eight to 10,000 hours. And like I said, I'm not, I'm not in it for the money I'm in it for the efficacy. So the reason I didn't put the LEDs originally is, yeah, it would have been a little bit more and less maintenance, but will it have the same effect? And we didn't have the time to test that as of yet Caspar. So what I'm looking at the LEDs, can we take this led light and fine-tune it to a needlepoint and focus it in on that person. There's other devices out there that are similar.

John Scordos (00:48:10):

They have fiber optics with UV lights going through it. They inject into your vein and as the blood's flowing, it's supposedly doing that. Now they're getting about 2% of what we're getting, but it's getting something. So my theory on the LEDs is that we can manufacturer an LED pinpoint size needle, head size and take that and focus that in on, let's say, particular tumors or inflammation areas and insert that, and within seconds you should see relief. So we're working on that. And so there's a lot of different things on the LEDs. Can we put the LEDs under our field series and have effectiveness well we're testing that as well? I have an engineer here out of Raleigh. That is the, is nationally known for bacterial. And he's been working with LED lights and he has it to where he can focus it on a thousands of a centimeter. So he can actually take this light and point it. And if you had a bad cell, let's say he can destroy it. And so that was the theory that I took and said, well, if you can do that, then why can't we utilize this LED light to focus in on, let's say, bad tumor cells or inflammation what's causing inflammation, maybe diabetics, maybe, I don't know, but we are working on a lot of different things here that hopefully will become some automation in the medical facility soon.

Caspar Szulc (00:49:35):

Oh, that would be great. Because you know, being in the medical system around it my whole life, I can't really say I was in it, but I was so close to it.

John Scordos (00:49:43):

Oh you were in it, your dad?

Caspar Szulc (00:49:46):

No, no, no. Some of my, some of my best friends, as, as, as a kid traveling everywhere were doctors grown doctors. So yeah, I've been around this system a long time and being also an outside or going into business, being an entrepreneur, I could say it needs a little shaking up. It needs a little disruption. And it

needs that infusion of thinking differently. People that are visionary like yourself to say, Hey, this is a great system, but we could do so much more even with it.

John Scordos ([00:50:13](#)):

Yes, that's my intent is to try to yeah. Try to modernize it then. And like I said, a lot of the clinics didn't want to use something that was working quite well. And the reason was the maintenance and the setup in the procedure itself. So if you take that and you know, we have a minor training to make sure that the provider understands that it has to follow the procedure. If it doesn't, it's not going to work the same. And so, you know the next, the P L 3000 we'll have that controls built in, you know, it'll make it a lot easier. It will be available. So actually medical hospitals should be able to use this. One of my friends and a couple guys who are on our board. One's a he was a pulmonologist. They want him, and then he became a cardiologist and then went to Duke and got his MBA.

John Scordos ([00:50:59](#)):

And I said, Tom, when are you going to stop? Because I'm retiring. So after all of this, he's retiring, he's on our board. But when I showed him this device three and a half years ago, he said, John, this needs to be in every hospital in the world. If you come in what's the main thing that you look at in hospitals and that's MERSA and sepsis and bacteria infections, this gets rid of it. And so this should be a standard routine, but telling the medical world that Caspar, of course, you know, it's not bringing enough money in. Yeah. So that's unfortunate.

Caspar Szulc ([00:51:31](#)):

I want to ask you, and I'm not gonna make any correlation of UVB and COVID or anything there, but I want to ask you this from the pandemic, do you think due to the pandemic that we are going to see a sudden, maybe resurgence of looking back at things that may be able to help us for the next one further, because this is not, let's be honest. This is not the only pandemic we'll ever have to face this without the only health risks we are. We're still an incredibly sick nation and world 50% or more of Americans are still, even when all this has gone, pandemic are going to be chronically ill, many with infectious diseases that they can't kick. So let's not say that we're going to suddenly be all healthy once this pandemic is over. No, we may be worse off actually, because we've been indoors.

John Scordos ([00:52:17](#)):

I think we will be actually, it's funny. You mentioned that part of our study is we're looking with a West coast cancer center to review the post effects of COVID because, you know, everybody says, well, I've had COVID or no cleanse, but the dilemma with COVID is that it affects it coagulates the blood inside your body, and which in turn eliminates the functionality of those particular organs, your liver, your kidney, your lungs, your brain, for instance. And what we've noticed is that post COVID patients don't get a, and the primary thing is smell and taste. So you don't get your smell and taste back. Well, somebody at something affected that COVID did, can we eliminate that? I'm thinking that the blood or radiation, and we're going to start trials beginning of next year to determine what we can do to help the post COVID patients with their living and health the quality of living. And I think we should be able to, but hypothetically it should help, but we don't know until we see the results.

Caspar Szulc ([00:53:21](#)):

Super interesting, right? Because there's so many applications of this and to help people with something that is quite simple, you've done the technology. There's nothing, you know, really radical that you have

to do has so few side effects. It just makes sense. Why wouldn't you, this is where I do have some problem with the medical establishment. If you're out of solutions, don't say, Oh, well, let's wait for one, you know, that could be forever. We don't know sometimes. And especially when it comes to chronic conditions, we've been battling so many for so long and they are incurable. Why not keep trying things from the past, from the present, from the future.

John Scordos ([00:53:58](#)):

That's exactly right. And that's what we're doing. You you're doing it as well. We're doing it here. And the other clinics we're really I've reached out and I've got a campaign that will be, I show infectious blood borne disease doctors because, and I've had doctors send a lot of the patients to us here in our clinic and Raleigh from word of mouth. I've sent out to the, to the medical world here in the Raleigh area. And number one, I wasn't going to open here in Raleigh for a number of reasons. It's the 37th state of utilization of homeopathic and alternative medicines. We were going to open up in Arizona originally, but you know, things led to other things. And I, I live here in Raleigh, so I felt it best to do it here, but we are seeing a tremendous amount of word of mouth coming from the medical world.

John Scordos ([00:54:45](#)):

So I've had pain management doctors send me several patients. I've had infectious blood-borne doctors send me some, some patients. So these are the doctors that care. And I did notice there's a big difference in the ones that just are there and where numbers to them and the ones that are really caring. So you know, we're trying to reach out and, and, and our objective obviously has first try to help people try to get them healthy, try to get them. I mean, cause this procedure is simple. It takes some time, but it is a very simple procedure. It won't harm you. The worst thing it's going to do is make you feel better and alleviate some things that some of our patients didn't even realize they had until we got rid of it. I'll give you an example. I had a patient come in, he's in his sixties, high blood pressure.

John Scordos ([00:55:29](#)):

So we're very good with blood pressure, by the way. Very good. And and the reason for that is as the radiated blood is going through your veins and vascular hit your arteries, it's cleansing it, it's oxygenating it. It's making it more flexible. So those arteries and veins can collapse and be panned according to your usage of the heart pump. And we've seen it and he he's an engineer as well. So he actually did a nice granular chart of when he came in and you could see the degrementation of his blood pressure going down, down and down. But what I noticed is that it got rid of a cyst on his lung and he goes, it was five centimeters. He goes, John, it went back, doctor asked me what I did cause it wasn't there anymore. I said, well, yes, we can get rid of cysts and we can get rid of tumors and inflammation.

John Scordos ([00:56:17](#)):

And thank God it helps. So these are things that we've noticed is that the patients coming in and I try to be personally involved with them as they introduce themselves. And I introduce the procedure to them and what we're doing here, we call us a pilot clinic and I have an 18 page questionnaire that we get a ton of answers. A lot of the doctors don't care about what they eat and how they live and what time they get up. We do, we care about that because that's going to be eventually databased and we're going to find out some things down the road, do the analysis. And hopefully we'll be able to help a hundred percent of the people which some of the scientists that are on our board have a feeling that we're going to be able to with the calibration based off of what you guys, you know, the NAD that's a very interesting thing.

Caspar Szulc ([00:57:05](#)):

I mean, listen to, I can attest I was the Guinea pig for the appeal 2020 that first came in.

Caspar Szulc ([00:57:13](#)):

I ran personally a heart quest HRV assessment afterwards and listen, autonomic nervous system was very balanced. At that point, you saw improve mitochondrial function. I wasn't sick. So it's not a huge jump, but it was nuanced improvement. That is many things don't do at all. I've done lots of therapies where you just go in and it was about the same. And you know, you saw this one in a few days, 24, 36 hours after, and you saw that improvement right there in a HRV assessment. So, you know, I, I can say that. And we've definitely seen patients come in and respond very well above what we were seeing with a normal UVB UBI treatment. So congrats on that. You've really created something great here.

John Scordos ([00:57:54](#)):

Well, thank you. And I thank you for being a partner with us, so we couldn't do it without you guys, you know,

Caspar Szulc ([00:58:01](#)):

No this is the amazing part, I always say that there are so many people out there trying to help and then doing so much to help the doctors as well. And that's, that's really where we kind of base our foundation on. How can we find these people and apply it to help it's helping people help people, right?

John Scordos ([00:58:17](#)):

Yes. It's really their Caspar. What's the best way to do that.

Caspar Szulc ([00:58:22](#)):

Well I think it is the word of mouth, things like these, and that's where it leads. Where can people learn more about this? You know, where can people learn about ASCEpi in the clinic? Tell us,

John Scordos ([00:58:30](#)):

Yes. Well, we have a website is ASCEPIMED.com. You're more than welcome to go there. We're we can answer any questions you have. We have the general procedural write-up of what you expect what to expect pre and post the procedure. We have some testimonials that will be going up there here soon. We'll be revamping the website to make it a little bit more integrated. We have forms for new patients that want to come in. They could, they could get on the PDF and fill out the 18 page questionnaire. So when you come in, you can, we can get right to it. We've got our doctors that are there. Some of them are, are in there and explain you know what they're doing. We're also looking at FDA approvals and fast track through this pandemic has assisted us to fast track some of the things like I said, the post COVID we're hoping to get a grant from that. And there's a lot of positive things. I hate to say it from this pandemic that has afforded us to become a little bit more widespread into the medical world. We had a three-year plan and I think we'll do it in a year and a half because of the pandemic. So these are things that are very positive.

Caspar Szulc ([00:59:40](#)):

I've always had, there are silver linings to this. Everyone is saying, it's a terrible year. It's terrible. You know, I think that, yes, it's a strange yes, you know, but it's what you make of it. There are silver linings

to this. I'm hoping that that is one of them. That new technology, new options are presented to take control of your health. Even if you're in a sick place or at least put you in a better state of health, because we all know the better state of health, whether it's a pandemic, whether it's something down the line, an accident, anything you're in a better position to handle that. And you should come out of that healthy. So why not? So even for the preventive reasons, something like UVB UBI could be great. But if you are in a compromised position already, this can absolutely be helpful.

John Scordos ([01:00:24](#)):

Absolutely. One of the couple of other things I'll mention as some of our patients have had dental procedures done in between, we had one patient that did plastic surgery. So she was going to get her breast and her face. She was in her sixties and she was under our protocol, but lo and behold, her plastic surgeon called me three days after she had her surgery. When she did her followup and said, you know, I have never seen a person heal this fast, Caspar within 10 days, the stitches were out. You couldn't even tell she was cut. Same thing with dentistry. We had a patient that was going to go. He had a problem with a molar. So we had to go get an operation to get the molar taken out. He healed. So the dentist wanted him back within three days to take the stitches out.

John Scordos ([01:01:09](#)):

And when he went back there, he goes, Holy moly. I'm not going to have to do a second procedure. You've healed already. And he goes, I've never seen this. So the patient told him what we were doing. I got a call from the dentist. And so these guys are now looking at us as a alternative method or option for patients that are going to want to heal quickly. Especially in the plastic surgery side, Dr. High here in Raleigh is very popular and I've seen his head nurse and his alternative nurse they've come in here and they're now our patients. So they saw what, what it did to their patient and they were interested. So they came in and that's how I think our word of mouth is getting out. We did some marketing analysis and said, well, every one patient within three months should bring you six patients.

John Scordos ([01:01:55](#)):

Now, whether they become patients or whether they become curiosity, curious onto what we're doing. And I've seen that, I have seen that word of mouth pick up, but we've had some people from Tennessee call us from Virginia, call us. And you know, it could be a long days, drip or five hours from Tennessee, five hours from DC. And we do have patients that do drive a bit. And I did notice while I was traveling nationally, looking at these different alternative options and devices that we had people flying from Canada down to Florida to do UVI. It's amazing. I mean, you're right there in New York, I'm sure you probably get some Canadian patients.

Caspar Szulc ([01:02:31](#)):

Oh yeah, no, it's, it's an international appeal. Listen, if you could help people who have been struggling for years and don't find many options as to what will help them. You attract people from all over the world. So, you know, when you have this type of technology, like the PL 20, 20, and so many other things that can help people, people will show up, right. And word of mouth is that's all we, you know, go off of. There's no need to advertise when patients get better. I feel like advertising is something when you can't help them, then you need to get new ones because no, one's talking about how they work.

John Scordos ([01:03:03](#)):

It's like the the lawyer following the bus for accident victims.

John Scordos ([01:03:08](#)):

I don't want to sell Snake oil. And that's also that I noticed that that was a deterrent a little bit at the beginning was the fact that we did have a lot of medical manufacturers that were had anecdotal data. They weren't providing the efficacy and the results that I expected. And so I just, it took us a year and a half actually, Caspar to go through the data that I had that was written in the 40, 50, 60 seventies, eighties, nineties, up to, to current, it took me a year and a half to have an analyst go through it and determine what was the, what was true and what was just anecdotal. So we only took the true data, the medical proof, medically proven data. And that's when I say we've identified 80 diseases that we're very effective on, and I'm going to elaborate a little bit if you don't mind.

John Scordos ([01:03:54](#)):

So out of our data mining, we took what, say Lyme disease and out of the Lyme disease patients, how many were a hundred percent? How many were 80%? How many were 60% so out of that we had only 20% that were between zero and 25% effective. Then it became, as we went up the scale, it became stronger and stronger. So that's how I determined what of the diseases that we're going to go after eventually for the FDA. And this'll probably be after post COVID things, because that's a different scenario, but we were very effective on line fibromyalgia patients, you know, and we've had a lot of fibromyalgia patients that were, you know, the doctor told them they had Lyme you know, so a lot of the tests aren't even that accurate anymore. So we get patients in and we find that, you know, they've been diagnosed with one disease, but when we send them back to our doctors, they determined it wasn't that disease.

John Scordos ([01:04:53](#)):

It's something else. And so that's been a little critical as well. How do we determine what disease we're attacking? So the Lyme, the fibromyalgia, and then we have the osteoarthritis. We have allergies by the way, here in North Carolina, it's probably the top state in the United States. That's the highest allergy. I've never had allergies in my life. And when I moved here, my eyes are watering, my nose is running. When I get up in it, it took several months to see what's going on here. Well the doctor said, well, we can give you a shot monthly and that's okay. I'll take care of it. So I go back and do my procedure and I do a monthly procedure. I don't have any allergy allergic situations, but we have had some patients that were so allergic to dust or grass. And so they couldn't even go to a hotel because when they go into the health hotel room, they haven't cleaned it or the cleaning solutions that they've used there.

John Scordos ([01:05:46](#)):

And so this one gal she's in her forties, she travels a lot. She works for IBM. And she came in and was complaining about everything. Everything, she couldn't eat this, she couldn't go to hotels. She had to do this. And within, I think it was a month and a half later, she had to go to Germany and she was afraid. I said, well, just play it by ear and give me a call. As soon as you get back, we'll get you under procedure. She called me from there and she was the only one that didn't get sick the whole time in Germany, her and the other six people, the other five people were sick. They couldn't eat the food, they couldn't drink the water. She was living life and laughing at them. These are things that I've, I've seen physically. And in my patients' results that really make me happy that we can do this and be helpful to people.

Caspar Szulc ([01:06:31](#)):

It's incredible. What happens when you apply the right things to the body and give it what it needs. You're not forcing anything. You're not trying to basically you know, alter the biology. You're just trying

to get it to a homeostasis and back into balance. And that's exactly what your system in so many natural and holistic systems do. So really, really cool. I'm really hoping that more doctors have this and dentists as well. I was speaking to biological dentists that were talking about ozone and UVB UBI. So it'd be great to see that even more so, so yeah, I'm really hoping that happens and wishing you all the best John. Thank you so much for coming on, sharing this knowledge and keep pushing forward, being a visionary and disruptor.

John Scordos ([01:07:15](#)):

It's a pleasure having you. And I do appreciate you all being on our, on our team. It's really helpful.

Caspar Szulc ([01:07:21](#)):

The renowned personal development author, Shakti Guan once said, the more light you allow within you, the brighter the world you live in will be. What if we took this as a literal translation to mean, if you will light in you as a therapy to heal you that through that healing, you'll live a more abundant life, more things to ponder. As we close out the year, wishing everyone a very happy and healthy holiday season and new year. I can't wait to dive into more of these stories next year and keep transforming our understanding of medicine, healing, wellness, and so many other things till then keep writing your own healing story.