

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

I'm not even gonna do an introduction, Tapley, 'cause you've already been on and they could see you on that. And, and I just want you as, as a second time guest here to, to start this off by basically letting us know about what, what you created with TruDOSE. Just a quick recap. They could always go listen to the, the full, you know, hour we had together a couple years ago. But, you know, what, what is TruDOSE PRP and how it differentiates itself from just normal PRP?

Tapley Holland ([00:29](#)):

Well, the, the, we, we, you know, we don't even call it PRP anymore because it, because what we've learned and what it actually does and heals is something that's completely different than PRP. And it's, and so to distinguish it from what it does when you do it with the right dose,

Tapley Holland ([00:48](#)):

It's not even PRP, and I'm not saying that to you, but it's almost like because, because the way it's different is that we've all, we all know that we've, that we have this innate ability, hopefully, that we, we were, we were created with cells within our body to heal our cells from hopefully anything that can be thrown at us. But the problem is, why have we yet to, to progress on the discovery of, you know, treatments for, you know, for kind of regenerative therapies, stem cells. PRP is in there. And the reason is, is the problem with dosing inaccuracy, which we talked about in the first podcast, and that is the, the TruDOSE technology. What I created was the way to test somebody's biology and understand right then and there, the, the individual healing factors within your blood that will impact your healing treatment.

Tapley Holland ([01:40](#)):

So instead of treating somebody with a stem cell quote treatment and, and, and the way that they're done is that, that we treat everybody the same way. And if we treat everybody the same way, should we expect everybody to have the same outcome success? And the answer is no. And what I created was, let me test some of your blood right then and there in the office. And just a small, you know, you know, a few drops of blood and the intelligence, the metrics, the analytics that I built into the software and the testing platform, understand all of the factors that impact healing. And there are too many things to kind of go into on this podcast, but it's built into the intelligence of software. And the software will turn around and say, well, this is what we need to do to you.

Tapley Holland ([02:24](#)):

And in this case, this is how much blood we need to draw from you to create a healing dose therapy. Whether it's Lyme, lupus, my knee hurts, make my hair grow you know, Parkinson's, it doesn't matter. So the, so the intelligence has learned all of these conditions over the past years. And so that way everybody's treatment is individualized, personalized, it's dose specific to the condition that they're, they're trying to treat. I had no idea that when I created that technology, that it would lead me to say, you know, know what, what would happen if we do this to you intravenously? Because if you look at the literature within the medical domain, it is not even conceivably possible that we would even want to try to, to create a high dose, you know, therapy of platelets from your bloodstream, your own bloodstream, and let's infuse them back into your blood.

Tapley Holland ([03:18](#)):

First of all, they wouldn't even do that. Second of all, it's not even conceivably possible that it would even do anything to you therapeutically, because platelets have just been con, have been kind of thrown

to the wayside and said, you know, they're just meant for clotting. Well, it turns out we, we, what we've uncovered is that they're <laugh>, they're meant for way more than clotting. It turns out that platelets are actually the one thing that are surveilling the bloodstream monitoring your immune system and your repair system. And those are arguably the two systems that help us live a long live life. If we can balance those two things, repair and immune defense, we're gonna live a long life. Well, when I took the technology, the TruDOSE technology, and, and I, and I said, let's see what happens if we dose out a specific dose and do it intravenously. That's when my whole world changed in 2018. And it literally unlocked Pandora's box. And it kind of wrap this up, you flash forward to today, which is five years later, and we've treated thousands of patients, everything from autism to Lyme to CR and every chronic condition you can possibly think of. And what we have learned is this, is that it, it is literally reversing all of these conditions that conventional medicine ha says we don't have any treatments for. And it's doing it with your own blood. Mm-Hmm, <affirmative>,

Caspar ([04:43](#)):

That's, that's an amazing kind of concept of it. 'cause I remember talking about the devil is in a dosage that was a, you know, something we discussed in there and how TruDOSE differentiates there, but it's in the dosage of something you already have within you that act as kind of reconnaissance you know, specialists that are out there in the blood system and can tell the rest of the body where to go to, what to do, how to enact certain healing responses, which, you know, we saw as a very interesting thing to do with something like, I know you're not calling it PRP, but just to relate it to a platelet type therapy that most consider for regeneration. Let's say athletes use it in their knees and see a regeneration there. Whereas when you use it in the medical system within these IV pushes, you're kind of flooding the, the entire system with these reconnaissance beings and, and they're looking to, how can we help the body then?

Caspar ([05:41](#)):

Right. And that's, that's sort of what we're doing. And now I really wanted to have you back on because you know, the first one we were talking about different chronic disease and everything, but there are these new advances you have been seeing in this new research. Yeah. And it really rests around kind of bigger topics of the time. I would say right now and I'll, I'll, I wanna start with the, the hot topic that you know, so many people are talking about, which is long haul covid okay. You know, it's, it's, it's these people that get through the, the actual infection and then see the symptoms that just extend, which we know tapley comes from a lot of different infectious diseases. You could see that with EBV, you could see that with Borelli and others. But this is one we we haven't seen before. So can you go into what, what you are seeing with that, with TruDOSE and the long haulers?

Tapley Holland ([06:36](#)):

Yeah, I'm gonna add, I'm gonna address the long haulers, and then I want you to come back and ask me, because we have blood data to show what this treatment does to things like EBV, cytomegalovirus, candida mold, so long haulers, here's what we've learned is that the, the body, when, when the, when, when the body gets insulted by something, and we'll just use, and since we're talking about covid, it doesn't dis, it doesn't distinguish between you know, what the event is. All the body knows at the cellular level is that something's happening to me. I'm gonna shut down and go into this mode of fight or flight and survival. I'm gonna conserve everything. And so the longer your cells and your organs stay in that mode of fight or flight, you're in this inflammatory loop. And to make a long story short that's a lot of what this inflammation is.

Tapley Holland ([07:29](#)):

Systemic inflammation is, is you're stuck in these inflammatory loops that your body cannot exit out of. And guess what? The, the platelets are perfect are the ones responsible for starting the healing cascade and your immune system to activate. And they're the ones who are governing the events, the cycle of events of your repair system and your immune system. And so when you get into these inflammatory loops, what it means is, is you're stuck at a certain particular event within that repair cycle, or you're stuck at a certain event within the immune system cycle. So let's take, you know, you know, you go through, you know, you encounter a virus like the Covid virus, your body has to you know, you have your innate immune system that, that receives it. Then you have your interferon, which immune system which goes on the attack, and then you have your adaptive, which learns how to fight against it in the future.

Tapley Holland ([08:25](#)):

Well, if the body cannot, you know, go through that cycle of events in a very systematic order, it'll get stuck. Let's say it's stuck when it's at the interferon where it's constantly fighting something. And your body will eventually learn to just coexist with it. Well, well, what does that manifest as? Inflammatory hair loss, sensory loss? You know, in my taste, sensory loss in my feeling urination when I, when I burning urination, covid, long haulers manifest a, a, a number of ways to people. But the, at the end of the day, what it means is you're stuck in this, this inflammatory feedback loop that you can't exit out of. When you, when you take the platelets out of the body and, and for the TruDOSE therapy, and you give it at the right dose, and you process it and you put it back into your bloodstream, what happens is the term is called immune recognition and, and repair recognition that that entire scene of events that your platelets are responsible for overseeing it, it's, it's like they're seeing it for the first time again.

Tapley Holland ([09:38](#)):

So there's no coexistence. It's like, whoa, we're we're stuck in these inflammatory loops of urination, hair loss you just had a stroke. You just had you know, cardiovascular issues. Whoa, we gotta fix this. And so the platelets are the ones that actually go into that feedback loop where you're stuck. It'll actually give the cells, the organs, whatever is, is stuck at that particular point. It'll give 'em the stuff that they need so it can complete the cycle and exit out of that loop. And guess what, when you, when it does that, you're burning urination goes away. You stop losing hair, the, the, the, the stroke that you had a couple weeks ago, all of a sudden you are regaining movement again. All of it. So what the therapy does, because at the end of the day, covid long hauler is basically, my body's in an inflammatory heightened state. The therapy, the TruDOSE therapy literally extinguishes that almost immediately. I mean, we, if you have real covid long hauler, it is, I would say 50% of the time people even experience improvement before they even walk out the door.

Caspar ([10:55](#)):

Super impressive. I mean, that, that, that's where you, you wanna be able to provide people that are, have gone through an infection with some kind of, you know resolve and some kind of solution. Right Now, we haven't seen too much out of that. What, what do you, what are the actual like, people that are coming experiencing, you're, you're saying it's like right afterwards. Are you doing it in a few treatments? How, how is it differentiated and what are you combining with?

Tapley Holland ([11:22](#)):

Okay, so I'm glad you asked this because this is an important thing. What we've learned, I mean, this is, I mean, we've, we haven't talked in a couple years.

Caspar ([11:29](#)):

Yeah.

Tapley Holland ([11:30](#)):

And it's a lot that we've learned. We, the one thing we've learned is this, and, and this would be a graphic and, and, and maybe another podcast, but as we, as we accumulate these inflammatory loops, they kind of build on one another over, over a lifetime. And your body learns to coexist with them until the point to where you, where you have basically neurological dysfunction. You know, you're, you're, you have what, you know, you have you know, Lyme, chronic fatigue syndrome, fibromyalgia Parkinson's, all of these things are basically many, many, many inflammatory loops from the immune system. And the repair system stuck on one on top of one another.

Tapley Holland ([12:15](#)):

What we've learned is that if you have a condition like that, that you're going, you need to prepare yourself for multiple treatments of the TruDOSE treatment every eight to 12 weeks. Why? Because at the cellular level, when we have, let's say that we're vitamin C deficient, and we could, we can do a test and we can see our cells need vitamin C, what we've learned is that for our cells to, to acknowledge the fact that you're giving it vitamin C when it is deficient, it takes about three days for the cells to acknowledge that. It takes about three weeks for it to say, I'm acknowledging it. Now I'm gonna put it into my short-term memory. And in the three months, it becomes metabolically imprinted in the cell memory that, that vitamin C it, assuming that you're, you're, you continue with the treatment it's done, that that repair is fixed as far as vitamin C deficiency within the cell.

Tapley Holland ([13:12](#)):

What we've seen with the TruDOSE therapy is that at the cellular level, it is kind of mirroring that eight to 12 week time point in, in that we give a treatment to somebody who has fibromyalgia, covid long hauler. At about the eight to 12 week mark is when we start to see the benefits, the therapeutic benefits start to plateau. So all of these improvements are happening. Eyesight, gut is being restored, c being regained. There, there's so many things that are experienced to, to an individual, but that's when the improvements start to plateau. And it's not like you go backwards, but the improvements seem to kind of stop. And that perfectly mirror mirrors what we know at the cell level, that those benefits that you've gotten from the, the TruDOSE therapy are now imprinted in the cell level. So what you don't want to do at the eight to 12 week mark is say, I'm good.

Tapley Holland ([14:08](#)):

Let's just do one treatment and stop. No, because you're at a condition like fibromyalgia or long haulers, that your body is at a point to where it wants to relapse back into the condition. And, and in order to, you know, in order for it not to relapse, you hit it again at that eight to 12 week mark. And it's almost, you can set your watch on it. People like will say, patients will say, I'm starting to feel it plateau. I'm starting to feel it kind of that that flare come back. It's like, perfect, you're at the right time point, get back in here and get to next treatment. And what we've seen, if you continue with that eight to 12 week regimen, you know, give yourself at least four treatments over a good annual year, you're going to, and

we've measured this at the blood level, you are metabolically at the blood level reversing the age of your blood.

Tapley Holland ([15:00](#)):

So if you have covid long hauler at, at, you know, and, and you're, you're your're biologically 50 years old, but your, your blood is 60 years old, we have seen that it will literally take 10 to 12 to 15 years off of your, your cellular life at the, at the blood metabolic level. Now at that, at that four treatment mark, listen, I don't have long hauler, I don't have fibromyalgia. What we tell people is, you, you know your body better than you and you know, when it this there, this, and this, this comes a point to where you have to make a decision. Is this a maintenance where I get it again every, you know, six months, or do I do it? We have a lot of people who do it as soon as they get a flare. So when they go into maintenance mode after that fourth treatment, it's like, as soon as I get a flare, they, they get the treatment.

Tapley Holland ([15:53](#)):

But what we've also seen is that many people who live with these conditions and the cost of what it takes to take care of those conditions and the cost of doing the TruDOSE treatment, and as far as, and as much improvement it makes, they just keep doing the treatment every eight to 12 weeks regardless of how they feel. Because because this is cheaper. Not only is it getting it better, but it's, it's cheaper than the cost alternative of potentially relapsing back to fibromyalgia or covid long hauler. And it's definitely cheaper than say, taking conventional medications and other treatments that don't work.

Caspar ([16:31](#)):

Yeah. It's really interesting how cellular memory plays such a big role in infectious disease. Whenever you see things like an infection even after it's treated, li little things could trigger it. And there are cycles of all that. So I do believe that's something you need to address. And beyond even covid long haul you know, you talk about things like Lyme, which is a very big one for cell memory. After you battle Lyme borreliosis you can have these occurrences. So are you seeing the similar type of impact as you saw on the long callers in Lyme disease patients with TruDOSE ?

Tapley Holland ([17:10](#)):

Absolutely. I mean, I, I, I can't believe how many Lyme people we're treating a day. It's almost like there's, there's such a non awareness of how much Lyme there actually is. And what this treatment does for Lyme patients. They will they need to be on that eight to 12 week regimen. And what happens to them is that, you know, the first treatment, they'll feel great. They'll, they'll feel better than they have in in years. They'll, they'll go to sleep. And that's all these effects. All these benefits are basically, you know, it's a lot of clearance out of all the, all the Lyme pathogen, right? The parasites and the, and all the co-infections, the EBVs, all these things that are, that are stacked on top of it. But it's basically clearing out kinda like the first wave of, of the infection. And the, the, usually the second treatment with Lyme is they'll see, they'll see kind of like this ebb and flow of like, I feel good, I feel bad, I feel good, I feel bad.

Tapley Holland ([18:11](#)):

And at about, you know, sometimes it lasts a week, but it's a lot of hering and a lot of detoxing. And what we found, and what, what's really happening, you're getting that Lyme that is really rooted itself into your joints and your tissues. That is that it, it, it's, it's the one that's impossible to be found. So once you do the first treatment, you clear out the first wave. Those are kind of like the, the, the ants on the

anthill, which you can visibly see. The second treatment is getting down in the, in, you know, it's like taking a shovel and digging and down into the dirt, and you're getting down to the real problem by the third treatment. These, these patients are, and we've measured, again, we've measured this in the blood. They're, they're, they're all these viruses and co-infections are, are not only, you know, at a level to where they're not activated.

Tapley Holland ([19:01](#)):

They're not even serologically in the blood. They're not there anymore. They're, they're, they're feeling better, not only feeling better symptom-wise, but we've, but they're also reversing as far as metabolically in the blood, their age of their blood, their brain cognitively is literally being turned back on. We've even collected symptom scores from a few of our clinics that are doing these routinely, you know, every four weeks, every two months, every three months. And pa you know, these are, you know, medical symptom questionnaires. You know, you measure, you know, gut, you know it, it measures a whole number of things and gives you a cumulative score at the end of it. Right. patients, this is routinely I don't have the numbers in front of me, but the, the symptom questionnaires are, I, I would say 60 to 70% drop after the first, you know two weeks as far as scores in the hundreds. Now they're in the, the forties. And it keeps progressing on. More importantly, what we're seeing is that again, all, all the, the blood data that we're showing, which I want to get back into, that people are getting off of these fifties, sixties supplements a day that they have to take. And they're, they're reducing from 50 i, this is not a lie, 50 supplements down to 10 24 supplements down to three, and this is after usually the first treatment.

Caspar ([20:40](#)):

Why do you think

Tapley Holland ([20:41](#)):

It is so Well, the body's working again.

Caspar ([20:44](#)):

Yeah.

Tapley Holland ([20:45](#)):

The body, the, so, and we tell people this, that it's, we tell people that if, if you're coming from conventional medi, let's take Lyme. If you're coming con conventional medicine, you're used to doing antibiotics and non-integrated treatments, then this therapy, the TruDOSE therapy is literally gonna put the gas pedal on the floorboard and make your body work like it's never worked before. And so you're gonna experience a polar shift of detoxing and, and all these things, you know, at the organ and cell level working for the first time again. And that's, and what that looks like to you is gonna be a lot of like, oh, man, this is bad. Because you're experiencing such a polar shift

Caspar ([21:28](#)):

Yeah.

Tapley Holland ([21:28](#)):

To someone who's been in integrated medicine. It, it'll feel more like man, I haven't felt this great in a long time. Now, the person who, who's been in conventional medicine, they'll eventually get there, but they'll, the, that's what they start doing. You know, the, the, the IV nutrition, the the light therapy, the detoxing, and, you know, it's part of the protocol, but they, but they get off. I mean, if you think about it, those supplements are needed because obviously the body's deficient in, you know, a certain area. So if the, if, if, again, if the therapy is exiting, the body added these feedback loops, whether it's MTHR, whether it's vitamin C deficiency, whether it's, I'm not detoxing correctly, then I don't need to take the supplement, you know, whether it's liver support, that I don't need to take the supplement that's needed to augment that. And so it's like, I don't need it. I don't need the antidepressants, I don't need the lithiums, I don't need, and patients are literally on, on one hand, doctors are testing for these things and saying, you don't need this anymore. On the other hand, patients are also saying, you know what, I don't need that anymore because I got tested. I wonder if I can get off this antidepressant. I wonder if I can get off these depression medications or these pain medications. And they literally start weaning themselves off.

Caspar ([22:50](#)):

Now, a lot of patients that go through Lyme, of course, are placed on antibiotics, which have a negative reaction within the body, can cause a lot of die off, can cause a high level of toxicity within the body. How, how does that account within TruDOSE? And that, that goes for many different conditions where you have antibiotics, you have a die off, you have a higher level of, of toxicity within the, you know, body, and then you do something like this that actually optimize the body. You mentioned herx before, you know, you go too fast, you have a real detox where a patient's like, I'm out. That was bad. That was a terrible, even though it's flushing the body. How do you account for that, that so many people are going to be on antibiotics, then possibly do TruDOSE therapy and have a herx reaction? Is there something you're looking at to minimize that?

Tapley Holland ([23:40](#)):

Yeah, this is, this is, this is almost like a disclaimer. I'm not a doctor. I'm, I'm, I'm really reporting. But the, but kind of like the, what patients are told to do is, is, is, listen, I know this is gonna really sound crazy, but you need to stop taking what you're taking right now. And you, you need to let the therapy do what it's gonna do. And that's a hard thing for patients to do because they've taken that antibiotic, that depression medication, that pain medication for so long that it, what we learned is that it's literally a crutch.

Caspar ([24:12](#)):

Yes.

Tapley Holland ([24:12](#)):

And psychologically it is hard. But I can tell you that if you stop taking 'em, you know, a couple days prior, a week, sometimes a week prior, and you, you get to the point to where you're like, okay, this treatment better do what it's supposed to do, because I'm, I'm starting to feel bad. The treatment literally fixes that what that medication was, was providing. And so it fixes it, and now you no longer need it. And it doesn't happen often where patients are, say they just, they, they can't take it and they just go back and start. But, but when, what ha, what does happen when patients do get the TruDOSE treatment and they continue to take the antibiotics, they, they end up hering even worse.

Caspar (25:03):

Mm.

Tapley Holland (25:04):

Because it's, it's, it's like the, the TruDOSE therapy is already doing that work that the, that the, that medication was trying to do. And then you add the medication on top of it and it's like, well that's, that's too much.

Caspar (25:16):

Yeah. And

Tapley Holland (25:16):

So, and so we get these calls and we get these questions and the, the response is, well ask 'em if they're taking the medication again. And the answer is yes. And it's like, well, you gotta tell 'em to stop. And then boom, the the problem they were having goes away.

Caspar (25:32):

Yeah. What we're witnessing actually at our clinic is, is a similar thing where we usually try to wean people off as much as possible. Most of the people already off antibiotics that by the time they got here, 'cause they realized it wasn't working for them. But it's always a level of gentle oral detoxification before you go into iv, before you do the PRP and everything else like that. Just get the bo body in a better situation to accept the PRP and the corrective measures that sometimes will push so many, so many of the toxins out and cause an unwanted. But again, in, in Europe, they, they look for those reactions. They want to push that out and have you having a headache and fatigue. 'cause They know that is a good thing for getting rid of things and sets you on the right path. And, you know, be beyond the, the idea of viral infections, of bacterial infections.

Caspar (26:24):

Something that I know impacts so many, even patients with Lyme, even, you know, someone we both knew Heather, you know, now claybrook that that came to us, introduced us to you. So you know, is the idea mold, mold is, is basically everywhere these days, you know, and every single house has some wet water damage. And I've spoken to many mold experts over the last few years and it's, it's shocking how many homes and how many people suffer from mycotoxins and incredibly hard to get rid of them in the body. We've seen some different types of therapies. But you're saying TruDOSE is, is showing a lot of promise with mold. Right?

Tapley Holland (27:04):

So I want this gives me a good segue into the blood data I wanna talk to you about.

Caspar (27:08):

Yeah, please.

Tapley Holland (27:09):

We wanted, we wanted to, at one of the clinics, it's in Dallas, we wanted to look at, at the effects of what the, the, the TruDOSE treatment was having on these various pathogens. So we looked at 42



consecutive patients who had the TruDOSE treatment. And we, we, we, we ruled out anybody who had, you know, previous IV nutrition who, or who was doing any type of modality that we could just isolate and say the TruDOSE had this effect and there's nothing else to say about it. Right. And so it was 18 patients that we came to out of the 42, these patients had autoimmune everything, you know, autoinflammatory, everything. These were the lines, the molds. And so every patient had a, a pathogen panel ran, Epstein-Barr virus, cytomegalovirus, herpes, one, two, and six mold candida and the bands of Lyme. They had it done pre-treatment and they had it done four months later.

Tapley Holland ([28:11](#)):

I've, I've given this, I can almost recall this by memory now for the, the, the patients that had Epstein-Barr, seven of the seven of the 10 patients who had Epstein-Barr had it completely serologically eradicated from the blood. So, and these were, okay, let me back up the, and so what we found is these patients, they weren't just testing positive for these things. Their, their IgG IGA were so high. They were, they were out of the range. They were, they were that high. So it was like, here's the max and then it, these people were testing, you know, beyond it. What we found is that seven of the 10 people who had Epstein Barr had its serologic, serologically eradicated. It wasn't e it wasn't not that It was at a level that was normal. It was gone. It was no longer there in the blood.

Tapley Holland ([29:08](#)):

Four of the four people that had mold gone, gone a hundred percent seven outta the seven that herpes gone cytomegalovirus, I believe that was again, another four, outta four gone. The ones that it did impact the mo did, did well on the blood data. It did not impact the most were the candida and the Lyme. Now it, now we know that the, the treatment absolutely impacts candida and it impacts Lyme patients. So we asked our, we were asking ourselves, well, why is that? Why did it had such a high prevalence? Or why, why did it not do as well against the candied and Lyme? And it became really clear once we just kind of looked at it and we took a step back and looked at it. 83. So it was, I believe it was four 15 of the 18 patients.

Tapley Holland ([30:00](#)):

What we found didn't just have one of these things in them. They had at least three. So if you had Epstein-Barr, you had mold and candida. If you had cytomegalovirus, you had herpes one, two, and six. If you had, so you have it. So for anybody who has Lyme and who has mold, you don't just have mold. You have a whole, you know, basket full of things in your blood that are actively working together to give you your condition. So what we surmised is that, is that obviously the viruses were, were the ones that were testing so high. So the treatment went after it first. Now we didn't take a look. Now obviously these patients got a second treatment, a third treatment, and, and they're doing well. But we were, these results are only reporting on just what does it do after one treatment, the blood.

Caspar ([30:54](#)):

Yeah. And, and that's really impressive 'cause so many people seek so many different types of treatments for that. And there's obviously improvement with TruDOSE. Do you see this as a synergistic treatment with others, such as oxidative therapies, UVBI, ozone antimicrobial therapies? Or, or do you see this more as a standalone type of approach with TruDOSE?

Tapley Holland ([31:18](#)):

This this is depends.

Caspar ([31:21](#)):

Yeah.

Tapley Holland ([31:22](#)):

Depends. I'm this, now this is the great question because this comes, this is what we, this is a, becomes a lot of what we teach. And I'm gonna have to go into an analogy here because, and I'm gonna answer your question if you don't mind through the analogy. Sure.

Caspar ([31:37](#)):

Because

Tapley Holland ([31:38](#)):

These, because ozone and oxidative therapy and oxygen and, and, and you know, red light saunas, all of these things are meant to do something. And we know work, right? We know, we also know that, you know, you can do, you know, our hyperbaric oxygen. We also know that you can do these treatments to the point to where they have a diminishing returns and, and, and, or maybe they say they don't work. No, it's not that they don't work. It's possibly they're being used in the wrong order. What do I mean by that? So if I have a, you know, and the analogy I always give is, is if I have a lawn and I look out then, and I got a all of it's green, and then I have this big huge patch that's brown, it's dead. And I have to find out first what the imbalance is. Is, is it the wrong kind of grass? Is it not getting too much sun? Is the sprinkler not hitting it? Is it, you know, is it infestation with grubs and worms? I first have to mitigate the imbalance. Mm-Hmm.

Tapley Holland ([32:32](#)):

Once I find out what the imbalance is, you know, let's pretend it's the sprinkler. I adjust the sprinkler head and then all of a sudden, boom, it, you know, you know, new green grass starts to grow, but it doesn't repair all the grass. It doesn't repair all the damage, it just gets rid of the imbalance that was occurring. The next step is that I have to hit it with some sort of fertilizer that would be the TruDOSE. So if I was gonna mitigate and balance, so for one person, I was gonna mitigate their imbalance. Are they heavily, you know, are they heavily overloaded with viruses and toxins? Let's start doing some light general detox cleanse. You know, maybe get their oxidative, maybe hit 'em with some ozone therapy first to prime the body, like you said, remove the imbalance and then hit 'em with a TruDOSE second.

Tapley Holland ([33:24](#)):

Then the third thing is, you know, I, if I have my lawn, is I just fertilized it. What do you do? You, you, you aerate, you mow and you keep doing that. Now, the problem, we know aerating works for anybody who likes a green lawn like me, but if I do aeration twice a week, every week, I'm gonna stress the lawn out and I'm actually gonna kill it. Hyperbaric oxygen would be an example of, of aeration. Red light sauna would be a great example of aeration. We know it works, but you do too much. You're gonna stress the body out. But if you do it kind of that order, remove the imbalance, hit TruDOSE, then wait a week or so, then hit it with some detox or hit it with some IV nutrition. So it's kind of like this pyramid. Remove the imbalance, regenerate, stimulate, you know, mitigate the imbalance.

Tapley Holland ([34:22](#)):

Regenerate, stimulate. And that's kind of what we found where the TruDOSE works great. Is if you, if when you have all these tools, if you do 'em in that order, people's people heal exponentially faster. Now your your question was, is okay, does it work well with modalities? That's my answer to that. Now, can it do as a standalone, we've also found that simply people walk in the door and they're just too sick. And you, you don't have time. You really don't have time to get their bo I mean, there's a lady who is in, in Nebraska, she reached out to us through our portal and she was literally, her husband was going to put her on hospice. She had Lyme all the viruses. And I went to go and she was that bad. She didn't have time for supplements and detoxing. So that's a case where you just gotta hit the thing, hit hit her with TruDOSE out of the gate and get her body working.

Tapley Holland ([35:26](#)):

What does that do? It gets her body working, which it did. And it actually, it changed her blood chemistry. It, you know, she got off the oxygen, she got off all the different things she needed. But what it, what it revealed is this, is that it, the TruDOSE treatment removed a lot of the warning lights that you would see on a, on a dashboard of a, of a car that doesn't work. You're like, okay, where do I start? It removed all these warning lights off, and it said, and it showed the exact two or three warning lights that actually are don't work. So as a provider, it in that particular, in it for that particular patient, sometimes you just go right to the TruDOSE treatment and you go right to regenerate. Right? You go right down to hit it, hit 'em with them first, and then what it does is it reveals what the imbalance is.

Tapley Holland ([36:16](#)):

And then you go and you work back up. All right, now we know that you are, your liver is just not working. Now we know that your lymphatic system is just o overstressed. Let's do this to you now versus that person walking the door. And you're like, where do I even begin? So to answer your question, for some people it's not a science, right? So it's an art. So some people, you, it, you, you follow the protocol and you, you work it within the different modalities and it, and it literally re makes those modalities work better. And for some people, you just can't do that. You gotta go write the treatment first and then, and then, and then integrate the modalities around it.

Caspar ([37:04](#)):

Are there some people suffering from the long haul from Lyme molds that this would not be appropriate to do on?

Tapley Holland ([37:18](#)):

No. No. That, that's such a bold statement. But the answer is, and and we get asked this by patients on our, our educational zoom calls all the time. Is there anybody you wouldn't do this on? In my, and I, I really think about it and the, but the answer is no. Because if you think about it, unless we go live beside, live somewhere besides the us and, and we're not, we don't live in the world that our grandparents live in, which is, you know, we don't, you know, the foods we eat, the environment we have are the, the way that our body is continually stressed by just, you know, all these things. We are all not biologically getting better. So if there's something that can keep us, if this, if there's something that can keep my repair system and my immune system constantly working at optimal capacity like this, which those two things will help me live, you know, long live life, why would I not want to do it?

Tapley Holland ([38:21](#)):

So the, the, the only, the, the only patients that I, that that might be considered a, a pause or a contraindication are ones that have had a, a heart surgery, a, a heart surgery with allograft stents or, or allograft placement. Just because there's a concern of of, of, you know that's the only, that's the only patient I can think of is that any, if anybody who's who said, I'm not gonna do this, I'm, you know, it, it's not the cancer patient, it's not the active cancer patient. It's not the patient. You think you wouldn't do it. The only patient that I can conceivably think of that has, has, has given pause is the person who's had her heart a heart surgery with all, oh, allograft or xenograft valves. That's the only one.

Caspar ([39:15](#)):

Yeah.

Tapley Holland ([39:15](#)):

And just because the xenografts are just from another source,

Caspar ([39:20](#)):

Right? And again, this is always for up to the practitioner. We're both not doctors here. And doctors will always make that final decision and much more educated one than we can hear sitting and talking about theoretical patients out there. But I think at the, like at the core, this is taking something already inside your body. It's not introducing anything new. It's not introducing a new chemical that your body has never seen. It's taking something that is there to heal your body already and then basically putting it through a transformative process and reintroducing it. And, and that's, that's, that's a big difference maker because you're, you're not adding anything. You're, you're kind of taking something that's already been there.

Tapley Holland ([40:01](#)):

That, that is the word I'm, it's kind of funny. It's, it must be something in the air. That's the word we've started using it. This is not regenerative. This is transformative.

Caspar ([40:09](#)):

Mm-Hmm. <affirmative>.

Tapley Holland ([40:10](#)):

And it's funny you use that word. That's the word we've started to use. This is literally transformative. And I want to go back to, you know, well, how, because people always ask, well, how my, the blood was in me. Why isn't it doing it to me? And I just to, just to ate that concept. It's because when we have these conditions and we're living with just chronic this, and our body doesn't work, our body has learned to coexist and to deal with the problems and with the way the body deals with these problems is it develops workarounds. So if my liver is being taxed, guess what? That slack is being picked up by other organs in the body. But that's not a recipe for long-term success. 'cause Eventually it's gonna give away and the body will just shut 'em all down. So that is an example of, you know, you know, your, let's say your liver's being taxed, your kidney starts picking up a slack.

Tapley Holland ([41:01](#)):

But those workarounds are not good. Again, when you and you, and when you take this out of the body and you re-put it back into the body, it's like the platelets and are are seeing it for the first time. So

they're able to say that. And we tell people, the body is the only thing that knows the order in which it broke you down in which it shows to prioritize need because you forced it. We forced it to, to prioritize need. And so when you take this out of the body and you put it back in the platelets, literally take a step back and say, oh, wow, not only am I seeing this for the first time. And so the example we always use is like, you know pretend you live in a moldy house. You don't know that it's moldy because you live there, but you go away for two weeks to the beach, you come back and then you're, you say, wow, this house stinks.

Tapley Holland ([41:57](#)):

That is immune recognition, that's immune recognition. And when you put this back into the body that resets that immune recognition, it's, it's like, wow, I see the entire picture here. You know what, these viruses are a problem. I gotta get rid of these guys first. I gotta do this liver second, I gotta do this third. I know the patient walked in and complained about knee pain, but guess what? I've gotta fix these five other things first for the knee to get better. Versus, you know, what we do in conventional world is my knee hurts. Give me something to inject into my knee. And guess what? The body knows that it's the one, I mean, it, it already knows that the, the knee hurts, but it has to fix five other things, three other things for the knee to get better. And so when you do this and you allow it to systemically rework it out itself with the treatment, that's how we don't cause other problems in the body. But when we give a medication, right, you, you, you may affix the knee, but you caused another problem for the body for it to deal with.

Caspar ([43:07](#)):

Yeah. It, it's a, it's a truly different approach than conventional medicine altogether, right? We have to acknowledge that, that conventional medicine is, has done a very good job at managing acute, of course conditions and emergency situations. And after that it's more managing symptoms, managing the disease itself. We're here, we're looking truly to transform and heal, regenerate, get you back to self-healing. Your body knows what to do. And it is self-managing in itself. And that's what TruDOSE does very well. Tapley, what are you looking at in the future, or even right now, what are you excited about the company? Are there any new technologies? Are you focused more on the research? Are you really doubling down on the kind of infectious diseases? What are you guys doing right now?

Tapley Holland ([43:53](#)):

I, I, I think, I think us, you know, what we have works and it's only getting better because the, the software is learning. And what we're focused on now is, is getting ready to start getting the message out. Because I think that we've kind of held onto this a little, you know, long enough to where people say it's, it's hard to find a lot of information about you. And that's purposeful, you know, because a treatment that works. And we've, you know, a treatment that works is nobody's friend. It's only a friend of those who are really suffering and who really need hope. And, and we've benefited from, and for this to work a long time ago, I decided, I said, if this is really gonna work, if this is really doing what I think that it's doing, then we as the company can't be promoting this, the patient themselves have gotta be the ones on the front lines screaming it from the rooftops.

Tapley Holland ([44:52](#)):

And now you flash forward, you know, five years later and we've gained this, this word of mouth, groundswell, organic following. And now I've, I think we're at a point to where, okay, it's time to get the word out. It's time to start using these patients who really want to tell their story. They want to be

ambassadors for this because we're in that age right now where, where people are informing other people. And when it comes to chronic diseases and the, and the prevalence of Lyme, I mean, that is kind of where our heart and focus is, is the company because I can't believe how many sick, sick, sick people are out there, but we just learned to live with it. And I'm like, that is not a way to live. It's not a way to live. And the second thing that I think that our passion is, is I want to heal these kids.

Caspar ([45:45](#)):

Yeah. No, it's not a way to live with disease ever. And unfortunately, more and more children are impacted, and that's a long, long life of suffering, which no one wants to see. And again, it's, it's something that we, we don't seem to have any solutions, real solutions in conventional medicine. And that's why it's so important sometimes think outside the box and do things like TruDOSE .

Tapley Holland ([46:09](#)):

If, if you don't mind, I want to talk, I want to talk about what this does for kids and please,

Caspar ([46:15](#)):

And

Tapley Holland ([46:15](#)):

I want, I want the emotional part.

Caspar ([46:17](#)):

Yeah.

Tapley Holland ([46:19](#)):

When it comes to kids, it's, it's kind of like these Epstein bar, you know, Facebook groups. You can't just muscle your way in there. You'll, because people are, even if you have something that really works, it's good. You have to be invited. And and when it comes to kids autism, cerebral palsy, dyslexia, ADHD learning disabilities, I, I always end our educational zoom calls by telling everybody in the zoom call this, I would be remiss if I didn't tell you what this does to, to your kids, your grandkids. It literally, it literally re and, and it literally rewires the brain. Kids that are dyslexic are no longer dyslexic anymore. Kids that are having trouble learning, kids that have social disabilities, they can't interact with strangers. That goes away. My kid doesn't have any aspirations. He doesn't have any this, all of a sudden they become motivated when the brain becomes rewired, we become the person that we want.

Tapley Holland ([47:29](#)):

We were always designed and created to be. And so kids respond. I mean, I, I've done this to all my kids. I, I, I'm, I'm not afraid to say that, you know, two of my five children were, were below the reading exam in, in Texas for their grade level. I said, it's time to get 'em a treatment. They got tested again in the spring, and now they, they do really well at math, just, they just struggle at reading like a lot of kids. Mm-Hmm. They got the test again in the spring and they're at mastery. And now they thrive. Not only do they, they can, they read better, but they thrive at reading. And they, they have a, a they've, they have a an interest in reading beyond just, you know, what they're being told to read in school. So kids academically they, they, they, they, we have not seen a kid whose grades have not improved.

Tapley Holland (48:26):

Kids whose growth charts. I mean, I remember my parents used to always tell me, you're supposed to be six four. Well, well, why am I not six four <laugh>? It's because of, you know, with kids out of the gate today, their bodies are continually met with stress foods, environment, you know, genetics given down by mom, you know, her genetics. And not just genetics, but the epigenetics. Kids are meant to thrive, but they're, they can't thrive when their body's focused on defense. And, and, and what we've seen with kids is that kids who are under, you know their, their growth charts and their, their their under where they're, they're they're under where they should be. They, they, they soar past it. All my kids have shot up. Like, you know, they grow like weeds

Caspar (49:12):

When

Tapley Holland (49:12):

They get all this inflammation going away, the body can focus on doing what it was designed to do, which is thrive. So what this does, yeah.

Caspar (49:20):

Children are incredible responders to these types of therapies, aren't they?

Tapley Holland (49:25):

They, they respond so well because their bodies are in such growth mode. Yeah. They're, they're soaking everything in, right?

Caspar (49:33):

Yeah.

Tapley Holland (49:33):

They're, they're outta the gate. They're trying to thrive.

Caspar (49:36):

And they're also incredible patients. 'cause They don't have that kind of skepticism or jaded mentality or belief systems that are kind of broken. They are so innocent in their own ways that they, they just take in the information of any therapy and use it as it should be used rather than doubt, fear, skepticism of many patients that have already gone through a conventional route and kind of say, I'm, I'm out of hope here and nothing will work for me. And stuck in a belief system of sickness, I think children are, are, aren't there yet. And you see them respond to these types of more natural, biological and integrative therapies, and it should always be the first route in their child. And it is really, really disappointing that often it's, it's shut out you know, by many doctors as even being an option. And we go straight for drugs and surgery with a child that could be forever changed and hurt by it.

Tapley Holland (50:32):

We, we've done as we've, I I we've done as not we, when I say we, but I know that one of our, we have practices that, that have done as young as, as two year olds, you know, who had, you know, a I mean a think about a family who's, whose three boys are all autistic, and it's like they were not at one point

autistic. And now two of 'em are autistic. And then one of them, his glasses are so thick, he has to hold the iPad up to his eyes because he can't even see,

Caspar ([50:58](#)):

Hmm.

Tapley Holland ([50:58](#)):

Well now these two boys who are autistic, their teachers are like, what the heck did you do to these boys? They're, they're, they're thriving. Not only are they thriving, you know, cognitively, not only is their brain being rewired, not only do they have letters and they can speak and they can emotionally integrate, sorry, socially integrate, but they emotionally integrate.

Caspar ([51:22](#)):

Yes. And

Tapley Holland ([51:23](#)):

What I mean by that is, is that I, I love hearing when moms send me the videos where, where the kid says, I love you mom, and it's unprompted.

Caspar ([51:35](#)):

Mm-Hmm. <affirmative>

Tapley Holland ([51:36](#)):

It, it's not like, can you say I love you? Well, you know, kids can say, I love you back even when they have a, but when they say it unprompted it me it it is, it is it means that they are now able to connect on a level that they were incapable of connecting.

Caspar ([51:56](#)):

Yeah. And

Tapley Holland ([51:56](#)):

That's, that's that emotional piece.

Caspar ([51:58](#)):

That's something special, you know. Tapley, where can people learn more about TruDOSE therapy?

Tapley Holland ([52:05](#)):

Well, now we've got a great website, the TruDOSE therapy.com, that we're continually adding all the testimonials and and updating any type of data that we've learned. But basically TruDOSE therapy.com, and then obviously that'll give the locations of all the different providers who are using the treatment, you guys being one of 'em. And, you know the first thing people are gonna find out this is still great, is why is this not all, all over the place? There's, there's a real good reason for that. Number one, we're very picky and who related use this. And number two that won't be for long because we're gonna start we're not gonna, you know, be so quiet about this. We're gonna start upgrading and telling these stories



on social media and letting these patients, we're gonna let these patients do what they've been wanting to do, which is tell everybody,

Caspar ([53:02](#)):

Yeah, I think the time is now for that. I mean, I agree with you. There's, there's something to be said about the right time and doing it in an atmosphere that, that allows you to keep growing and everything. But it seems the time is now because there is a little bit of a tipping point. If you don't do it now, then when, and too many people will be hurt by that in a sense of kind of not hearing about not having the awareness of these options. So Tapley always a pleasure speaking with you. I'm looking forward to having you on a third time when you get even more new data and want to share that. So thank you for coming on,

Tapley Holland ([53:36](#)):

Man. Thank you for having me. This has been great.

Caspar ([53:38](#)):

Yeah, always appreciate. And as you heard today, please go check out TruDOSE therapy.com, look into it more, hear the testimonials, and listen to the experiences of others. And until next time, continue writing your own healing story.