

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

Let me throw a big term at you. Extracorporeal Blood Oxygenation and Ozonation. I think I just butchered that myself, but EBOO for short. And while it sounds very complicated, this integrative therapy stands at the forefront of oxidative treatments and boast vast health benefits, especially from those suffering from infectious diseases. Our guest today is a family medicine physician who is passionate about helping others in a compassionate and effective manner, combining the best of allopathic medicine in conjunction with an integrative and holistic healing approach. This is the story of EBOO with Dr. Yoshi Rahm. Dr. Yoshi, how are you doing today?

Dr. Yoshi Rahm ([00:41](#)):

Thumbs up. Two thumbs up. You

Caspar ([00:43](#)):

Thumbs up. You are doing well. We're talking about this big word here that I, I, I kind of butchered my way through there. I, I love it as EBOO or Ebu. How, how do you refer to it with patients? I

Dr. Yoshi Rahm ([00:55](#)):

Can go with Ebu. It's just easier now you go. Yeah, it sounds a little bit, I try to say it three times fast extracorporeal blood oxygenation and ozonation. Right. You got it

Caspar ([01:05](#)):

There. You you, you did it much better than I did. But with, with EBOO, so, you know, a lot of people understand ozone therapy. You know that that's had it's day for quite some time. And if you don't know, it's taking some part of blood, whether it's major auto hemotherapy or even smaller parts, and mixing that with ozone, actual O three gas and, and putting it back into the body for an array of vast health benefits as well. But can you start by basic explaining what EBU or EBOO does, and what are the different types of therapies that are kind of being combined into one?

Dr. Yoshi Rahm ([01:44](#)):

Yeah. Yeah. It's, so there are a whole gamut of different types of ozone therapy, and it could range from simply doing ozone gas. And to get ozone, you basically take oxygen and run it through a current, and out pops a mixture of oxygen, plus a small percentage of that is ozone, which is O three. So instead of two oxygen molecules, there's three oxygen molecules. And that, that ozone has a lot of therapeutic benefits, which we can get into later. But it could be ozone gas in the ear for an ear infection. It could be a vaginal ozone or a rectal ozone, or again, there's a whole, you could bag a limb and for like an, a limb infection. Right. And then there's, you mentioned MAH or major auto hemotherapy, which is you take a certain amount of blood, might be 50 ccs, a hundred ccs, but something like that.

Dr. Yoshi Rahm ([02:45](#)):

Put it into a bag of saline, and then you inject the ozone gas mixture into it and it drips back into the body just like a regular iv. Right. But that blood, that little bit of blood has been ozonated outside of the body, and then it's dripped back in. And then I call EBOO kind of the creme de la creme version of ozone therapy. It's actually been around for decades, but it's really just making its headway into the US in the past three, four or five years especially over the last year or two. And EBOO are extra corporeal, so outside of the body oxygenation and ozone nation. So I'm gonna kind of like stand up here, but Yeah,

Caspar ([03:31](#)):

Basically

Dr. Yoshi Rahm ([03:32](#)):

It's, it's a blood would come out of one arm, go through this machine and through a filter where the blood is mixed with oxygen and ozone, and then it drips back into the other arm. That's kind of an ideal setup situation. And so it's, it's just, it's a little bit more intense because you got two IVs, one out, one in, and then you're, you're like looking at your blood going through this machine outside of your body. And that in and of itself can be an experience for some people.

Caspar ([04:06](#)):

Yeah, no, it's, it's definitely one of those visuals that you don't get to see too much. Meaning a lot of times you could see the blood leaving a by but reentering quickly in a, you know, even if you do a ultraviolet blood or radiation, let's say you only pull out 50 ccs and push it back or something like that, you are actually flowing. A lot of people like to make this analogy of basically a, a, a full pass and like the machines that are used for liver and, and others, I'm, I'm missing the word right now, but, but

Dr. Yoshi Rahm ([04:39](#)):

Like the 10 pass machine.

Caspar ([04:41](#)):

Yes. Yes. But in, in reality, this is taking a full course of the blood through the body that goes through the body and basically bypassing apart and going through this machine and adding the ozone within it. Correct. So it's, it's quite a, a lot of blood that is being exposed to the ozone.

Dr. Yoshi Rahm ([05:02](#)):

Yeah, it's upwards. It depends on the exact machine and how fast you have the different settings. There's, there's options here, but it can be upward of about two liters of blood. So it's not, it's not that all of our blood is going through it, but anytime like the moment that the first amount of o ozonated blood hits back into your system, then that blood is touching all of your, like so much of your other blood. Right. And so by the time a full course of about 60 minutes has been done, your, your entire blood is getting exposed to the ozone, although only two liters of blood has actually gone through the machine itself. Now, just to give people context, because what is two liters? How much is that? When we go and give a a, when we do a blood donation, that's about 500 half of a liter.

Caspar ([05:55](#)):

Yes. Right?

Dr. Yoshi Rahm ([05:55](#)):

So it's kind of like four blood donations worth going through that machine.

Caspar ([06:00](#)):

So it's a lot more than even major auto hemotherapy and others. It is the probably the most intensive, you could say, of systems within the ozone realm.

Dr. Yoshi Rahm (06:10):

Yes, absolutely.

Caspar (06:12):

And I don't know we have an EBOO machine or EBOO machine here at our center, and I know others that have 'em, but there are different types of machineries and some call 'em EBOO two versus EBOOs. Do you work with one that has the UV light within it? Yeah. You do? Yeah.

Dr. Yoshi Rahm (06:28):

Yes. Yeah. Yeah. Can you,

Caspar (06:30):

Can you talk about that? Because a lot of people know one or the other Mm-Hmm. <Affirmative> or they even know something like H two O two hydrogen peroxide therapy. If you put in the realm of oxidative, I would say ozone, UV light, hydrogen peroxide, they're, they're all up there. A lot of doctors in integrative functional worlds are using them. But this is interesting and that it's combining ozone with UVBI or UV light. Can you talk about that? Because I, I always wonder what is the synergy there and is it sometimes too much to add two of these at the same time?

Dr. Yoshi Rahm (07:04):

Yeah, great question. So I had the privilege, pleasure of building my own EBOO machine starting three and a half years ago. When I didn't even actually know what EBOO was. I just, I had somewhere else seen this machine and it, they were just in the very beginning stages and it was a total like, homemade gizmo. And I was like, okay, I gotta build this. 'cause I did, again, I didn't actually know EBOO was a thing even though I had been doing ozone therapy for over a decade. And so I eventually, it took me six months to build my own machine. Some of my blood was on the walls and <laugh>. 'cause I had to experiment on myself, obviously. Course, course. But once it was ready for prime time I spent about a year in our office doing EBOO by itself. And then it was like, okay, you know what? I gotta add on the UBI. 'cause I had a standalone UBI machine or UV machine. UV light machine is basically what it is. And and you know, I was very curious what would happen, right? I didn't know, I knew the theory, and I'll talk about that in a minute. Yeah. But at the end of the day, what would really happen in, in our patients was the question, the moment that I added the UV light to the EBOO I would say unwanted side effects decreased,

Dr. Yoshi Rahm (08:30):

Right? Because ozone is very much this too, like some is usually good, but too much is bad, right? Yes. We can cause too much, we can rev up those detox systems way too much in some individuals, and it's just too much of a good thing. And that becomes a bad thing. And so it's like, it's always like, how do we, how do we serve our patients to the highest, right? And so, again, very clearly anecdotally speaking, once we added that in, voila again, those, those kind of the detox reactions or herxheimer's reactions, sometimes it would happen like maybe just the day of after an EBOO therapy, though occasionally in some individuals it would roll into one or two or three days. Usually it wasn't longer than that. But then that window of herxheimer's or too much detoxification was just shortened. And so I knew that again, after, you know, one case, an n of one right?

Dr. Yoshi Rahm (09:34):

Is, is something, but after a while, a certain amount of n of one becomes actual data Mm-Hmm. <Affirmative> that we can go off of. And so very clearly, it was obviously synergistic. Now I think the, like oxygen and ozone zone, well, they both work at the mitochondrial level. Okay. And mitochondria, like main energizers produce energizing producers in the body. ATP is kind of the currency of energy in our body. And oxygen especially works at the mitochondria. Ozone does a lot to help oxygen get to the mitochondria. And when we're talking about light therapy, one of the main things that drives the mitochondrial engine is light and different light wavelengths. And so there's, I believe that at the mitochondrial level, it's just like, it's kind of taking kindling and adding oxygen literally to the flame to create more energy. There's a lot of other, I mean, it, it kind of sounds too good to be true because oxygen, ozone and light, they work on so many different levels of the body from, so I'm, I just spoke about the mitochondria, but it has a lot to do with, with the cytokines and the immune system and different amounts of ozone work at different levels there and the different light frequencies.

Dr. Yoshi Rahm ([11:07](#)):

'Cause That's what UV therapy really is, is light frequency medicine. Also work at different areas of the body.

Caspar ([11:16](#)):

Yeah.

Dr. Yoshi Rahm ([11:16](#)):

And but there's clearly synergy there.

Caspar ([11:20](#)):

Well, I always thought there would, if you look at the, you know, the oxidative reactive kind of, you know actions of all these things and combining them using ozone with the light with specific light can work together. And you see this a lot in medicine. You see like the ho cats and, you know, different types of things that start to put things together. But as we know, it's not like you could just jumble a bunch of things together and expect them all to play very well, and the patient would just react to 20 different, you know, types of therapies at once. So I do think there's something to be said about less is more, but synergy is great.

Dr. Yoshi Rahm ([11:56](#)):

Yeah.

Caspar ([11:57](#)):

And I do find that that is what you see with EBOO. So let's talk about, you have that synergy. What are the benefits of that synergy? What's going on within the body when someone receives an EBOO therapy that is acting in a healing way?

Dr. Yoshi Rahm ([12:12](#)):

Yeah. It's, so I spoke about the mitochondria.

Caspar ([12:15](#)):

Yeah.

Dr. Yoshi Rahm ([12:15](#)):

And a huge part of healing is simply having enough ATP in your body, enough energy. When your body has enough energy, it knows how to heal. It's just the beauty of the human body that frankly, doctors and, you know, science will never really catch up with, right? We're endlessly trying to understand more. But again, so much of disease is caused by either a toxicity, and that might be emotional toxicity all the way to herbi, too much pesticides, herbicides in the food type of toxicity, heavy metals, whatever it is, right? Too much toxicity or too little or, or deficiency of certain nutrients. And when we can fix those, just bring 'em more into equilibrium good things happen. And when we, part of that bringing into equilibrium is having enough energy. And so that's like at the, the root, that's, that's the biggest part that I see.

Caspar ([13:21](#)):

Yeah. Now when you talk about things like pathogenic infections and everything, and then you link in EBOO, because that's where a lot of people know this. They know this from Lyme disease. Mm-Hmm. <Affirmative>, they know this from EBV, they know this from mold toxicity. Right. or at least when they're looking it up, this may come across even though it's not that popular, I would say widely used. It's growing and absolutely ozone and UVBI are in that discussion. If you go into the integrative world what have you seen, because you've done 1500 of these, what have you seen with those patients who do have pathogen, multi infections, Borrelia and EBV and everything? What, what do you see?

Dr. Yoshi Rahm ([14:04](#)):

Yeah, as you know those are such big Pandora box type of situations, health situations. And so I would never bring somebody in who was just newly diagnosed straight into EBOO because it is a very intensive therapy. So there's a lot of other steps which I don't, probably not gonna get into here, but there's so many other things to do first. And not that you have to like go through a year of doing all those other things before you bring on EBOO. But you want to be at least kind of covering your basics. And then if you haven't moved the needle, or if someone is still looking to move the needle more, that's where ozone and especially EBOO, definitely comes in handy. I have seen just, I mean, this is all like, we have people flying into us and, and they come back in in those situations, the chronic infections the mold, right?

Dr. Yoshi Rahm ([15:06](#)):

Who just haven't gotten that their own needle moved enough. You know, at the end of the day when, when they're flying back to see us for this therapy, you know, it's doing something good, right? Right. Yeah. Like they wouldn't be spending that kind of money doing that flying, but that's a lot of energy in and of itself. So I, we, we definitely see a lot that, how it helps. Now, we actually just got done running our second kinda small EBOO study in the office. And that was really cool because we ran a series of one EBOO for three weeks in a row and kind of did before blood and af and then one week after the third session Mm-Hmm. So it's not just right after the session, right? 'cause That could be a little bit different. Like one week after that third session and across the board in 19 patients, we saw a decrease in fibrinogen Mm-Hmm. And ESR SED rate, those are both kind of, they're combination inflammation markers and blood stickiness markers. And so the less inflammation we have chronically speaking, the better. The less blood stickiness we have, chronically speaking, the better. And the fibrinogen was what it was, I think it was down 24%. And the SED rate went down like basically 125%. And so we're talking. So it was really cool to see that objective data showing what we've seen anecdotally, because when you make blood thinner in a healthier manner

Caspar ([16:43](#)):

Mm-Hmm. <Affirmative>,

Dr. Yoshi Rahm ([16:44](#)):

Suddenly oxygen is getting to tissues that it hasn't gotten to in a long time. Suddenly nutrients is being carried there, right? Because these chronic infections can make that blood stickier. They shut down those blood vessels. So these nutrients and oxygen just aren't getting to the places where they're needed. But then again, when you bring those nutrients and oxygen to the areas that they are needed, suddenly those little, like the down river tributary areas can get the energy that they need. And then the, that those tissues start feeling better and that ultimately comes back and symptoms feel decreasing and the, the actual person feeling better, which is mm-Hmm. <Affirmative> the goal.

Caspar ([17:26](#)):

That is the goal. And I know it's always interesting to watch an EBOO treatment happening where you see a patient, you know, blood coming out, one area going through filtration, oxygenation, UVBI, light therapy and everything going out of that machine and looking a different color. And I feel like that impacts the patient. 'cause You're actually seeing it. So much of what happens in healing happens within our body and we don't see it happening. We don't see the reactions here inside the body. But when you see it kind of going through that, and then of course, I, I have the understanding that when it goes through these things, it will lighten up the color and it's not necessarily an automatic healing. Hey, my blood's so clean now and everything. And, and I do have this question for you because there is filtration in it, but it, it, it isn't a you know, a a vast filter that catches everything, but what is it actually filtering? What do you see in that canister on the side that sometimes foams up? Sometimes there's a little liquid. I myself didn't have too much, just a bit of foam in there when I did it in our training days, I was the first Guinea pig.

Dr. Yoshi Rahm ([18:27](#)):

Yeah.

Caspar ([18:28](#)):

What, what's going on with the filtration? 'cause I've heard different things that, oh my God, it's filtering so many things. I've had Michael Lowe on who's kind of an expert in the ozone world and everything saying, yeah, it's getting some of the bigger things, but it's really not like a true filter, let's say a dialysis or something else would be doing.

Dr. Yoshi Rahm ([18:45](#)):

Yeah. Yeah. Great questions. And the ultimate we as a ozone community are still figuring that out. That's, that's the truthful answer. Nobody knows for sure. What I can say though is that it's definitely bringing something out. There's that, that, like you said, that liquid and the foam, and some people have a lot, and some people have a little bit, some people have almost none. Inside the filter, the blood is going cross current with the oxygen in an ozone. And so it's, there's, and they're coming in contact over about two, one and a half to two square meters. So it's a big contact surface that, that, again, this ozone is really just coming into contact with the blood. And you can see it, as you alluded to, you see it be, you know, something's happening because the blood turns brighter, healthier Yep.

Dr. Yoshi Rahm ([19:39](#)):

Reddish looking. Right. and so what's coming off of that oxidized proteins? Probably some inflammatory fluid I can say. And I've, you know, I was just at a ozone conference and talking with some of the other speakers there and I was a speaker and you know, anecdotally speaking, people tend to have more liquid and or foam come off in the beginning, and then it kind of decreases. And it seems like the, the healthier someone is, the less they have come off. There's been other people who have, you know, actually cut those filters open and put 'em under microscopes. And I think it's very apparent that those filters do catch a lot of toxins. Mm-Hmm. <Affirmative> including spiro keets and co-infections and parasites. Right. And so there's definitely a lot of stuff coming out that we don't want in the body, but how much is the question and how therapeutic is that? Right. Is that really part of, of the, the need, the, the truly healing part of EBOO? I don't believe it's Mm-Hmm.

Caspar ([20:53](#)):

<Affirmative>.

Dr. Yoshi Rahm ([20:53](#)):

Because when we're talking about take ly, the Lyme Spiro KET is an example, right? We, we don't suffer because we just have a whole bunch of Lyme Spiro keets in our blood. Yes. And nowhere else in the body. Right. And people with chronic Lyme know this, but those who don't have chronic Lyme might not realize this. The SPI heat actually goes into the tissues and sits there and there's different forms of it, and it can lay dormant deep inside of the tissues. And so if we're doing a blood treatment session EBOO treatment session over the course of some people it's 45 minutes. Some people it's over an hour, but we have two liters of the blood going through. Well, it might be taking out, even if it took out every Spiro ke that happened to be in the blood at that time, that is a very small percentage of the total body burden of Spiros.

Dr. Yoshi Rahm ([21:44](#)):

And so if we are taking, call it 1%, 'cause I'm guessing it's probably 1%, probably less, but I, I think 1% of the total body burden of spirochetes is very generous to be floating around in the blood at any one moment in time. So call it we take off 1%. Yeah. How therapeutic is that? It's therapeutic, but how therapeutic probably not much. Mm-Hmm. So I don't think that the, I think just thinking through it logically, I don't think that the filter is truly the, the most beneficial portion of what EBOO is doing to us. Is it taking out toxins? Is it taking out those things? Yeah. To some extent.

Caspar ([22:28](#)):

Yeah. It's one of those things, again, the visuals, it's nice. I think it's, it's, you know, the patient, oh look at this, it's filtering this and it found, it's got out of my body now. Yeah. But the real magic and the healing happens with the ozone that is now within the body or oxygenated blood, the UVBI that is anti pathogenic, anti-inflammatory response that then spreads through the body and elicits a self-healing. It's almost like instructions, right? For the body to kick up on these things. It has more energy now in the mitochondria, as you said, ATP to defend itself, to arm itself and go after the pathogens that are the 99% within the tissue, everywhere else within the body. So I think it's a, it's a nice piece to have within EBOO, but as you said, I don't think that's where the healing actions are really coming from within it. Now let's talk about some cases. Everyone always likes to hear, you gave some n ones in there, but are there any cases that really stick out to you that showed, okay, we put 'em on EBOO, this is how they started, this is where they ended, and it was a, a really remarkable type of case?

Dr. Yoshi Rahm ([23:35](#)):

Yeah. I mean I, you know, I've done podcasts before and I'll just, I like to start with my, my mother. 'cause She was like the first patient, right? Yeah. She's got chronic Lyme. She's had it since probably the late seventies, definitely the early eighties. And she, you know, after her very first EBOO session, she slept for eight hours. She hasn't gotten, she hasn't gotten more than three hours consecutive sleep in at least two decades. And, you know, that's my mother. So somebody could say, oh, I just, you know, there's some placebo effect there. 'cause My son is doing the EBOO session right on me. And this is so amazing. But I tell you, sleeping for eight hours, hours is when you've only slept for three hours in a row for a couple of decades. Like, there's more than just placebo going on. So I'll throw that one in there and then I would, I mean, 1500 EBOOs, there's so many good stories there, but just I'll go like super recent two, three weeks ago we had a fellow from, now again, we're in la flying from Chicago and he's been in bed for 15 years.

Dr. Yoshi Rahm ([24:54](#)):

Not only bed, but basically he has not been able to work in 15 years because he is been almost a hundred percent bedridden. And the guy's been done everything apparently and everything, meaning, meaning a lot of good kind all the way from allopathic to natural therapies. And he you know, got a EBOO session and he's just like, this is the best therapy that I've done over my 15 years of doing, supposedly the whole gamut of all of the medicine out there. Right. You talked about the, the 20 things. Right. Doing 'em all at once. We don't want to do 'em all at once, but he's done those 20 plus things. Right. And it was interesting because I've always, because EBOO is such a highly oxidative therapy, I've always tried to, you know, tend to do no more than one in a week. Those, sometimes I might do like a Monday, Friday in a person or a Monday, Thursday for example.

Dr. Yoshi Rahm ([25:54](#)):

But I've always made, tried to make sure that there's two or three days in between two EBOO sessions. Well this person, he, he did well with that he did well with, he insisted, he's like, this is truly the best thing I want to do these consecutively. I'm like I don't know about that. But he did well with just one day in between the two sessions. And so we did it two days in a row. And, you know, he's, he's again, it's like this for him is like magic. It's that silver bullet. So I don't wanna say this is a silver bullet for everybody. Mm-Hmm.

Speaker 3 ([26:35](#)):

<Affirmative>

Dr. Yoshi Rahm ([26:35](#)):

Because it's absolutely not. There's different people have different silver bullets, right? Yeah. But for him, this was kind of his silver bullet and it was just really exemplifying of, of the potential of EBOO with, with UV light therapy.

Caspar ([26:52](#)):

Absolutely. No, listen, we haven't done 1500 cases, but when I meet with the clinicians here, I like to hear the stories of what, you know, occurs with these types of things. And especially as we just started probably over the last year, really using EBOO on patients in conjunction with other therapies sometimes. But there was one case I'll, I'll share this quickly, is, is there was a patient who had mold toxicity, high mycotoxin testing and everything came in and after only two sessions they would just



wanted to test themselves. Again. We weren't really set done yet with that patient, but already huge reduction that that person has never seen before in five, 10 years of treatments with protocols, with all sorts of things for mold. So there, there's absolutely, again, I don't believe in silver bullets either, but for certain patients this may act as their silver bullet. I don't think it would go across the board for everyone in that way. But that was somewhat of a remarkable case that I heard recently about it.

Dr. Yoshi Rahm ([27:49](#)):

Go ahead. And I'll just go ahead. Can I just add one other thing? We've had, I don't do live blood cell analysis in my office. Mm-Hmm. <Affirmative>. But I'm a big fan of it. And it's basically just where you take a drop of blood of a patient's blood, put it under a microscope and you can see the health, right. The, the red blood cells should not be all, they shouldn't be too clumped together. They should be nice and round. And, and it's just, once you've seen a bunch of healthy samples, you know what a healthy sample looks like. And then in a sick sample you'll see all the red blood cells really clumped together a little bit, just like jagged looking. And we've had a number of people, a number of patients who have done the before EBOO live blood cell analysis to the post live EBOO, live blood cell analysis. And these patients have just come back and been like, it was incredible. It was so obvious that it just made the blood healthier. And that's happened a lot a number of times now. So, wanted to share with with you that, because it's, it's kind of other objective data.

Caspar ([28:57](#)):

Of course.

Dr. Yoshi Rahm ([28:57](#)):

It's not just somebody talking about their symptoms, but it's objective data.

Caspar ([29:02](#)):

Yeah. No,

Dr. Yoshi Rahm ([29:02](#)):

So much of healing is, is placebo. Right. Which is beautiful. I'll take placebo every day. You gotta, it works. Right.

Caspar ([29:09](#)):

Exactly.

Dr. Yoshi Rahm ([29:10](#)):

But it's like, how much of the symptoms, oh yeah, I liked it, it had more energy. How much of that is placebo? But then when you do the studies, have the lowering of the fibrinogen have the lowering of CRP as well, have the lowering of SED rate and have the live blood cell analysis to look at under the microscope with your own two eyes. It's, it's very validating.

Caspar ([29:33](#)):

Oh, absolutely. To

Dr. Yoshi Rahm ([29:34](#)):

Therapeutic a benefit of EBOO.

Caspar ([29:36](#)):

We, we love those visuals as much as labs are a visual, it's a piece of paper when you get to see under either a dark field microscopy or live blood cell analysis, like those cells really looking healthy, not clumped moving. And like you said, that that's healthy blood. That's something else that gives you a affirmation of what's going on here. But beyond, you know, we're, we're talking a lot about things that seem like almost health optimization, even though for EBOO, many of the patients are in a disease state, they are the infectious disease. They have, you know, different degenerative types of things. Do you use this for health optimization and prevention in patients that may already be somewhat healthy?

Dr. Yoshi Rahm ([30:15](#)):

Yeah, absolutely. I don't know what percentage of our patients who do EBOO are biohackers. Mm-Hmm. <affirmative>. But certainly probably 10%. I would, somewhere around there. Our biohackers and, and there's so many documented, like ozone therapy has been around since the 1950s, 1960s. Like in large amounts over in Europe. It was, it was around a hundred years ago. Mm-Hmm. <Affirmative>. But it started to really take off in Europe in the 1960s, I'd say. And millions and millions of treatments have been done. So there's so much documented therapeutic benefit that any biohacker who's really ta looking to take it to the next level is gonna do some type of ozone therapy. You know, now whether it's EBOO, maybe it's some other type of ozone therapy, but plenty chew zebu. I myself am very healthy. So I've put myself more in the biohacker category. Right. I'm fortunate enough to be very healthy and I, I love to run ran in college and when I get on EBOO, I don't do enough sessions 'cause I'm too busy working <laugh>. Right. but when I do get a chance to do my own EBOO I feel like I feel like I have wings.

Caspar ([31:41](#)):

Mm-Hmm. <affirmative>.

Dr. Yoshi Rahm ([31:42](#)):

And so that's the, that's what other biohackers type of individuals will, will talk about. So yes, it's great for those who have the chronic infections. Mm-Hmm. <Affirmative>. And it's great for people who are healthy. For sure.

Caspar ([31:57](#)):

And if you did give yourself more time, I'm in the same camp, people like, wow, you work at this place, you have it all at your, like, you know, you could do whatever you want a kin. So I'm like, I'm usually too busy to even follow. Like, I, I will optimize, but not in the way I probably could and should. Yeah. Unfortunately everyone thinks I'm doing this daily like an IV or something. No, yeah. I, I do it when I can and usually like I'll get like some iv like an ad drip quarterly or something like that. Would you recommend the same for those healthy people? Is it a quarterly or a two to three sessions every, or how, how would you go about it to optimize you without all the busyness?

Dr. Yoshi Rahm ([32:32](#)):

Yeah. I, I would do it at least once a quarter.

Caspar ([32:35](#)):

Yeah.

Dr. Yoshi Rahm (32:36):

I, I like once a quarter you know, I, I don't, I don't think we really know, I don't think anybody really knows that Perfect answer. Sure. That perfect timeframe for the bio, for the healthy biohacker for a diseased individual. I like doing it once a week for a couple of weeks and then trying to slowly get those sessions further and further apart. Yeah. And, you know un as much as I'd like people not to have to do repeat sessions, we do some, some people have done 20 plus sessions. Mm-Hmm. <affirmative> again, they're doing it because it's moving the needle for them. Yes. And they might be doing it once a month or once every six weeks or once every two months. But again, we have a few people definitely a, a number of patients who have, who have just keep coming back because it, it works. But for the biohacker, I like once a quarter, but if it's once every six months, that's better than nothing.

Caspar (33:30):

Absolutely. And one of the things that I believe I saw on it, correct me if I'm wrong, it does include other light, I believe, red and infrared, right?

Dr. Yoshi Rahm (33:39):

Yes. What,

Caspar (33:40):

What are the actions of that on the blood? I understand red light therapy, I understand even some of the actions of re laser therapy, if you do IV laser therapy on that what is that benefit? Do you use that? Is it like always an on thing for you? The red and infra? I know it's a button and you could turn it on and off on the EBOO, but

Dr. Yoshi Rahm (33:59):

Yeah. It's your experience. Yeah. So I'll just say it. We use the so me machine.

Caspar (34:02):

Yeah. It's the same one. I believe we were connected through them. Yeah.

Dr. Yoshi Rahm (34:05):

Yeah. And they're actually who sponsored those studies, which is super cool to get that data. 'cause We're in working with them, we didn't know what we were gonna find. Right. Yeah. We hope we, we hope the, the results are what they were, but we didn't know. Mm-Hmm. <Affirmative>. And I was blinded to those results too. So I

Caspar (34:24):

Tried to

Dr. Yoshi Rahm (34:24):

Take out some of the the bias, right?

Caspar (34:26):

Mm-Hmm. <affirmative>.

Dr. Yoshi Rahm ([34:28](#)):

But their system actually includes UVC, so it's actually on a, so U-V-C, U-V-B and UVA, they're all invisible light. And then we get into the, the visible light, the, the all the way from red, orange, yellow, green, blue, purple, violet. Right. And then we get into the red, or sorry, red is at this end of the spectrum, and then we get into the infrared

Caspar ([34:56](#)):

Yes.

Dr. Yoshi Rahm ([34:56](#)):

Over here. Which is also invisible to us. And it includes that whole gamut there. That button of theirs. And, you know, I'm not a light I'm not a light specialist Yeah. But I've definitely, you know, put together presentations and each frequency of light has a different purpose in the body. And there's a, but there is also a lot of overlap. So it's like, yes, there's so many different frequencies that affect the mitochondria, which I mentioned earlier. Mm-Hmm.

Caspar ([35:28](#)):

<Affirmative>

Dr. Yoshi Rahm ([35:29](#)):

Other frequencies affect more of an immune system response. Right. But ultimately it's all about bringing our, bringing the different enzymes into balance. Mm-Hmm.

Caspar ([35:43](#)):

<Affirmative>

Dr. Yoshi Rahm ([35:43](#)):

Balancing the force, bringing it it into homeostasis. And it just, you know, it makes sense. Like I, I like to sometimes take a step back and just how, where was our technology, you know, 200 years ago or a thousand years ago? Right. How did humans develop in nature? Like whether you, you know, whatever your belief system is, it's like a thousand years ago, 2000 years ago, what did a healthy human look like even a hundred years ago? What did a healthy human look like? And it's being outside, right. We talked about, before we press record, we talked about movement. That's one of the pieces of course. But being outside in light, having the sun on our skin is paramount to health. Yes. And that goes whether your, you know, your ancestors were more near the equator, obviously you're gonna get more sunlight. But even those who are far north or far north, south of the equator, even through fog, there's still all of these light wavelengths and they go through our skin and hit those mitochondria and they have profound effects. It's not, you know, most people know that sunlight helps produce vitamin D. That's one of like a bazillion different reactions that it causes. You cannot have health without light.

Caspar ([37:07](#)):

Mm-Hmm. <affirmative>.

Dr. Yoshi Rahm ([37:08](#)):

That's, that's like one of those cat I try not to do too many categorical statements in life. <Laugh>, because usually the truth is somewhere in between. Right. Right.

Dr. Yoshi Rahm ([37:16](#)):

But that is a categorical statement. You cannot have health without light. And nowadays, we are, too many of us are, myself included, I'm sitting in, I don't get sunlight. Mm-Hmm. <Affirmative> I might have some light bulbs on. But those are only emitting a, a, a very narrow range of light frequencies versus the sun has that whole range that I talked about. Right. That whole range. And every one of those frequencies is like a different little medicine, a different little natural medicine that gets into our body and charges our body up. So that was a long-winded answer.

Caspar ([37:55](#)):

Oh no. That that was the perfect answer. 'cause I find so many of the therapies you see out there are simply emulating a small piece of what the sun does for us. Yeah. And it, it, it applies it to different areas such as this one we'll apply red light, infrared UV light within the bloodstream itself, which is a photobiomodulation and, and then cascade of biochemical events that happen, as you mentioned, many of those. And that that's what we're doing there. In others, you may shine some type of different light on the skin and different wavelengths frequencies, all these things for a reaction to happen, a healing reaction. But it's all really just the sun, you know, it's, it's a piece of exactly what we've been doing for millennia and it has been healing our planet. Yeah. So we need to not, you know, suddenly think that these devices are replacing what is most important, which is our lifestyle, getting outside, breathing, clean air, detoxifying that way, moving, as we said before, also, we jumped on, you did some pushups before this.

Caspar ([38:59](#)):

I said, I've been sitting in this chair for way too long. I need to move, I need to move the lymphatics. All of that. That's still, I think the, the greatest healer of ours is not just within ourselves, but in our environment. The good thing is if you are in a position where possibly you can't do much or you're already in disease state, things like EBOO exist to serve as catalyst and provide something that sunlight and other natural things even such as ozone can do in a more rapid catalyst way. Now, Dr. Rahm, as, as we kind of come to a close here, where do you see this type of technology going? Do you find there will be more, I'm sure there will be more advances, but is that something you are kind of looking forward to? Are you more looking at, hey, let's get more research off of what we have here. Let's keep trying to understand the mechanisms of EBOO right now? Or are you like, Hey, we could add in maybe another, something here or there or improve on this as we get to the next generation of machines?

Dr. Yoshi Rahm ([39:58](#)):

Yeah, all of that.

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

All of it.

Dr. Yoshi Rahm ([40:01](#)):

<Laugh>, I mean, it, you know, I mentioned EBOO is coming on the scene more. There's gonna be more and more offices offering it over the next few years, which is fantastic. But it, it's, it's nice to get out of the anecdotal stage and get more research. I mean, the more research we have behind us, the easier it is to talk to just the realities of what something is actually gonna do. And so I think, you know, I I am, I'm not one of those people who's like, we have to have research before we do something. I think that's like an antiquated way. Yep. I love just thinking about things logically, okay, what are the holes that we're not doing for you and in front of me? Right. And so I'm, you know, I might have a bad connotation, but I'm a little bit of a cowboy.

Dr. Yoshi Rahm ([40:51](#)):

Mm-Hmm. <Affirmative> like I want to go because I wanna get results for my patients. Absolutely. So I'm gonna absolutely think outside the box and be a leader and be an innovator and I'll have some fails. But I try to communicate that to the patient, Hey, this is a little bit of an experiment, right? Do you wanna be part of this? Do you, do you feel safe doing that? Are the, are the potential pros, do those outweigh the potential cons? Right. And so it's just, it's just about having that conversation and making sure the person, the patient in front of us is voluntarily as knowledgeable as possible so that we can push the envelope while kind of in the background trying to pull research some amount of research along with us. And, you know, especially with all the, the biohacking nowadays, it's like how do we, what pieces of technology or what piece, you know, what nutraceuticals do we combine with an EBOO session to make it most optimized? And is that a certain way for one patient versus a certain way, a little bit of a different way for the next patient? Right?

Caspar ([41:58](#)):

And

Dr. Yoshi Rahm ([41:58](#)):

So how do we create a personalized approach to EBOO? It's like, if EBOO is the protocol, we wanna know how to step outside of that protocol for the whoever's in front of us. Mm-Hmm. <Affirmative>. And so it might be EBOO with something else, but, you know, hormesis, it's like too much of a good thing. Too little of a good thing is not therapeutic enough. Too much of a good thing is not therapeutic at all. And is toxic is a poison in and of itself. Right. And so it's a contin. I like, that's why they call it the practice of medicine, right? It's a practice. But I think it's really important for the patient to be as in the know as possible.

Caspar ([42:35](#)):

Yes.

Dr. Yoshi Rahm ([42:35](#)):

And be just that teammate. And so we can kind of be the leader, get out there, think outside the box for the patient's benefit, but also bring, bring, bringing research along the way would be lovely.

Caspar ([42:49](#)):

Absolutely. I think the research always validates in a patient's mind what is going on a little bit more makes 'em feel more comfort. And I think that is necessary in healing. You can't have a true skeptical feel fearful approach when going into healing and expect the best results from that. You want to be in a comfortable and kind of more a belief system that this will work and look at all this data, but at the end

of the day, each patient is an experiment, right? Each patient is so unique and so different. We could show you all the data in the world. The data won't solve the problem. It's how you apply that data and, and utilize it. So truly appreciate that answer there. Where can people learn more about you, your practice you know, even schedule EBOO session with you?

Dr. Yoshi Rahm ([43:35](#)):

Yeah, thanks. It's oasis family medicine.com. We're in LA pretty easy access. Burbank Airport lax. But Oasis Family Medicine is the name of our office and, and have a great, great, great team of providers and nurses there and support staff. So, you know, I'm, I'm only as good as the people around me, and so I'm just, I'm endlessly thankful to, to my team. So thank you Team

Caspar ([44:03](#)):

<Laugh>. I'm sure they'll appreciate that. And yes, it's, it's always the team behind the person, but sometimes the person gets all the accolades and credit. And I'll have to check it out next time out there. I should be in LA in a few weeks. I'd love to see there and and meet in person. 'cause All these digital things are nice. But, but Dr. Rahm, thank you so much for joining us today, sharing your wisdom, sharing your story, and wishing you much success in the future.

Dr. Yoshi Rahm ([44:27](#)):

Yeah. Thank you for sharing my story, but also so many other stories too.

Caspar ([44:32](#)):

Yeah, that's awesome. Thank you. And be sure to check out oasis family medicine.com for more information about Dr. Yoshi and EBOO. And until next time, continue writing your own healing story.