

Chapter 10:

Interview with
Dr. Rashid Buttar, D.O.



Ty: So I'm really excited to be here in Houston, Texas, today. Beautiful, sunny day, with Dr. Rashid Buttar. Thanks for joining us, doc.

Dr. Buttar: Absolutely.

Ty: A pleasure as always. I think this is—I've interviewed you several times. This is probably the most pristine location that we've interviewed thus far.

Dr. Buttar: Pretty appropriate for detoxification.

Ty: It is, because we want our insides to be pristine, don't we?

Dr. Buttar: Exactly.

Ty: And they're not, right?

Dr. Buttar: They're not.

Ty: So let's talk about detoxification. To begin with, you're an expert at detox, and your whole medical protocol for treating death and diseases is revolving around detoxification. So let's kind of go through your different—you have different toxicities that you've written books on, that we're all toxic with. So let's talk about those to begin with and then we'll get into how to remedy it.

Dr. Buttar: Okay. Well in a nutshell, Ty, my philosophy's always been that the key to dealing with all disease processes is to eliminate those things that aren't supposed to be inside our body. So the key to all disease processes is detoxification. Unfortunately, the word detoxification, it's a cheap word.

It's kind of like "love." Everybody uses it, but people don't understand. If people really understood what love was, we wouldn't have such a high divorce rate in our country, right? So what exactly do we mean by detoxification? Well, when I'm talking about detoxification, I'm talking about the elimination of things that shouldn't be in the system that prevent us from achieving what they refer to in quantum physics as zero point.

Zero point is the maximum output with the minimum expenditure. If you have, like a car for example, it would be the highest rate of speed, the longest distance traveled with virtually no gasoline at all, or no energy source at all. If we can achieve zero point, that essentially means that we are at the maximum efficiency with zero expenditure of energy.

And I believe that if we can achieve zero point and get close to zero point, what happens is the cells inside our body have no other choice but to resonate at a frequency that eliminates everything that shouldn't be in there. So what are the toxicities? In my book, I explain *The Nine Steps to Keep the Doctor Away*, your favorite book, the one that you read for bedtime stories, right?

Ty: Well, I actually did write a recommendation for it.

Dr. Buttar: You did. In that book, actually, I talk about the 7 Toxicities. And those seven toxicities is my firm opinion, and I believe that we've proven it now, you've seen many of the patients yourself. But regardless of the disease process, regardless of the condition, if you can effectively remove those toxicities—the key operative word here is effective.

If you can effectively remove those toxicities, by definition, chronic disease cannot exist. So cancer, heart disease, it doesn't matter. Stroke, Alzheimer's, whatever the case is. If you can effectively remove things in the system that should not be present (I've got them broken down into these seven categories) then by definition the chronic disease cannot exist.

Ty: So what you're talking about when you say detox, right, we have to define the word, you're specifically talking about eliminating these seven toxicities that you've written about in your book?

Dr. Buttar: Exactly.

Ty: So what are the 7 Toxicities, and then how do we get rid of them?

Dr. Buttar: Well, the 7 toxicities, I've got them broken down into these seven main categories. It started out actually as three categories and then eventually became seven as I was able to start to see subtle differences. I had certain things categorized. So we'll go through them.

The first toxicity is heavy metals. Now, by the way, the order in which I'm talking about these is not correlating with the significance of them, meaning one is not more important than the other one. If any of them were to be put aside and said "This is more significant than one of the other ones," then I would have to say that it's the fifth one, and I'll come to that fifth one.

But the order in which they're numbered, one through seven, is how I discovered them basically. The first one is heavy metals. So when we talk about heavy metals, we're not only just talking about the lead, and the mercury, the arsenic, and the tin, antimony, those things that we know, but we're also talking about certain minerals that are imbalanced.

For example, iron or selenium or copper, if they're too high they can actually act as an oxidative stressor as well. By the way, the common mechanism of action for all these seven toxicities is the same, which is oxidative stress. And so all disease process, the mechanism that causes disease processes, is an acceleration of that oxidative stress, and as you know...

Ty: What is that?

Dr. Buttar: Oxidative stress is the rusting process. When you cut an apple and you see it turn brown, or you see a banana turn brown, that's actually oxidative stress, and it's like hurting our bodies all the time. When you exercise, you actually increase oxidative stress.

But those couch potatoes that say "Hey, that's why I don't exercise." It doesn't work that way. You want to increase that—your body, the more efficiently it's working, you may experience an increase in oxidative stress, but it's—the detoxification is to remove the substances that accelerate the oxidative stress beyond a normal range.

So yes, if you exercise to an extreme it can cause detrimental harm. You've heard of the marathon runners and athletes that will drop because they push themselves too hard. Oxidative stress is a natural process of life. Everybody's experiencing it. What we want to do is we want to reduce the oxidative stress, the rate of that oxidative stress.

So the first one is heavy metals, and as I've said, the heavy metals, the bad ones we all traditionally know, mercury, lead and those. But also the ones that are minerals that are important for life but in too high of a level they can cause an increase in oxidative stress. The second one is what I call POP, persistent organic pollutants. Those are the chemicals, the insecticides, the pesticides, the fluorinated hydrocarbons, the tallenes, the benzenes, the organophosphates, etcetera. So anything that is in the body that shouldn't be there

that's a chemical base, that's synthetic...

Ty: Which is a lot of stuff nowadays, isn't it?

Dr. Buttar: It is. It's in pretty much everything.

Ty: I mean it pretty much has a big umbrella.

Dr. Buttar: Exactly. So actually, like the chemicals in the plastics that act as xenoestrogens, it's pretty much in every aspect of life. One of the slides that I have in my cancer presentation that I did about 10 years ago, one of my cancer presentations had a slide about the introduction to some of these chemicals.

And there's over 100,000 new chemicals being introduced into the global economy every year, but there's millions that are being introduced that just never see the light of day, most of them experimental. But about 100,000 every year that get introduced into the global economy.

And the consequences of those—of the biological burden that this is creating, we really don't know because time hasn't shown. For example, DDT or dioxine, some of these things, they were used for 50 years before we realized how toxic they were and they were banned.

So we don't really know what the biological impact of some of these substances are. Now it's important to remember that not all synthetic things are bad. For example, DMPS, or EDT, ethylenediaminetetraacetic acid, or dimercapto propanesulfonic, they're mouthfuls, but they're chelators.

They're synthetic amino acids that are put together. They're not persistent organic pollutants, they are synthetic. But again, just because something is synthesized doesn't make it bad. It's the chemical aspect of how it affects our body. For example, benzene is highly, highly carcinogenic.

So just as a side note, when I met with the Centers for Disease Control, the second time I met with them in 2006, I was going through one of their manuals and I was with—I won't say who the person was, but it was a very high-level individual in the CDC, a MD/PhD, great guy.

Just to give you an idea, what was supposed to be a half-hour meeting ended up being a six-hour meeting. And when I left, we actually hugged because he was so appreciative that there were actually other people out there. He had no idea that there were people out there that were actually addressing some of these things.

So there are people at the CDC and the government that are actually well-versed and know the truth, and really want to do something if they have the right motivation. Not everybody's like that, but there are people out there. Just in case that people think "Oh, everybody's against us." Well, there are good people out there.

And during our conversation, I asked him, I said "What's your most significant—" I'm flipping through this catalog. It's a directory of all these different toxic materials. And so I expected him to tell me it was going to be one of the fluorinated hydrocarbons.

That's the biggest concern for the CDC from a level of toxicity aspect. And he said (this is why I can't say his name) "If you bring this up in public, I will deny it." He thought it was like a trick question. I'm looking at him and thinking "Well, what's the big deal?" His number one concern, it's not persistent organic pollutants, it's metal-related. Mercury is the number one concern.

Ty: Wow!

Dr. Buttar: Number one. So anyway, that was a side step. First toxicity, number one, is heavy metals. Second was persistent organic pollutants. By the way, the reason they're referred to as persistent organic pollutants is because they're persistent in the body. The body can't clear them.

So they have a tendency to stick in the body. Fat holds onto them. So that's one reason being obese is not good, because the chemicals get stored inside the fat. So we refer to them as persistent organic pollutants because of the fact that the body can't eliminate them, and that's one of the reasons that we do specific types of treatments. To help to break those persistent organic pollutants into smaller sub-components that are no longer persistent, so the body can eliminate them.

Ty: Okay.

Dr. Buttar: Then the third toxicity is what I call the opportunistics. The opportunistics are the bacteria, the viruses, the spirochetes, the microplasma, the yeast, the parasites. I call them opportunistic because they don't affect everybody. What do I mean by that?

The person has to be susceptible to these substances, to these organisms, in order for them to actually manifest a problem. So if a person's immune system's intact and they're healthy, then these opportunistics aren't really going to have that much of an effect. But some people are susceptible to them. Why are they susceptible? Because of the first and second toxicity; the heavy metals and the persistent organic pollutants suppress their immune system, thus rendering them more susceptible to the opportunistics.

Now these first three are pretty tangible. They're measurable, right? The next four are somewhat more esoteric. So the fourth toxicity is the energetics: electromagnetic radiation, and in cellphone radiation, microwaves. In fact, when we've done some energetic testing in cancer patients, the number one energetic toxicity that they have is microwave.

That's one reason I don't have a microwave in my house, I don't have a microwave in my clinic, we don't even have it even wired, we yanked it out. If you think about driving in a car, sometimes if you're listening to the radio and somebody's about to call you, have you experienced when the cellphone, before it rings, you'll hear the distortion in the radio?

Well that is a form of electromagnetic radiation that you're experiencing. So you know that if it's causing enough of a disruption in the radio signal, it is having an effect on your system. It's all about cell resonance. What things actually are promoting cell resonance and what things are actually causing a detrimental effect as far as cell resonance is concerned?

Ty: And that's kind of, you said, esoteric because you can't see it, right?

Dr. Buttar: You can't see it. You can't measure it. Right, exactly.

Ty: And then whereas the first three, you can measure, you can see—

Dr. Buttar: Right. You can measure them to a certain extent. Even though modern medicine may not recognize heavy metals, and when doctors do the testing on a non-excreter who's not going to show them, they don't see them so they say "Oh, it's not there." But yes, you can measure it because with serial testing you can see the increase in metals, especially when you start treating the person.

So you're absolutely right. That's why I refer to the first three as tangible and the last four are somewhat more esoteric because it's more difficult to measure them. You can get the Geiger counters and different types of things, but yes, they're more difficult.

Ty: You can also see the pictures of the brain after people have talked on cellphones, the inflammation of the brain and so forth, right?

Dr. Buttar: Exactly. So those are the SPECT scans and many of those things. Exactly. Alright. So now we're on the fifth toxicity. Now you remember when we first started talking about the seven toxicities, I said if there was one that was more significant than any other one, it would be the fifth one?

So it's not in the order, 1, 2, 3, 4, it does not delineate the emphasis on which one is more significant than the other one. They're all significant. For example, if somebody has number one and doesn't have any of the other ones, then for them number one's the most significant.

But if I did have to categorize any one being more significant that probably impacts the whole world's population, it would be number five. The fifth toxicity is the emotional/psychological aspect. Now why is the emotional toxicity, the psychological aspect, the emotional component so significant?

Why do I consider that, if any of them out of these seven toxicities, why do I consider that the most significant if any one's going to be placed more significant? It's because we as a species, as humans, we're all carrying baggage. We're not only carrying baggage that's conscious in our own minds, things that we've experienced that traumatize, but there are certain things that are repressed: from childhood, from even maybe before childhood, some people say from in utero.

But then there's also the energetic aspect from an emotional standpoint of what happens when we talk about miasms, and that might be a little foreign to some people. You know what a miasm is, I know. But for maybe—should I explain some of that?

Ty: Yeah, sure.

Dr. Buttar: So for the listener, think of a miasm as a genetic memory. And so the emotional aspect that's been carried from your mother and your father and your grandparents, transcends generations in your DNA and has a memory associated with it. The emotional aspect is so crucial that it affects, I believe, every human being on this planet, even though they may not be conscious of it.

So you've got the conscious mind, the subconscious mind. The conscious mind processes 2,000 bits of information per second. So think of it in relation of dollars, \$2,000 worth of information per second. The conscious mind, the one you can control. The subconscious mind controls 400 million data bits per second, or \$400 million worth. So which one do you think's going to win? Two million or 400 million?

Ty: Wow, that's a big difference, isn't it?

Dr. Buttar: Big difference.

Ty: Yeah, people don't understand the subconscious, do they?

Dr. Buttar: Exactly.

Ty: You hear about people that have been diagnosed with a terminal diagnosis for some disease, and then they end up dying. It shows that maybe in their subconscious, it was implanted a death sentence, right?

Dr. Buttar: You're absolutely right. It's what they believe. It comes down to what they believe. You're exactly right. So why is it—if you remember from the—when we did *The Truth About Cancer*, you interviewed some of my patients and you've seen the oncological nurse who had cancer that had spread from her breasts to her brain, her scalp, her spine, her lungs, her liver, her spleen.

And she had stage IV. She was in multi-organ system failure. They gave her three months to live. And she lived 11 years, right? And then you have, conversely, somebody that doesn't have multi-organ system failure, doesn't have metastasis, simple stage IIB cancer, and then it ended up developing into stage IV and dies.

Why is it that a minor cancer like that takes a person's life, and something that's really, really lethal doesn't? It's because of that thing: what they believe. It's that emotional toxicity they have. It's that fifth toxicity that is affecting. That's exactly right.

I believe that the 2,000 bits per second of data that our conscious mind's processing versus the 400 million bits of information that the subconscious is processing. The subconscious, by definition, controls everything and is dealing with a lot of baggage that we may not even be aware of.

Consciously you may not be aware of it. It may be a memory, a repressed memory. Sometimes people use regressional hypnosis to try to bring it up. Regardless of what that is, it's that emotional toxicity that is, if you're going to place any more emphasis on any one toxicity than any other ones, it is this fifth one, the emotional/psychological one, that I believe. In fact, in cancer, anybody who's addressing cancer, since we like talking about cancer I'm going to bring it up. In my opinion, if you're not addressing the emotional aspect of cancer, because cancer, it's an emotional disease. Its emotional aspect is the most paramount, and then of course they have a heavy metal and persistent organic pollutant.

It's actually toxicity and a malnourishment combined. But that emotional aspect, if it's not adequately addressed, by definition, that person's not going to make it. It's as simple as that.

Ty: Dr. Buttar, if somebody is emotionally toxic, let's say they have these toxicities, you're talking about potentially anger, resentment, some kind of a hurt that they're harboring—going to the remedy here, it's how do we get rid of an emotional toxicity?

It seems like it would be easier to get rid of something that's tangible, like you can chelate heavy metals out of your body. How do you chelate emotions?

Dr. Buttar: You know, that's the million-dollar question, Ty. And there are ways to do it, and we've been experimenting for probably the last 15 years. There are a couple techniques that we have, and they have worked very well. You can—I'm actually in the process of getting the newest one—I'm studying the newest one, from one of my mentors.

And I'm not comfortable enough yet to say it in public, what it is, but we believe that that emotional aspect has been the key factor in taking a stage IV cancer patient and allowing them to live.

Because they all go through the same treatment. We can chemically get rid of all the chemicals and the metals, and all that stuff. I can change the biochemistry of the body.

That's not a problem, using AARSOTA [Dr. Buttar's protocol system, which is an acronym for Autogenous Antigen Receptor Specific Oncogenic Target Acquisition] and all this stuff. We can do all that. We can get the immune system entrenched, repaired, all those things. What we haven't been able to do consistently was that emotional aspect, and I think we're getting very close to that. So to answer your question, for example, the different types of emotional toxicities that—a tool that could be used. One of the things that I tell patients on my first visit, before I've ever taken them on as a patient, in the event that I may not see them, I tell them to make a list of every single person that they feel has ever wronged them. This could even include the little kid that stole your milk money when you were in grade school or whatever, right, in kindergarten. It doesn't matter. Even if the person's dead, it doesn't matter. Put them down on that list, and then systematically forgive them, and I mean really forgive them, not forgive them and, oh, you've still got the crunch.

No, I mean like really forgive them. Let it go. Not because they deserve your forgiveness, but because you as a person, who renders that, harbors that negative energy, deserves to not carry that burden. So forgiveness is a very, very key component.

All the cancer patients that come to us, we have them make that list. We tell them to systematically eliminate. And when people say "I've already done that," I already know that they haven't done it. Why? Because when you really have done it effectively, you realize that that's an ongoing process for the rest of your life.

They've actually done studies where they've gone to people and asked them "Who do you feel has wronged you?" And then they'll make a list of those people that the person feels have wronged them. Then they'll go find those people and they'll interview those people, and 80 percent, right around 80 percent of the people that they interviewed that were listed down as having done something wrong didn't even realize they had somebody that created resentment.

In other words, they were walking around—this person's been walking around all their life thinking so and so—like I would be walking around thinking that you owed me an apology. But when they poll you and the other people that I feel have wronged me, 80 percent of them didn't even know that they'd done something to deserve an apology, that they owed somebody an apology.

So that's—we're walking around with all this baggage, and we don't even realize that the person that we feel has wronged us doesn't even realize that they've wronged us. So we're harboring all this negative, and that's where the emotional toxicity, that's one of the many things, right?

And it starts to form an abscess, and it festers and it rots, and it grows. So when we talk about cancer, that's what cancer is. Cancer is festering and it's growing inside us, it's rotting inside us. It's the same component. Energetically speaking, it's very similar.

Cancer and that fifth toxicity, the emotional, is almost analogous. And of course, there's many other things that can be done, but the point is, that has to be, in all toxicities, for all disease process, it has to be addressed. But in cancer, it's paramount.

That's the fifth toxicity. Then the sixth one is food. Food, it's not what we're eating that I'm talking about, because what's contained in the foods would actually be categorized in category one: metals, toxicity number one: metals, or toxicity number two: the persistent organic pollutants.

What I'm talking about in the sixth toxicity, when I talk about foods, is what's being done to

the food. The homogenization, the pasteurization, the irradiation, the genetic modification, all the things that we do to food to transfer the food, so it's not even a food source now. It's amazing that the body can even register it as food.

Ty: It's not.

Dr. Buttar: It's not. Exactly. And then the seventh toxicity used to be part of the fifth toxicity, and that's the spiritual toxicity. There was emotional, psychological, spiritual. So the emotional and psychological is now separate from the spiritual.

And in a nutshell, spiritual toxicity, there are more people that have died in the name of God than all disease processes and all wars put together. Right?

Now I don't know about you, but my God's a god of love, and it's all the same God. Your God's a god of love and forgiveness. The same God that all monotheistic religions believe in. And yet, Jews and Muslims and Christians will kill each other because they believe their opinion is more important.

That's where that spiritual toxicity comes in. The reason I separated them is because I saw a lot of people with emotional toxicity but not spiritual toxicity. And on the other hand, I saw people with spiritual toxicity but didn't have an emotional toxicity. So the spiritual toxicity, here's how you know how somebody has spiritual toxicity.

When they believe that their viewpoint on religion is so important that they feel the need to convert you to their belief system. I mean you and I have been friends for years. We both have two different faiths. You've never tried to convince me of your faith, and I've never tried to convince you of my faith.

But I know what a devout Christian you are, and you know what a devout Muslim I am. Yet, we're very, very close friends. That shows that we don't have a spiritual toxicity.

But on the counter point, if somebody were to feel that they had to convince you to convert to their faith, or you felt that you had to convert them to your faith, and it became the most paramount thing, you have a spiritual toxicity because you are not—you don't have the faith inside yourself to accept others for their belief system. You feel the need to project your own belief system onto somebody else. And that's where the seventh toxicity comes in.

Ty: Okay. So thank you. Great summation of the toxicities. Now let's get into the way that we would detox the toxins, right? And a couple things you said, first of all you mentioned somebody being a non-excreter. So let's talk about that, because I know that can go into toxicity number one, with heavy metals.

Let's talk about what a non-excreter is, and then get into—even if you want to get personal, I know that you've dealt with heavy metal toxicity on a personal level. If we could share the story about Avi, if you'd like to. But let's get into the ways that you can get rid of all these toxicities.

Dr. Buttar: So Ty, the question that you've asked is a loaded question. Because there's so many different ways of skinning a cat, as you know. Now a lot of people have agendas, and they'll have their own methods of detoxification, and they'll have buy this tea or buy this powder.

Some of these toxicities, it's a powder or pill, it's not going to work. Why? Because the body's genetic predisposition is going to vary from individual to individual. You've got biological individuality and genetic predispositions that are unique to individuals based on their DNA.

So where you might be able to eliminate on your own and you don't need any help to get rid of mercury, I may have a very massive problem to get rid of mercury. Whether I do or not, it doesn't really matter. In my case, because I do IV drips to get it out anyway. But you follow my point?

Ty: Yeah.

Dr. Buttar: Sometimes a relatively easy tool may work for one person but won't work for other people. Now mercury is ubiquitous. It's really difficult to get mercury out of the body anyway. But the ultimate engineer, the creator designed our systems to eliminate it for most of us.

But some of us have a genetic predisposition where detoxification pathways aren't quite as effective. It's a polymorphism, essentially. Just like one person may be more susceptible to getting sunburn because they have lighter color of skin, and another person doesn't.

Or one person may be taller or shorter, or whatever the case may be. So some people have those pathways that may be not optimized. Let's put it that way. So you've got the Methylene tetrahydrofolate reductase [MTHFR] enzyme deficiencies, for example, or a methylation issue, or a superoxide dismutase issue, or a glutathione S-transferase issue, or some of these other enzymatic pathways that have been disrupted.

For those people, then you have to get into the intravenous or some other form of chelator. Oil doesn't seem to work that well because it just doesn't really work because the body doesn't absorb them orally. You know about the transdermals. We use a lot of the transdermals and the intravenous processes. So that's what I use with the metals. Taking a powder or pill just doesn't seem to work.

Ty: You need an intravenous substance that binds to the heavy metals to get them out?

Dr. Buttar: That's correct.

Ty: And one of the things that you've said in the past is that when you look at something like autism, what you believe autism is, and correct me if I'm wrong, is that some people have more ability to excrete the mercury and the other things that can potentially cause autism, whereas some don't.

Dr. Buttar: Correct.

Ty: And you mentioned having a conversation with the CDC. Well the CDC, a couple years ago, they admitted that they knew 10-15 years ago that the—was it the MMR or DPT?

Dr. Buttar: MMR.

Ty: MMR was causing autism in young black boys to the tune of four times that it was in white children. Well they never mentioned it. So would that be a situation where potentially there's something genetic, where the black male children don't have the ability to excrete the mercury as well as the other children?

Dr. Buttar: Well, that could be a supposition you could start off with. That's actually not the reason. It's because they are lower socioeconomic group, so they were inundated with more vaccines, so their burden was greater. And in males compared to females, females have estrogen that protects them.

Males do not. Males are statistically prone to have autism four times as more than girls. So out of every—there will be four boys for every one girl, basically. That's an issue, and I think the reason they saw it in the black population more, this was an inner-city population, they were dealing in Atlanta.

And I think it's because the lower the socioeconomic group, the more inundation that they get with the vaccines. And so I think that's part of it. But yes, you're correct. There could be a genetic predisposition greater in a certain sub-population, absolutely. That's possible. I don't think they looked at that though, in that particular aspect, but you're absolutely right.

Ty: But isn't it odd though that they admitted that—the internal memos showed that they knew it was causing autism?

Dr. Buttar: Well they didn't admit it, but yes, you're right. They knew because the researchers that were behind all the vaccine stuff brought it up and showed them that there was a problem here, and knowing it, they went forward. So they didn't come out and admit it.

It was discovered that they were basically preventing information from being made aware to the general public. You're actually right. But you go all the way back to Simpsonwood, when they had all the six pharmaceutical companies, I believe it was, they got together. And the Institute of Medicine was there, and the president of the Institute of Medicine had just had his grandson or granddaughter born.

And they were talking to the epidemiologist, and basically they were talking about the incidence of thimerosal, incidence of autism in children that had been exposed to thimerosal in vaccines. And the epidemiologist said that there is not only a correlation but there is a high statistical correlation between autism and the use of thimerosal, and the Institute of Medicine said "Go back and reanalyze the data."

And the epidemiologist said "It doesn't matter how you manipulate this data, it's so significant, no matter what you do it's going to show up." And the president of the Institute of Medicine, at that time, made the comment, and this is part of the transcripts that have been discovered, part of the transcripts said he made the comment, he said "Well, my grandson (or my granddaughter, I can't remember what it was) is not going to get this."

It was just born. The child was just born. He said "My grandchild is not going to get this. However, we cannot let the general public know this information." Why? Because they knew it would cause mass chaos. I mean if there was going to be a motivation for the next civil war, that would be it.

Ty: Yeah. You're messing with our kids.

Dr. Buttar: That's right. That's exactly right.

Ty: Yeah.

Dr. Buttar: So the point that you're bringing up about the non-excreter phenomena, yes, it's a very important and crucial component. We just have to know that if a child has autism or a person that's in their 50s or 60s or 70s starts to have adult onset dementia, those people by definition we know can't excrete mercury.

Doesn't mean about the other metals or the persistent organic pollutants. There are certain pathways that may be more important for mercury elimination and not for lead, for example.

But if a person has Alzheimer's, a person has autism, you know those two sub-populations, by definition, come hell or high water, it doesn't matter how you want to spin the cat, no matter what happens, they have an inability to excrete mercury. That's it.

Ty: But isn't mercury supposed to be good for us?

Dr. Buttar: I don't know...

Ty: I've heard pundits on TV saying mercury's good for you.

Dr. Buttar: Then you know what? Tell them to take it.

Ty: Yeah.

Dr. Buttar: Tell them to take it in public forum. It's like that guy, remember? With the Monsanto, the Monsanto researcher that was talking about how—I can't remember what it was...

Ty: Oh yeah, he was saying glyphosate.

Dr. Buttar: Oh yeah, glyphosate.

Ty: Won't harm you if you drink your coffee.

Dr. Buttar: Exactly. And the researcher said "Yeah, of course." And then the news interviewer pulled out the "You happen to have some here. Can you drink it?" He's like "Oh, sure. No, I'm not going to drink it. Do you think I'm stupid?"

Ty: Yeah, exactly.

Dr. Buttar: So they'll say that kind of stuff because words are cheap. It's like saying "Oh yeah, I love you. I love you." Jump into bed and have a good time, and then the next day, "I don't know who you are." That type of thing. Anybody can say anything.

So the point is that they may say it's good for you, but the second most toxic substance known to man, according to the Centers for Disease Control, and the Environmental Protection Agency, is mercury. So how can the second most toxic substance known to man on this entire planet be good for you?

Ty: Right. So we're talking about mercury, and we're on vaccines a little bit here. Let's go down the rabbit hole just for a moment here on vaccines. Because we're told that they're safe and effective. We're told that they're safe and effective. So let's look at those two components and give me your take on vaccines being safe and effective.

Dr. Buttar: They're not safe and they're not effective.

Ty: Thank you.

Dr. Buttar: Next question? Well I mean what can you say about it? It's like saying "Well, the sky is blue." And some people come up and say "No, it's not blue. It's green. It's pink." I don't care how you spin it, the truth is the truth. It's blue. You can describe it as azure.

You can say it's sky blue. It's still blue. You can't say it's green. So a lot of people will say "Oh, well that's a controversial subject, Dr. Buttar." There's no controversy about the truth.

You can doubt the truth and say “Oh, it’s not the truth,” or “It’s controversial.”

But it still remains the truth. Just by labeling it something else doesn’t change the truth. The bottom line is this. Humans are like the cockroaches of the planet. They say that in New Jersey if a nuclear bomb went off, there would be two things that’d survive: humans and cockroaches. Now my question is what’s the difference between us and cockroaches? It’s not much.

Ty: We’re just a little bigger.

Dr. Buttar: We’re just a little bigger. Right. And we’re more destructive. We go and we—everywhere we go, we ruin things. We ruin the environment. We ruin the foods that we eat. We ruin everything. We have affected the planet in a negative way. Now you start looking at vaccines.

Well, we have survived—let’s say we go by the traditional religious belief that man was made from Adam and Eve, man started from Adam and Eve. Okay, 10,000 years ago, 20,000 years ago, whatever. Or we look at the evolutionary basis that we’ve been evolving for hundreds of millions of years.

In either case, all the way up to 100 years ago, nobody used vaccines and we still survived. So now you tell me suddenly we’ve become so important that we need to survive, so we need to take vaccines?

Ty: But didn’t vaccines wipe out all of the infectious diseases?

Dr. Buttar: Oh, I’m not sure how to say “Hell no,” so I’m just going to say “Hell no, it didn’t.” It had nothing to do with wiping out these diseases.

What’s really interesting is when you start looking at the incidence of usage of certain chemicals, for example, I wasn’t alive at that time and neither were you, but back in the 40s they used to say—and 50s they used to say, “I’m—” What is it? “I’ve had my DDT, so I’m insect free,” or something like that.

Ty: I’ve seen that, a cartoon, and there was a newspaper at that time that said “DDT is good for me.”

Dr. Buttar: That’s right. “DDT is good for me.” That’s right. And “Flies won’t bother me because I’ve had my DDT.” So those slogans like that.

Remember back in the 50s and 60s—again, not remember, because you and I weren’t alive then. We were in the 60s but not in the 50s. But they used to say cigarettes, “A cigarette a day will keep the doctor away.”

Ty: Yeah, “A pack a day keeps lung cancer away.” I’ve seen that one too.

Dr. Buttar: Yeah, exactly. So these are strange things that they believed back then. So now we’re talking about vaccines are important and they’ve stamped out all these diseases. Well look at Polio. Polio is supposed to have been stamped out because of vaccines. That’s BS.

You look at on a graph of the use of DDT, and you look at the incidence of Polio, and they are exactly the same graph except that Polio followed DDT by about six months. So as DDT peaked, six months later Polio peaked. As DDT comes down, six months later, Polio comes down. DDT flatlines, Polio flatlines.

It follows a contour. It's like taking the same graph and just displacing it by six months. So many of these disease—and this is not—I know you already know this. You have to act like you don't know it right now because you're interviewing me, but you know this stuff. In fact, some of the stuff, like the Flexner Report, I didn't realize how important that Flexner Report is. And if you're going to do this thing—these documentaries, Ty, I'm saying this officially on camera, make sure you talk about the Flexner Report.

You bring that up in the beginning, because then people start to understand really where this all started. The misinformation over the last 100 years, the organized misinformation, the strategic misinformation that's been placed in very key spots so that people become—So people go down one specific route, and not just the people, the medical professionals. The doctors, the healthcare providers that have been appointed to take care of them, to safeguard their health, are also misinformed because the educational process for those doctors has been misaligned and manipulated and bastardized a hundred years earlier so that this information can just be streamlined.

It's effortless. It's going downhill and everybody believes it. So there's an adage that actually my partner from my lab had once said and I thought it's a beautiful quote. "He who controls the narrative dictates history."

So if you can control the things that are being put in the books, then you can control what people remember 100 years from now.

And people forget the use of homeopathy and the use of natural remedies that were used in the Civil War and before then. So there is an organized, highly, highly suspect agenda/motivation behind the educational process in medicine worldwide, and it all started from the U.S.

And this is exactly why our forefathers had specific things in the constitution to safeguard our future generations by having statements where Thomas Jefferson said "When a people allow a government to dictate the foods they put in their mouths and the medicines they take into their body, their souls will soon be in the same sorry state as those who live under tyranny."

Now that was said 250 years ago. How did they know that? I guess they had better crystal balls back then than we have now. But we are, as a society, becoming more and more corrupt inside our biological system, corrupting the perfect engineered machine that the Creator created because of what we are doing and how we're masquerading under the pretense that these things that we're doing, like vaccines, are actually stamping out diseases. It's the viral hunters. It's the bacterial hunters. It's just not true.

Ty: If you don't mind, I'd like you to tell the story of what happened to Avi because it's a very powerful story, your own son, with being able to—because people are going to be watching this that have already been vaccinated or they have a kid that's been vaccinated that's showing autistic symptoms or whatever. And share with the viewers what you personally did with your own son.

Dr. Buttar: Well, you know the whole story pretty intimately. In fact, I think you even wrote about it in one of the chapters in your book. It's kind of cool, because you met Avi when he was just little. He's 17 now. I mean you saw him a couple years back when he was competing for the World Championships.

Ty: Oh, he can kick my butt.

Dr. Buttar: He could kick both of our butts together with both of us attacking him. In fact, the day that you were in there, when you watched that tournament—I mean that practice, that's the day that his master brought in people that were three or four degrees higher, 5-10 years older than him, and they didn't know how young he was because he was preparing for the World Championships.

But bottom line, nutshell, he was vaccine injured. He lost his ability to speak. And we basically got the mercury out, and because of what happened with Avi, we've treated over 2,500 kids now in our clinic over the last 20 years. And worldwide, almost 40,000 children have been treated using our protocol now, through other doctors that have been using our protocol.

There's a short video that people can watch on our website called "The Avi Story," and maybe we'll get that link to you guys. But it's—as a parent, you having four children yourself, you know that anything could happen to you, it doesn't matter.

To your wife, it would bother you and you'd do whatever you could to defend her. But in the greater scheme of things, you and your wife have lived a good life. If I was taken right now, I've lived a great life.

But your child, that's a different story. You've got to protect them at every aspect, no matter what the price is.

And there are so many parents after getting their children vaccinated have—I mean the baggage that they're carrying now, the guilt that they have because they had somebody that may have warned them. Some of them haven't, but some of them did, and they did it, they go in and get vaccinated and then the child was damaged and now they're beside themselves.

I'll tell you a personal story. After what happened with Avi, I was pretty adamant, pretty vocal among my family. And my brother had his first child, and I told him not to get her vaccinated. They did, and she stopped developing. Her speech stopped and she went to no words. And they panicked. Luckily, she was so young at that time, I just told them to relax. I took care of it. Her language came back.

Ty: You got rid of the metals?

Dr. Buttar: I got rid of the metals. We treated her. And now, of course, the fallout from that is now, anybody in that family, my brother's family, they stump a toe, they get a sniffly nose, they won't do anything unless they talk to me first. No matter what any doctor says, they won't do anything until they talk to me.

So that's a backlash of when people find out. But the point that I'm making is that there are so many people that regret having done what they did, and many of them didn't know because they were told "Oh, well this is what you're supposed to do. The doctors told me to do it."

And so sometimes doctors, 4, 5, 6, 10 of them will get together and intimidate the person, and almost make you feel like as a parent that you're negligent of not doing what you are supposed to do, which is get vaccinated. So when Avi was born, actually, my ex-wife and I decided we weren't going to get him vaccinated.

And I remember the day he was born, I wasn't in the room, but when I walked in the room there were two doctors talking to my ex-wife about the importance of vaccinations because she'd told them we weren't going to do it. And while I was there, six more doctors came in. And one of them I worked with in the ER. So there was a total of eight doctors in there. And

I had to get vocal with them and tell them “What the hell is the problem here? You haven’t understood what I’ve said? I said no vaccinations. None at all.” And they were trying to make her—I guess they got through to her, because unbeknownst to me after, she was trying to do the right thing in her world.

I was her husband, and so “How can my husband be right and eight doctors be wrong?” So she went back and got him vaccinated, and that’s what ended up happening. Now conversely, Rohan, my youngest, Rohan never got any vaccines. And I went to the hospital and talked to the neonatologist and I talked to the OB/GYN who had delivered Avi too, who is a friend of mine.

I talked to the hospital administrator. And basically I told them all that “When this child is born, he’s not to get any vaccines. And if he gets vaccinated, I will sue you personally. I will sue the hospital. And then I will find where you live and I will break your legs.

And if you think that this is an empty threat, you just try me.” And when my wife went into labor, we got to the hospital, and I’m not kidding you, we come in through the ER, and right there on the board it said “Buttar baby,” big blue marker, “*no vaccines.”

We go to labor and delivery. “Buttar baby, no vaccines.” It was everywhere. Because I made sure. This was like a month before he was due. I went and talked to everybody because I didn’t want the same thing to happen to Rohan that had happened to Avi.

And with the grace of the Creator, Avi’s—people say “Is he normal?” There’s nothing normal about him. He’s as normal as Superman is without his cape.

Academically, he’s in 8th grade. He was scoring higher than college entry seniors. Scored high on his SATs, in the 99th percentile for all college entry seniors, in 8th grade mathematics.

World-ranked martial artist, top five tennis players in North Carolina, captain of his basketball and tennis teams, and cross-country and soccer player, all conference. So these children, I’ll tell you this thing. The children that are most susceptible to vaccine injury, they seem to be the ones that are cognitively superior to their peer group.

In other words, why did we make this leap in our last 100 years from horse and carry to planes, or from sending through Pony Express to now emails? It took three weeks to get a message, now instantaneously on the other side of the world. It was a certain class of individuals that allowed us to make these leaps.

And I believe it’s that cognitive superiority, this vaccine injury component—again you may think I’m paranoid, but I believe that this component was orchestrated against the most cognitively superior group to prevent mankind from continuing to evolve the way they are.

Ty: Dr. Buttar, it reminds me of a personal story with Charlene and me, and then the kids. When Brianna was little, I didn’t know what I know today about health and vaccines, and so forth. And so we were beginning to be concerned about the safety of vaccines.

So at that point, Charlene took Brianna to a well visit, which is an oxymoron, a well visit where they poison the kid, but to our pediatrician and said we did not want to have her vaccinated. And the pediatrician told Charlene—she said he had veins on his neck he was so adamant, that “If you do not vaccinate, you are not welcome in this practice.” And so she got Brianna vaccinated because she didn’t want to lose her doctor. In retrospect...

Dr. Buttar: That would have been the best thing that could happen.

Ty: In retrospect, I'd have a few words for the guy now. But at that time, we didn't know. So we got her vaccinated, and Brianna showed signs of severe regression for a long time. She's fine now. We've done some things between then and now that I think have helped her.

And she is superior intellectually. Brianna's very brilliant. But for a while, we didn't know if she was going to be full-blown autistic or just show signs of autism, whatever. But we saw definite regression in her immediately after the vaccine.

Dr. Buttar: Same thing with my brother's daughter. Very, very intelligent. So I believe that someone somewhere along the line knew that mercury, the pathways to excrete mercury and the gene that defines raw cognitive ability was according to the same allyl.

And so if you can hit one, then you're going to hit both. So the pathway for the inability to detoxify and the allyl that defines raw cognitive ability, it's on the same thing. Again, this hasn't been proven. This is what I believe, because every kid that I've been able to reverse, and we've got over 2,400, almost 2,500 in my clinic alone, every one of these kids are superior intellectually. I mean compared to their siblings, compared to their peer group, way, way up there.

Ty: Dr. Buttar, we've already covered the emotional toxicity, how to get rid of it. The forgiveness aspect.

Dr. Buttar: That's just one.

Ty: Right. And we've talked about the chelation, different ways to get rid of heavy metals. So what about the other toxicities? How can we detox those pollutants in our bodies?

Dr. Buttar: Great question. So heavy metals, again, chelating with IV, the right chelators. A lot of doctors—chelating is a word, like transportation. There's many different ways of getting transportation, from tricycles to a Lear jet. So you've got to make sure you're doing the right type of chelating with the right agent.

So that's for the metals. The second one, persistent organic pollutants, one thing that a person can do is use infrared sauna. Very effective at getting rid of chemicals. We do ozone autohemotherapy, where we basically put in ozonated blood. The biological impact of ozone, for those that have ever watched the Mango videos that you and I did, they can get more information there.

But basically, oxidative stress is—ozone creates a high oxidative stress. But ozone also, in the German literature from the 1940s, was shown to actually break down the persistent organic pollutants into subunits so the body could now deliver, could now excrete them. And that's one of the major reasons that I use ozone in our clinics. So that's another way.

Ty: Talk about infrared. You mentioned infrared. So there's far infrared, near infrared, two spectrums of light.

Dr. Buttar: Correct.

Ty: How can that help to detoxify?

Dr. Buttar: It's a very, very specific frequency that resonates in a way, it only affects the superficial aspect of the body, the first two or three centimeters. Some people say it may go as deep

as two inches. But regardless, you're getting the body to—the infrared is affecting the system in a manner that helps you break down the persistent organic pollutants and you sweat these things out.

And the organ of detoxification, there's five, our AHEAD MAP (Advanced Health Evaluation and Assessment for Detoxification, Medical Assessment Program) that we've developed over the last 12 years—13 years actually now, is all based upon the organs of detoxification. So you've got the liver, the gut, the kidneys and the fourth one, which is skin. The skin is actually the largest detox organ. So infrared helps to utilize that largest organ of detoxification.

Ty: By sweating.

Dr. Buttar: By sweating, that's right. But if you use regular sauna, it's not as effective.

Ty: You need a far infrared or near infrared.

Dr. Buttar: Correct.

Ty: What about—you mentioned the liver, the gut, the kidneys. How do you detoxify those organs?

Dr. Buttar: AHEAD MAP, and that's the only way I can summarize, because that's another hour-long, but this is something that you and I've talked about a couple years ago. It's a fantastic way of eliminating and optimizing your organs of detoxification that the Creator ultimately designed within our own systems.

So like the liver's the oil factory of the body. The kidneys, the gut. If you get those three things, and then you get the skin and the systemic pH balanced, you are so far ahead of the game.

And we've got a whole entire program that's remote, that we can use. We've got patients from 85 countries using it right now. And of course, we can talk about that later, but that's something that I know that your listeners are going to have...

Ty: That would be something specific to the person.

Dr. Buttar: That's specific to the person. That's correct. Specific based upon subjective SF-36 patient outcome-based research model where they give us the information, or the patient gives that information to a computer, and the computer will designate when or where the greatest impact is, and gives you a numerical value in how all these different organs are working, and then gives you an idea of how close you are to zero point, as we've talked about.

Ty: Okay.

Dr. Buttar: And I think that you said that your listeners are going to be able to have access to that anyway, if that's something that you...

Ty: Yeah.

Dr. Buttar: Okay. So that's the second toxicity, the persistent organic pollutants. Now the third one, the third one's actually easy to deal with. So modern medicine has done pretty good with the antibacterials and antivirals and they've come up with some good things, the antibiotics, antifungals.

They're actually not bad when you consider what they're designed for. But the way we use them in modern medicine, we indiscriminately prescribe them to everybody. So what's the best way of dealing with that? Make sure that the first and second toxicities are eliminated so your immune system is high up there, and you don't have to worry about the third one. And if there is...

Ty: What is the third again?

Dr. Buttar: The third one is opportunistic. Bacteria, virus, spirochetes, mycoplasma, yeast, parasites. So the best thing is to not let your body become susceptible to them by keeping your first toxicity, the metals, down, and the second toxicity, persistent organic pollutants down, so your immune system stays up, which then naturally takes care of everything.

And then on top of that, making sure you wash your hands. That's the most effective way of preventing picking up stuff. And then if none of that has been effective, then doing certain things like herbals and silver, that works fantastic.

But 95 percent of the third toxicity can be eliminated just by optimizing the first and second toxicities and getting rid of them from your body. You won't have to worry about the third one. Fourth toxicity, abstinence's the best way. I don't—I'm the obnoxious person on the plane when somebody wants to...

Ty: What's the fourth again?

Dr. Buttar: Sorry, energetics is the fourth toxicity. So when my phone rings, I'm the obnoxious person on the plane that hits the speaker and everybody can hear my conversation, because I'm not going to put it at my head. There's no way.

Get rid of your microwave. Abstinence's the best way, the fourth toxicity. Fifth one, emotional toxicity. Forgive. Start off with forgiveness. Whatever issue is bothering you, let it go.

Ty: I have to do that every time I listen to a radio show.

Dr. Buttar: You're exactly right, exactly. Especially media, right? When you watch news, regular news, it's all pushing the negative, negative, negative. What we're talking about with emotional toxicity that's so crucial to remember is that anything that you resist will persist.

And I will tell people—I'm not even going to look at you, Ty. I'm going to look right at the camera when I say this. If you can eliminate this one toxicity, the emotional toxicity, here are the words that I believe you should live by. There's two sets. The first is "The Serenity Prayer" that I talk about in my book.

The Serenity Prayer is "God, please give me the ability to change the things that I can, the serenity to accept the things that I cannot, and the wisdom to know the difference." That's the first thing you need to remember. And say it out loud. And the second thing is remember that where attention goes, energy flows.

So, if something's bothering you, if you've got an IRS audit, or you've got a neighbor that's just a pain in the rear end, or you've got a lawsuit that's pending or something. By you thinking about it all the time, you are putting your attention and feeding that, which is going to come back to you.

What's the best thing to do? I'm not saying burying your head in the sand. What I'm saying

is start thinking about something that gives you pleasure. Your children, your family, a mentor that helped you, whatever's positive. Put your attention there. So people always talk about, for example, becoming debt-free.

Where is the focus at? Debt, right? Put your focus on making more money or getting more educated, not towards becoming debt-free, because your attention's on debt. So my point is, again, where you put your attention is where your energy's going to flow. Where attention goes, energy flows. That's how you get rid of that fifth toxicity. Sixth toxicity, foods. Very simple, abstinence. Same thing.

Ty: Don't eat them.

Dr. Buttar: Don't eat them—well not...

Ty: The GMOs that you're talking about.

Dr. Buttar: Irradiated food, homogenized foods, pasteurized food, genetically modified food, don't eat them.

Grow your own produce. Become sustainable. Very simple. It's an easy one, actually. By the way, here's one of the things, if you put a piece of food out there and six months later, or six years later, it looks the same, and the bugs won't even eat and the yeast won't even grow in it, then you know what it is, right?

Ty: If it hasn't deteriorated, it's not going to digest very well.

Dr. Buttar: Exactly. That's what we should make our housing stuff out of, Quarter Pounders with Cheese and Big Macs, because we know they'll never be destroyed.

Ty: Indestructible.

Dr. Buttar: Indestructible. And then the last one, the spiritual toxicity, that's also a relatively easy one. And that is that if you have faith, you have belief, truly have faith and belief in your tradition, in your history, in your religion, in your belief system, then you should embrace that and carry it forward without having the need to project your inadequacy and your own belief unto others.

Meaning that I believe that when a person feels and is compelled to talk to somebody else, and pushes them and pushes them, it's really their own inadequacy that they're feeding, that they're trying to alleviate. Because if somebody really has true faith, their faith is going to—they're going to pray for that person in their own belief way.

They're not going to feel the necessity to impose their belief on that other person. And so this is just a cursory component off of each one of these seven toxicities, but hopefully it will give people enough to start on. And if they want more information, then we have a whole video series that's free online, on the 7 toxicities.

Ty: Yeah, and it's awesome, too. I've got it at the house.

Dr. Buttar: Thanks.

Ty: You gave it to me years and years ago.

Dr. Buttar: I did, yeah.

Ty: Yeah, like maybe eight years ago. But thank you for the interview, Dr. Buttar.

Dr. Buttar: Absolutely.

Ty: Very educational, and it's going to help a lot of people that are watching. So I appreciate it, brother.

[End of transcript]