

## Caspar Szulc Video Transcript

*Intro by Melissa Frascella:*

We have the pleasure of concluding this program today with Mr. Caspar Szulc, and it is just such a pleasure to be able to introduce him and welcome him to Duluth, and really, after talking to him, and I'm sure if you had a nice conversation with him this week, you just feel so inspired and energized, and the passion for his work and just his overall persona just radiates off of him. And so I think it's just a really great way to end this whole Believe in Better mission and project by concluding with just such passion. So without further ado, I'd like to ask Caspar to join us and give a fresh perspective.

*Caspar Szulc:*

Thank you, Melissa. And thank you to Hailey Sault, and all the organizers here—everyone that made this possible. And one final thanks to the speakers, who have been really, really inspiring and enlightening over the last few days.

In these last few days, I've heard this word being thrown around—and rightfully so, because we are at the Believe in Better Project—that word belief. It's a really powerful word, and as much as we like to sit here and believe certain things, they can serve as ways for, different ways, to see the world, and also serve as catalysts for drastic change.

It was Gandhi who said, Your beliefs become your thoughts, your thoughts become your words, your words become your actions, your actions become your habits, your habits become your values, and your values become your destiny.

So if we all can agree here to leave believing in better, then we are destined for better. And that's what I'm really hoping.

But what does better look like? And how do we get onboard a sometimes stubborn medical community that doesn't want to change? Or may not want to believe in better.

That's something I looked at, and saw that, in medicine, we don't really use the word belief, we use something different: we call it the placebo effect. And it can be quite powerful. And although we try and get rid of it in medicine, and say that has no place here in medicine, it keeps popping its head up. And actually research has shown that it's more powerful, over the last few years, and it continues to grow in its power. And it really puzzles a lot of researchers.

Just how powerful are we talking about? Well, there've been many, many studies on this ... and books by Dr. Joe Dispenza, "You are the Placebo," where he goes over miraculous cases of healing, just by your beliefs, and this placebo effect.

But I want to home in on one research study by Ted Kaptchuk, who is an associate professor and researcher at Harvard School of Medicine. And he went about things a little bit differently. He knew there was this placebo effect, so he took 80 irritable bowel syndrome patients, and he split them into two groups. And in that first group, he had his control group—because you need a control group. And in that control group, he told them he was giving them no medical intervention whatsoever. In the second group, the other 40, he used them as the placebo group. And he actually told them, You will be receiving a sugar pill. That's all I'm giving you. And basically told them, You may or may not experience a placebo effect. And said, Let's see what happens. So—do you know what happened? Something really remarkable happens. The placebo group, they showed symptomatic improvement that was equivalent or comparable to trials, to what you'd expect in trials, of the best IBS drugs on the market today. That is the power of belief.

But again, medicine doesn't want belief, in the system. It throws things off. Throws research off, doesn't allow us to see how powerful new drugs or treatment protocols really are. And they're asking patients to do something that I think is quite impossible, is to halt our belief systems. Our belief systems start when we're so young, and they go down to our core, and they basically shape the way we see the world. And it's very, very difficult to ask someone to just live in a vacuum, and say, just push those beliefs aside for a little bit.

I know in my case, my belief system started in childhood. And I'd love to share those experiences, because that's what's led me to think a little bit different about how we could solve this problem in health care, and how we could look at medicine through a whole new perspective.

So, my story started like many others. I was a child, born first generation to a Polish immigrant family. My parents came here from Poland in the 1970s with my brother, searching for a better life, to escape a communistic-ruled nation at the time. They took a big risk—they didn't even tell their own families that they were leaving—they were just going for a quick vacation, they said—and never came back for the next twenty or so years.

But that's where it started. I grew up in New York; my mother was a psychologist, my father was a doctor, and they really tried to instill in me a healthy lifestyle from the start. At our household, we didn't really have junk food. The most junk food we had was Nutella. If you come from a European background, that's your junk food. Nothing else. And I remember the kids coming over when I was young, and going through my kitchen cabinets, and just being so disappointed. They were like, Why are we here? Let's leave. There's nothing here. And I, on the other hand, was like a kid in Willy Wonka's chocolate factory. I went into their pantries and I thought this was just only for Halloween—the amount of candies here, and everything else. And it shocked me.

But that was just the tip of the iceberg, because diet, as important as it was, my family, and my parents, kind of told me that physical exercise and what you eat is important. But it's also important what you think, and that spiritual component. And that's something that, my father as a doctor, struggled to incorporate in his medical interventions early on. He was an anesthesiologist, grew through the rankings, went to be chief of pain services at a hospital on Long Island. And he found himself quite frustrated, even though he was doing innovative things; he was one of the first to do spinal stimulator epidurals and implants. He found that his patients would be coming back to him, oftentimes feeling worse even though he provided that relief at the time, they'd come back. And he wanted to do better. He had that Hippocratic Oath, where he always took that so seriously. He knew he wanted to be a doctor since he was young. And so, he wanted to find other ways to help heal patients.

He couldn't do that in the area he was, so he said, Let me go travel the world and see what's out there. There's got to be better things out there for patients. Fortunately, he took me and my family along for the ride. So I got to see some really great places, and exotic places, when I was young. At the time, I really didn't understand or appreciate what it was, to be at the Great Wall of China when I was a little kid. And I still remember, this was a time in late 1980s, and I had a number of Chinese girls following me, thinking

I was in a boy band—because back then, I had long, flowing blond hair—it was a while ago.

And then, you know, other places like Mt. Kilimanjaro ... and then, I also met other cultures and other people, like here—the Maasai Tribe, in Kenya. I don't know if you can pick me out, but that's me, right there.

But these expeditions weren't just about meeting cultures and then just kind of going to these wonders of the world. They were learning experiences, especially for my father, but me also. I assimilated some of that. And after every expedition, you learn something new, and rightfully so, you come back and you try and apply what you learned. He was still somewhat of a scientist and engineer. He was a very conventionally trained doctor, so he wanted to see, Did this work? I just learned about this in this foreign land—let's apply it. That's what you need to do in medicine. You need to experience things.

Naturally, I made for a very good guinea pig. I remember coming back from China, on that trip where we went to the Great Wall; him laying me down on the couch in the living room—everything's going to be fine, I'm just going to try this out ... and he proceeded to stick needles in me throughout my body. Little to say, I didn't quite understand what was happening, and I thought, Why am I being tortured by my father—what did I do wrong? I thought I was a good kid, got good grades. Of course I learned later on that was acupuncture, and that was just one of many experiments that went on.

Some were much more pleasant ... you know, when he came back from Europe, and he brought back a laser, that was kind of cool, to have a laser placed on you, low-level laser—that helped heal my bumps and bruises from playing sports, and just being a kid. But that went on for years. And I was that guinea (pig), and I learned all these things—some things worked, some things didn't. But it really exposed me to a lot of different therapeutic options over the years.

And then over time, I started to learn that maybe this wasn't the norm. And it really wasn't until college and, you know, entering the real world, that I learned this was pretty radically different than what most kids went through. And it's not to say I didn't understand that traveling a lot wasn't what most kids did; of course, my friends and I would talk about my travels ... it's that I thought that the medical profession did this.

And I learned, as I started to speak to people, in the medical profession, going through medical school, and others who had family members there, I'd have that conversation, and be able to say, Wait, you didn't have needles in you when you were young? And I remember that one time, when I was in Peru, in a jungle, and we went into a dark hut, and I had a shamanic ritual performed where the shaman would be spitting out alcohol into my face ... and all these different chantings—I didn't understand it at the time, but that was also something I questioned: that wasn't part of the CME requirements that your father had to go through? Hold on, I've got to call my dad about this, for a second, here.

But that opened me up, and that actually got a lightbulb switched on in me to say, all right, I have a pretty unique perspective here. I have a different upbringing; I have to acknowledge this. And maybe I can turn this into a mission. At the time I'd been working one year up in Boston, in finance—I have a finance and marketing background—but it just wasn't doing it for me.

Fortune called. My cofounder at the time called and said, Hey, I'd love to start a company. He was actually a patient of my father's while he was in medical school, and stopped medical school to start the company. And we saw this a great opportunity. And again, I took some time, and there was a little trepidation—I was only twenty-two, and ... start a whole company about this? About changing medicine? C'mon.

So I took some more time, but I let it marinate, and I spoke to more people. And I realized that a lot of people out there were asking kind of the wrong questions. And they knew I was in medicine. I would talk to them about this idea of getting into medicine, making a change, starting a company, and all this ... They'd say, Oh, that's great. What do you do for disease X; what would you tell me to do for that? ... I don't know. That would be my honest answer. Because I thought it was the wrong question. It shouldn't be, what do I do for disease X—why do I have disease X, was the right question, for me. Tell me a little bit about your history; tell me about the factors that may be causing disease X, and then maybe I can give you a little insight. Yeah, I'm not a doctor, but I could at least start to understand that.

And it was really like that scene in Moneyball. If you've ever seen that movie, or read the book, because of course there was a book first by Michael Lewis. In it, you have this scene where Brad Pitt plays the role of Billy Beane. He's the general manager of the Oakland A's and he meets this kind of brash, young executive, Ivy League, played by

Jonah Hill. And basically, Jonah Hill starts to school Brad Pitt as to what is wrong with baseball. And here you have this professional athlete, Billy—a guy who just had a remarkable season with the Oakland A's, a professional baseball team. And you have this outsider, who probably never played a sport, telling him what's wrong, with everything he's doing.

And in it, he says something that really resonated with me: there's an epidemic failure within the game to understand what is really happening. They're asking all the wrong questions. I thought that's exactly how I feel, about medicine. And so again, it just started marinating more, it just came to me more, that this fresh perspective that I have, I need to do something with it, I need to go further with it. So me and my cofounder— I gave in, and said, let's do this. Let's give this a name. And we went with the name Innovative Medicine, and we went with this goal, which was pretty big, which was to transform the way medicine is practiced.

To reach this goal, which was grand, we came up with three focal points.

Number one, is personalization. We live in a day and age where complex conditions are so multifaceted, so multisystemic, have so many starting points, and really, are so hard to identify one little thing that's going to change everything. We can't rely on generalized protocols and trial and error to really find a measure of success here. Each individual patient should have a tailored, specific, and prioritized treatment program that is as unique as your fingerprint. And that's what we really believe would be a starting point for that. And we didn't want to group people together. We wanted to look at you as an individual, and analyze you, as what is wrong, what is causing your disease and how can we personalize your treatment. Just to you. It's your protocol, no one else's.

The second point was unification. This is a big one, because I think medicine has gone down the rabbit hole of specializations. We have specializations within specializations within specializations that never talk with any other specialty. And patients get passed around from one to the other for a very long time. We created this medical spectrum, this wheel here, to kind of illustrate what it looks like. A lot of people ask me, What is integrative medicine, right? What do you integrate?

Well, the truth is, this is integrative medicine. And I've heard this from other speakers, also. You need to bring everyone to the table. All the viable options need to be at that table if we really want to make change. If you look over here at conventional medicine,

that's, this is just a sliver, from the pharma to the physical ... but that's what we really look at. And they're doing an amazing job, there's so much in there, and that's one thing I always say: I will never bash conventional medicine. I wouldn't even say it's really broken, I just think it's, the blinders are on, there, and there's so much out here that can help people, if we just incorporate it, if we just unify things.

You know, Albert Einstein spent his last 30 years of his life, trying to unify physics, and provide a unified field theory, and a lot of his fellow scientists thought he was wasting his time. The ten years before those 30 years, he was pushing out discoveries that changed how we saw the world left and right.  $E = mc^2$ , all these theories and everything, understanding that where we are right now, nothing is matter, it's all energy. And he was doing things that would forever change the world. But he knew the importance of unifying that science; he knew the importance, if he could get that done, he would spend every last second to get it done—it was just that important to him. And that's how important it should be to medicine. Because as long as we separate ourselves and kind of point fingers—you're right, you're wrong—we won't get the patient results we need. We won't be putting the patient first. So that was a big point for us, also.

Our third point was how we measure success in medicine. There's a big difference between healing and treating. In healing, you elicit a response, and I'll let David Hawkins give you a better quote than what I could do because he says it so eloquently, and he's a pioneer in human consciousness, and he's really studied about this. But—he goes on to say, "The difference between treating and healing is that in the former, the context remains the same, whereas in the latter, the clinical response is elicited by a change in context so as to bring about an absolute removal of the cause of the condition rather than mere recovery from its symptoms."

To give you an analogy on this, I like to tell this to some people, and I've definitely said it too many times to others, but, if you wake up one day, and you see a leak in the corner of the wall at your house, you have choices. Your first choice is to call someone in, they see the leak, and say, Ok, I can take care of that. I'm going to paint over just a coat right now, see how it goes, come back tomorrow. If it's still there, we'll put another coat on. We may go to two coats a day. We may make a more powerful paint that is anti-mold and water-resistant, and paint a larger area. But it's going to look pretty; it's going to look good. Don't worry about it.

Sooner or later, though, one day you wake up and you hear a big crash, you go in, the adjacent floor from that wall has caved in. And it's a big problem. And you bring that person back in there, and they say, Yeah, this doesn't look good. I'm going to have to cut out a lot of this; I'm going to have to clean it up, I'm going to have to restructure a lot of these things. But, once we get that done, you'll be good. And by the way, the wall looks great on the other side. It's painted over—it's good.

The other option here is to bring someone in to say, I acknowledge that spot over there. But I want to bring in a roofer to look at the roof; I want to bring in a plumber to check all the plumbing; might as well bring in a structural engineer to see if there's anything there. Hell, we may even bring in rodent control because maybe it's just a family of jerk mice back there, peeing on the wall. Who knows? But you've got to look at all those options, and again, once you are able to identify the root causes, fix those, you can put one coat of paint, and that's it. You don't have to worry about it again, and you won't have to worry about that floor crashing in.

That's the difference between treating and healing.

Now, I do want to talk about the application of this, because theory and all this ideology, it can get caught in the ether, and it doesn't really mean much there without action.

While I'm not a doctor, I'm not going to bore you with medical cases here and all sorts of milligrams per milliliters and graphs here; I do want to tell you stories, stories that have impacted lives, and not just those who had them done to them, but other ones as well.

So my first story I would like to start with is a guy named Benjamin Ahrens. Ben was a healthy, athletic surfer in his twenties, and he was actually in Senegal, doing a professional surfing competition at the time, when he went to go catch a wave out there, and his feet went numb. And he face-planted, went into the water, and he said, Man, that's strange. And he went into, you know, onto shore, and he said, Ok, maybe it's just jet lag, maybe just some acute little thing ... but it wasn't. Over the next few years, he went into a downward spiral, and he got sicker. And sicker. Until the point where he had an IV stitched into him, pumping into him the highest dosage of antibiotics and he was taking 60 pills a day.

He tells a story of, one time, him actually getting up out of bed, sitting on the edge of the bed, exhausted, fatigued, and looking down on his floor, and basically looking at two



objects on the floor, and just not able to tell what they were. He just couldn't; his brain couldn't tell him—it just wouldn't do it.

They were his shoes. That's how bad it got for him.

His first diagnosis when he went in years ago was multiple sclerosis, then he had another diagnosis of juvenile rheumatoid arthritis, and finally after multiple spine taps and all sorts of tests, it showed that he had Lyme disease.

Like anyone, whose life depends on it, as he said, you start to do research. You start to open up. The conventional ways just weren't really working for him at the time. And he thought there had to be other options out there so he opened himself up. He did the research, and he experienced different things.

He ended up at our clinic, and over the course, after a personalized and unified type of approach, he got better. But that's just where the story starts. I'm not honing in on him getting better. It's what happened when he got better that's really special here. Through the fresh perspective. He himself took on that fresh perspective. He had been out of the workforce for a number of years, not knowing what to do.—Where do I go?—But he knew he was passionate about this new thing that he figured through his healing, which was understanding it more. He wanted to be more involved.

He ended up working at our center, and he became VP. He really worked his way up the ranks, he was great at what he did, he was healthy, he was passionate, he was just in it all the time. He went on then to give a great TEDx talk, I'd definitely recommend it, it's called One Deep Breath, where he goes through his journey in depth. And then finally, he started his own company, called Limitless Concepts. And in this, he basically brings out the limitlessness we all have inside of us. And he works one on one with patients like he was, and others, trying to do good things, and spread a fresh perspective.

So that's the impact of one.

My next story goes to Frazer Bailey. Frazer is a director in Australia, and we actually met on a chance encounter. We were conducting a seminar at the time, in San Francisco. And his girlfriend at the time was there as a medical professional, learning. And he just came along. And during the break, lunch break, he came up to the front, and me and my father were there, and he told us his story.

For the last six years—he'd been healthy before that—but for the last six years, he was going through debilitating fatigue. He couldn't get out of bed some days, some days were good, some days were bad, and no one could tell him what was going on. He had traveled the world. He had the best conventional therapies in all of Australia, and he even went all the way to the Amazon to do frog therapy. That didn't work either. And he was just, and he actually came to us and honestly said, Hey, I'm not going to go to New York for treatment right now; I just don't have the money, I don't have the time, I don't know if it will work ... but maybe you could just tell me, what's going on? Could you at least do that?—take a look under the hood for me?

We said, Sure. Why not. What's the harm here. So, we took his blood and he was evaluated at our center and basically, we were looking for the root cause, we were looking for—when I heard some of you talk about the upstream effects, not the downstream—not the lab results that showed us that, you know, his adrenals were totally shot, and all these other things.

And, something interesting happened. We called him up, while he was in Australia after this, and we said, You know, Frazer, you look kind of healthy from a lot of these lab results, except for the adrenals, of course, but it seems to be that you have a dental infection. And that's the cause. And that's what we're getting from what we're seeing here. Did you have any dental procedures or anything done? —Six years ago, I had a root canal ... you know, it was some complications, I had some pain after it, but nothing too big.

We said, Maybe you should go to a biological dentist, or someone that knows a little bit more about dental foci, and have it looked at, at least. And that's it. We kind of left it at that. He thanked us.

Several months later, I got a call from Frazer, basically telling us that Hey, I went to the dentist, they identified that there was an infection where I had my root canal, they were able to clear it up, and I'm feeling a hundred percent better.

But again, that's the start of this story. I'm not going to hone in on him feeling better, I'm going to hone in on his impact, after he was given a fresh perspective.

Frazer went on to direct two very good documentaries. One's called E-Motion. I don't know if you've heard it; it was kind of critically acclaimed, it had a lot of big people in it

talking about how thoughts, beliefs, and your emotions really can dictate how you heal, or, if you were to go into a disease state. The other one is called Root Cause, and as you can imagine, it's a little bit about his experience with root canals and dental procedures, and what could go wrong.

He is now on this mission to produce these documentaries to give this insight, this fresh perspective, to as many people as possible. Not just Australia, across the world.

So that's the impact of another story, here.

My final story I'd like to leave you with is with Anuroop Singh. I know him as Tony Singh. He is one of the most jovial, kind, and successful people. He is an amazing businessman out of India; he was one of the best bankers at the time and led a lot of the larger banks into India, many years ago. Then he went into health care and did great things there, also.

But when I met Tony, through a friend who said he's searching for something out there that's different and just wanted to meet after viewing our website or something—he was in a state where he wanted to give back to India, to his community. He wanted to start something bigger. He knew that India was going through a revitalization; they were thriving somewhat, economically, and that, with that, Westernized disease would start to rise. Diabetes, hypertension—things that cost the system a lot. And being the chairman of one of the largest health care systems, he knew it wasn't sustainable.

So we had a nice long talk over dinner, in New York. And that continued on: he invited me to Delhi at one time, we met in Paris at one time, and we just spoke. I just shared my perspective. We brought other experts in at times. He was also a truthseeker; he wanted to know more.

So Tony, after he gathered all this, after he was shown this fresh perspective, after he met so many people, and he himself traveled the world so much, he started an organization called TQIW—The Quantum Institute for Wellbeing. And it's a really great organization—it's basically a community. Anyone can be involved in it, where he's trying to connect all these people around. And provide therapies and insight and what you could do to lower your chances of some of these Westernized diseases. And he's really connecting the best of these people, and using his influence as a businessman, as someone in health care, to try and really make change throughout the world.

So that's his impact.

I'm going to leave you with just a few points here that I hope can encapsulate some of what the other speakers said, and kind of wrap things up, because I do want us to leave here believing in better. And I do want us to leave here believing in change.

And one of the first things I want to talk about is to be open-minded. I think it's critically important, to have that open mind. You don't have to travel the world like I did, you don't have to. Everyone has their own journey. But you do sometimes have to put aside limiting beliefs, and just go into things completely open-minded. It doesn't mean you don't have to be skeptical, it doesn't mean you don't have to say, That doesn't really work for me. But as long as you're open-minded, you give yourself the chance to experience things that you may not have experienced in the past, and it may lead you down a road you thought you'd never go down.

The second one is to go out and seek answers. This one's a big one, because I think a lot of us sit there and we consume information; we consume what we believe is evidence. We consume facts, and we just sit there and then kind of take it in, and our belief systems go off of that. The truth is, I feel like you have to go out there. Again, experience trumps evidence. Everyone's experience here may be completely different. I'm not saying that this type of medicine will work for everyone. But if you experience, you could at least see—Will it, or will it not?—and that's where you should base your beliefs off of.

And the other one is, you know, ask those right questions, too. A lot of those questions sometimes are as simple as, Why? The other day I was talking to a friend, and she had a problem, and I didn't really want to get into it with her—she always has problems <smiles> ... But I basically went about it like a child would. My first question was, Why? She said, Well, because of this and this. My second question was, Why? Well, because of this and this. My third question was, Why? And at that point, there was a long pause, and a text. And she said, You're acting like a child—just give me an answer. And I said, Well, you have to figure that answer out, but if you ask "Why?" enough, I think you'll find that answer. So be inquisitive, just as a child would.

My third point is, don't compete. Collaborate. Again we said this: let's get around the table, right? But I think we have to leave our egos aside. Medicine, unfortunately, from what I've learned, and dealt with thousands of different doctors, can sometimes be an

ego game—I did this. I know I'm right. It is my way of doing things, or the highway. Thank you very much.

We have to leave that at the door. It's got to be about the patient. Not about us, or what we believe. And if we put the patient in the middle of that table and bring all these people around, and be open-minded and say, Let's collaborate and see what would be best for this patient's intelligence. What would address all these things, and really get them to heal again, to self-heal. Not just to manage their symptoms and keep them here forever.

But you saw what happened when people healed—the impact they can then have. That's something really important.

My final piece I leave with you is, we do have a very, very hard and difficult challenge ahead of us. You know, believing in better, to fix a health care system may seem quite daunting. And sometimes even impossible.

I know at times, I've felt that way. What kind of impact can I have, a little company up against these Goliaths, up against these pharmaceuticals, and the established conventional community, and all of this.

But. Everytime I do think that, I try and negate that belief system and that thought, and say, All we have to do is embrace a fresh perspective, and we could truly conquer the impossible.

Thank you.