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HOSTED BY CHRISTINE SCHAFFNER
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Christine: Welcome, everyone. I'm so excited to interview Dr. Dietrich Klinghardt. He's my mentor and colleague and friend. We do a lot of work together at Sophia Health Institute. And he has taught me everything I know. And one of the foundational tools that we use at Sofia is a tool that he developed, called Autonomic Response Testing [ART]. This is a very sophisticated system, grounded in the theories of biophoton physics and looking at how that affects our body and our autonomic nervous system.

We've been able to really treat people in a very unique way. And he's been pioneering the theories and the thoughts around chronic illness for a long, long time. So it's an honor to interview you. And why don't we just jump in, Dr. Klinghardt, on how did you really develop Autonomic Response Testing, and what led you to this modality?

Dr. Klinghardt: So, of course, this goes back quite a ways. I had the fortune in medical school that we had a compulsory course in acupuncture and homeopathy. So, sort of through acupuncture at medical school, I got in contact that most likely, many of the effects, positive effects in acupuncture, are related to shifts and changes in the autonomic nervous system.

So we had a bit of an insight into that. And then I picked my thesis. And in Germany, you either do a board certification like you do here in the US, or... I was never interested in seeing patients, and so I wanted to become a researcher.

So I chose to do a thesis and do four years' of work with experiments. And basically, my thesis was on the interaction of the autonomic nervous system with the immune system. At the time, there was very, very little known about that. Later on, Candace Pert got a Nobel Prize for discovering that the cells of the immune system are under control of the
autonomic nervous system. So there is a history.

So, after, in the years when I was doing my basic research with patients, I was desperately looking for various instruments to measure the activity of the autonomic nervous system. So, we used a whole variety of instruments. And because in the same years, I also enrolled in courses in psychology, I came across the lie detector tests that were very sophisticated already at the time; that looked for changes in the autonomic nervous system. So if somebody speaks a lie, and they have any consciousness in them left, they go in a stress reaction, which you can monitor with a variety of tools.

Then it was really 1976 or so, I met Dr. Voll, who had developed the EAV system, Electroacupuncture According to Voll. Which basically measures the acupuncture points, but the moisture content at acupuncture points, which is determined by the activity of the autonomic nervous system. So the first thing I learned was electroacupuncture. I got pretty good at it. I came to the US. I immigrated; got in trouble with the FDA very early on. They repossessed my German equipment.

Then I was looking for other ways of determining the status of the autonomic nervous system. And that led me down the road of applied kinesiology on one hand, but also down the road of Omura's bi-digital O-ring tests, which is really an independent development. And neither one of them, neither Dr. [Woodhart] nor Dr. Omura understood that the changes that they were observing when a strong muscle goes weak or a weak muscle goes strong, were actually caused by changes in the status and the tone of the autonomic nervous system.

And so that allowed me to develop my own understanding and my own system, by knowing what I knew about the autonomic nervous system and bringing it into the realm of applied kinesiology and O-ring testing. Changes in muscle strength being determined by the status of the autonomic nervous system. How the autonomic nervous system does the change in the muscle tone, there were several studies in the 90s that showed that actually, the muscle spindles, the central organ in a muscle that determine the muscle tone, are autonomically innervated. That was part of the truth.

But in the last two years, through my friendship with Gerry Pollack, who wrote the beautiful book, The Fourth Phase of Water, it became clear that the nervous system actually initiates changes in the state of the water inside the muscles. And that is really the real reason why muscles change in strength. It has entirely to do only with the state of the water. The exclusion zone water, versus non exclusion zone water, there’s these shifts that happen in the muscle that determine the change in strength. And that is very new, but it’s still based on impulses that travel in the autonomic nervous system.

Some of the autonomic nervous fibers... all nerves contain on the inside, light conductive structures called tubulin. And when we send an
impulse in muscle testing, by placing something near the patient, that
information actually travels with the speed of light through the system
of the patient. And the changes are instant, they're not at the change
of normal nerve conduction. At the speed of light, the changes will be
measured. Omura measured that at the Japanese University where he
demonstrated that way clearly.

So yeah, my own history really started with acupuncture and then
led over, the work with my own thesis, the more medical side of
understanding the autonomic nervous system. To working with EAV,
then applied kinesiology and O-ring testing. And then really realizing
some of the faulty assumptions that were in all the other systems. And
trying to correct that and come up with a system that has no mistakes,
no logical mistakes; and that is based on the understandable aspects of
biophysics. And I think we've achieved that with ART.

Christine: So, Dr. Klinghardt, can you walk us through, what does this
look like in a clinical setting? So, what does the typical doctor patient
exam look like? And I know there's a couple of tools that we use, and
then there's a system that's very unique to ART that makes sure that
we're asking the right questions and getting the right information,
before we continue to go deeper into the exam. So, can you just walk us
through? If this is a new topic for anyone who's listening, just really walk
us through what this looks like.

Dr. Klinghardt: So of course, when a patient comes to us, first of all,
the patient has a set of symptoms. And then we look at, “Well, what's
underneath the symptom?” And of course, the first level of explanation
very often is either structural, the patient had an accident; that there's a
shift in bones or fascia or a tear of the ligament or muscle.

Or its biochemical, which is really like that love affair of America
right now to try to explain every symptom with a set of changes in
the biochemistry. “You're lacking hormones or you're lacking your
antioxidants, or you're lacking minerals.” And we found that underneath
that is changes in how the body self-regulates itself. That is the main
theme of what we do.

And regulation means the physics based activity that leads to changes
in the biochemistry. A simple example is that if you're under stress and
you're eating, the stress creates vasoconstriction. And so if the blood
vessels that are lining your gut are constricted, you will not absorb much
of the food that you're eating. And if you're in chronic stress, that means
if you're for months or years, not absorbing your food, and then you
check the biochemistry, you will find that the patient will be severely
mineral deficient and will be deficient in amino acids.

And then the faulty mistake that the functional medicine doctor does
then is, “Well, you need to have a higher protein diet,” or, “We need to
give you a high amount of minerals.” For us, we look at, well, it's the
autonomic nervous system that has created vasoconstriction in the gut
here. And the autonomic nervous system, of course, originates in the hypothalamus. And what are the influences on the hypothalamus that makes it have this increased output? And that's where we came up, Louisa Williams and I, with the seven factors that are sitting behind any stress.

That is, you know, it could be toxicity. The hypothalamus is not protected by the blood brain barrier, it could become toxic with mercury or with lead, or with aluminum. It could be infection. There could be viruses in there. There could be Lyme disease in there. It could be stress from electromagnetic radiation. So, instead of looking at the biochemical outcome of something, we're looking at, how is the body regulating itself? Why is it not up regulating the digestion? Why is it not creating more blood flow in the intestinal lining? Why is it not creating more gastric juices, more pancreatic juice; more liver juice? What are the blockages? And we call that blocked regulation.

And so the first step that we do in our testing, is we're looking at where the body is blocked, what is blocking it, and what is needed to unblock it; rather than looking at where the symptoms are. It could be that you have chronic knee pain on both sides, but it could easily be that we find out that your... in acupuncture, many meridians go through. The liver Meridian, the kidney Meridian; the spleen Meridian. So it could, for example, be that the patient simply has a spleen that's overloaded with breakdown products from microbes. The spleen dismantles aging blood cells, and if they're infected with Babesia, it could be that the spleen is overwhelmed with Babesia, and this is why you have knee pain.

And so we're looking, and we find in our testing, we would find a blocked spleen, rather than looking at the knees. We first look at where's the patient regulating? Where is the system, the autonomic nervous system, switching on and off and doing its job and where is it not? And so this is a search that we do in the beginning for blocked regulation. We find the cause, for example, in this case, why the spleen is blocked. We may put some medication on to the patient that addresses Babesia, after we make the diagnosis. Then we will find that suddenly the knees don't test anymore and there's blood flow in the knees. And there is a healthy immune system in the knees again, and things are working well.

So that's the first step, is, how is the body regulating itself? Is your autonomic nervous system activating the immune system in proper ways or improper ways? We know now that all inflammation, not just some but all inflammation is driven by the autonomic nervous system. If you shut off the autonomic nervous system, the sympathetic nervous system, there is no inflammation in the body. That is fairly new.

And so rather than looking at the outcome, leading anti-inflammatories or anti-inflammatory strategies, our anti-inflammatory strategy is looking at, what is the autonomic nervous system doing or not doing? What does it need to function better? And these are very, very different interventions.
That's the first part. So, we looked at, where is the body blocked and unblock. And then the second part is neurogenic switching. That is what we learned from the chiropractors whom I owe a lot to. I will never speak bad about anybody from the chiropractic community, there's a lot of healing that comes from there. So, switching is the inability of the body to appropriately conduct impulses from your thinking, to executing the action.

So for example, if you drive in a car, let's say you're in the passenger seat, and your wife is driving, and you tell her, like when you're going somewhere, like where you've been, but she has not. And you say, “Well here, at the next crossing, you need to take a right,” and she takes a left turn. She had the impulse, she got the information, take a right turn, but somehow, between receiving the information and executing the action, the steering, she goes the wrong way. Now, this is a macho example from the old days, you know, before the Me Too movement. So it could be the other way around, of course, also.

The switching can happen on any level. Like for example, it can be on an emotional level. You get a phone call that a friend died, and you start laughing, instead of crying. We've seen that the more common thing that many of the listeners will know, from the influence of the screen, the computer screen in front of you, and the effect it has on your brain. When you're fast typing, many of you will have observed that sometimes in some words, you transpose letters. You put the third letter before the second one. There's these slight switches. That is a very common thing that people have brought to me, a common form of switching that is induced by the computer screen.

That means there's cellular neurons in the brain that are not quite sequencing things properly. So, we call that switching. And we have a set of tests, early on in the treatment, after we establish good regulation, we establish that the patient has no switching. And again, the causes for switching, it can determine with our method, very common, it's a scar from a surgery. It's a wedding band in an unfortunate marriage; unlucky marriage.

Sometimes it's toxic clothing or a toxic bra that people wear. Sometimes it's makeup, the phthalates in the makeup. Very often it's a root canal, a root filled tooth or a dental material that you're not compatible with. And that can be a little bit of a search, but in general, we find the cause of switching, and resolve it. And that has a huge impact on the patient's health, on the biochemistry, on the wellbeing, on the essential health that the patient has later. So that's the second step.

And then the third step is that we check each individual organ for the organ health because that's what drives our health. We assume, and I assume correctly that changes in the musculoskeletal system, chronic pain, changes in your structure, are most often secondary to dysfunctional organs; to organs that are suffering. And so we very, very carefully look at organ health. In applied kinesiology, usually you test
the muscles that are related to a particular organ. In some of the more esoteric forms of kinesiology, you may touch the organ and see if it creates a stress reaction.

What we actually do, we stress the organ and may really massage or squeeze the liver, squeeze some juices out that are in there, in a very deep and very physical way. And then see if that causes stress and then find out what is the stress? Is it glyphosate that comes out of the liver, if I squeeze it or is it parasites that I'm squeezing out? Or is it viruses that I'm squeezing out? And then we can determine appropriate treatment for what we're finding. So that's the third set of tests that we do, is simply looking at organ health.

And the last thing that we do is examining the symptom of the patient. So let's say the patient came to us with chronic headaches, the first thing we do, we look, how is the system regulating itself? Second one, is there any switching? Third, is there any organ problems? And when that's all cleaned up, then we may look at the headache and see what the stressors are that we find and what are the remedies or the measures, the techniques that we need to use to mitigate that stress.

Christine: So, Dr. Klinghardt, two things that are unique to ART, are something called a signal enhancer, and then also a pole filter. And you did a great bonus video on the biophoton theory in the human bio field and how light interacts with that. But can you just integrate how the signal enhancer and the pole filter, you know, bringing these concepts to light for our treatment?

Dr. Klinghardt: I hope that most of the listeners can listen to the bonus podcast on the biophoton science. It's not biophoton theory anymore, it's now biophoton science. So the signal enhancer, first of all, it's a piece of plastic that has to have certain dimensions, a certain height and a certain width, and a certain geometric form. And it's made of a material, a plastic material that has an absolute perfect crystalline structure. Where each molecule is spaced exactly the same distance from each other, in the same spherical arrangement; that is very important.

And on a surface, it's like this; that when I place a certain, let's say 500 milligrams of vitamin C on the signal enhancer, and the signal enhancer is near the body, then the body will behave as if it's already taken vitamin C. And not just that but the body will behave as if it's taken exactly 500 milligrams of vitamin C. So the unique thing with the signal enhancer, it translates what we put on there, into a reaction in the body, as if the body has consumed it. And of course, in applied kinesiology, you do that also, you put 500 milligrams of vitamin C on the tongue and see how the body behaves.

Well, the trouble with that is, you can't take it away, so the body is now already in a changed situation and really, your testing is finished for the day. And in our system, we can put vitamin C on there, 500 milligrams, a thousand milligrams, 2,000 milligrams, and we have a way of
determining that way, how much a body exactly wants. And then we can take it away and test the second item and see what it will do. Then we can test the synergy. We can put two items on there and see if they're working together or not.

That's one aspect of it. But the deeper aspect of that is that the signal enhancer is made out of a particular plastic, there's nothing electric or electromagnetic in it. What the signal enhancer does, it extracts from the substance that we put on there, simply the light emissions that the substance has; and amplifies those and communicates via the light wave, with the body. Not electromagnetically, not on the lower levels of electromagnetic frequencies, but on the level of light.

And I think that it's important for the listeners to understand that the way life works, is sunlight is converted by plants into substances that contain the light. Chlorophyll is a carrier for light that basically binds light up and then releases it, if somebody eats that leaf. So, basically all food can be looked at that ultimately, in the mitochondria in our cells, the light that was stored in the food is released back into the system. And in terms of biophysics, the transport of electrons in the mitochondria is the ultimate thing that happens in the mitochondria, but is actually that each electron carries a cloud of photons with it. And it's actually that the food that we eat, gives off its light in the mitochondria. And that's actually what creates the energy.

When we go back to the signal enhancer, the signal enhancer only extracts the ability to give off light from the substance we put on there. And so it's simply measuring of how much light is the substance able to give us? What color, what qualities, what frequencies of light are they? And the body responds to it and says, “Yes, I need that light,” or not. It's very, very different from putting a substance in the hand of a patient, where the electromagnetic fields of the substance plays a role. The chemistry of the substance plays a role, and other aspects come in that ultimately are irrelevant.

Because when we test with the classical other methods of testing, for example, in Goodheart's Applied Kinesiology, when we put food on the tongue and then see what the effect is; that test cannot predict because the food, when we eat it, it goes to the stomach acid. The complete biochemistry alters the biochemistry of it. Then it goes through the alkaline juices of the pancreas, which again completely alters the substance. And then comes the parasites and the gut microbiome, which actually eat the food. And what we're getting is the poo that comes out on the other end. And nobody can, until today predict that.

What is constant, however, is the light that is stored in the substance that does not change through the digestive process. The light and the quality of it that will ultimately give off to the mitochondria, is predicted by what we put on the signal enhancer. It's a constant that has not changed. And so, we're testing the food, not based on this biochemistry, but a vitamin, on its ability to give of light once it's transported the
breakdown products that transport it to the mitochondria. And that will be a constant that is not altered by the gastric juices. So I don't know if some of you may understand the gist of that. That is the essence of the signal enhancer. It's a fantastic tool, developed by a brilliant physicist in Munich, and brought to us through contacts that I had as a friend, with various people.

The second part, the pulsator, originates from Fritz-Albert Popp's measurements that the body gives off light in strictly polarized planes. That means in parallel planes that come out of the body like this, next to each other. Like a book, like the pages of it. If I would put a book in front of me with the pages next to each other, that's how the light comes out of the system, if the system is healthy. And the clinical observation was very simple, if I place a port filter that has a linear grid on it, in front of the body, where the grid is aligned with how the light comes out of the body, a strong indicator in muscle testing will go weak. If the light that comes out is chaotic, or there's no light coming out, I can put there that the arm is not going weak.

This simple principle has allowed us to detect places in the body where the body cannot create coherent light. And it has been the predictor of all illnesses. And it predicts illness very, very early on, where you would get ill, but also later in the illness. So, early in the illness, the light may change its angle that it's coming out, and the intensity may get weaker and weaker. But once an organ is physically ill, it doesn't give off any light or the light that comes out only carries the information of pathogenicity. This is later on, its work with the mirror that we do by reflecting that back and the body goes into stress reaction, but I don't think we should talk about that here yet.

It's another level of biophoton physics that's very real, and has allowed us to take another jump into diagnostic accuracy. But the pole filter is a brilliant, brilliant simple tool. It has a linear grid on it. If you align that with the grid of the body, strong arm goes weak, if it doesn't go weak, the body is not emitting polarized light. And that means that place needs to be examined and needs to be diagnosed, and needs to be treated.

Christine: Dr. Klinghardt, another aspect of ART is the ability to either directly test the patient or indirectly, using an indirect to test the patient, and that can be unique to some patients who experience this. Can you just describe a little bit about how this actually works?

Dr. Klinghardt: Direct testing is when I use a patient's own arm or own hand muscles, and see what changes happen when I place things near the patient or on the patient. Indirect testing is if I put a person between the patient and me, and induce still changes in the patient's stress reactions by placing, for example, a bottle of wheat on the signal enhancer, when the patient is wheat allergic. And what we do understand, every stress reaction that the patient may go into, is a change in the bio field of the patient. And the bio field can be conducted through other people, through a number of other people.
The principle was discovered by Professor Omura, in New York; that when I do muscle testing, for example, on a patient who has a chronic illness, and the illness is affecting the nervous system of the patient, I cannot use their own arm to get accurate readings. Because the body is not able to respond in reproducible ways, if the nervous system doesn't function. But if I put a person, a healthy person, between the patient and the doctor, and use the in between person's arm that has a healthy nervous system, and I induce stress in the patient by placing something there. That stress change in the bio field will be conducted into the in between person, and will create a weak arm or a change in the indicator muscle in that person.

Now, Omura did multiple experiments with that, and they're all published in peer reviewed journals; done at several Japanese universities. I think the important thing with the indirect testing is, the important outcome was, it is more reliable, and more reproducible than the direct testing. So I'm going to test on the patient, there will be mistakes because of the illness itself that is affecting the nervous system of the patient, and the muscular system. And if I put a healthy person in between, my reliability and validity of the testing goes dramatically up. And that has allowed us to be far more accurate with our diagnostic work. And that has allowed us to find things that nobody else found; the retroviruses, the severity of aluminum, glyphosate toxicity, and fluoride toxicity. These are all issues that other systems were not able to find, even though they're foundational to the current health crisis. And it's really only through the indirect testing that that was possible.

Christine: Another principle that we use is this idea of resonance and direct resonance. And you use this in order to find out what is affecting certain parts of the body. And also, this idea of drug uptake, and where there can be an impaired drug uptake in the body. And I think that's a unique concept as well; that even though you might have the right medicine and the right diagnosis, there could be some blockages in your body for getting that medicine to the right tissue. Can you just describe that for us?

Dr. Klinghardt: So, the resonance phenomenon between identical substances, published by Omura, was discovered in the 1940s, and the Manhattan Project in the US. But to make it simple and practical, basically, when a certain amount of, let's say, scattered mercury is in my thymus gland; and I hold my hand over the thymus gland, probably nothing happens. But when I put a similar amount, a similar concentration of mercury into my hand and hold it over the thymus, there is a resonance between the mercury that I'm holding in my hand and the one in the thymus gland. And I will trigger a neurological reflex that will change the strength of all muscles in the body instantly.

Again, it has to do with the phase change of the water. So, this is called the resonance phenomenon between identical substances. That allows us to find deposits of mercury in the brain and the ear and the eye and
the heart, and the kidneys. It allows us to find very specifically, Babesia or bartonella in your brain and your heart; in your shoulder. And anything we have a tester for, we can find in the body. By the way, also, we can use the laser technique that I developed, where we can look at the sky and find out that there is aluminum in the clouds and glyphosate in the clouds, and retroviruses in the clouds. That has allowed us to take a much, much deeper look at what's done to us.

But in terms of the resonance phenomenon, it's called the resonance phenomenon between identical substances and that is the basis of our diagnostic work. Now, the special sub form of that is, for example, if I have somebody who's got chronic migraines, and I determine that, say they have a lack of vitamin B1, and the test is energetically beautiful, like it would fix the migraine, and we give it to the patient and nothing happens. It allows us now, after giving a substance to the patient, we can take a small amount of B1 and hold it like over the knees and over the thighs, and over different body parts and see if the B1 or B2, orally has arrived in those tissues.

And very often we find that exactly in the tissue where the body is symptomatic, nothing arrives. And there's lack of direct resonance. And then one of the highest levels our work is sent to find out, why is it not arriving there? It could be a scar that has never been treated. It could be a psychological issue. It could be a toxin in the body. It could be the watch the patient wears. It could be the hair dye that they're using. It could be a cosmetic agent, a body lotion that they're using. And that is a very, very high level of our work; to determine, when we give drugs that are... it becomes critical, for example, in cancer.

If you have, let's say, a ductal carcinoma in the left breast, and you give artesunate and Hypericin and curcumin, and all the things that you have tested out that would shrink the tumor, but it keeps growing and growing. So, what we do as an additional test, we see, does the curcumin really arrive there? You can simply do that with the direct resonance. And nine out of 10 times we find that the actual active ingredient that will heal the cancer is not arriving there. And I just had a patient who was very close to my heart, who had a metastasizing ovarian cancer. And she was making some progress but much slower than we wanted. And I could see that half the medicines they were giving her were not taken up by the tumors.

And we found out that she's sleeping on a geopathic disturbed sleeping location. And then, just as an, “Oh, by the way...” sentence from her husband, I found out that for five generations in the same house, in the same sleeping location, every woman had either ovarian cancer or breast cancer, which slept in that location. And we found immediately that through the drug uptake, she had no drug uptake in the tumors; and only when I did our test for geopathic stress, I found out that that was what was blocking the uptake.

So, this is a very, very exciting part of our work, and I think also the
most overlooked part of my work. And I do have to give credit here to Dr. Yoshiaki Omura, who developed the whole knowledge base around that and published it. It's the International Journal of Acupuncture and Electro Therapeutics Research, where all these findings are documented. It is a peer reviewed journal that has a high level of ranking in the scientific community.

Christine: So, Dr. Klinghardt, if people want to learn more about how to learn ART, I know that you're really passionate about sharing this information, how can they best learn this right now?

Dr. Klinghardt: Well, there are different ways. So, my favorite courses are the ones that I teach in England because every level of the course is taught by myself, ART1, ART2, and ART3; so, there are three two day courses. Here in the US, it's currently taught by the Klinghardt Academy. The courses in England are taught by klinghardtinstitute.com, which is my primary teaching organization.

And of course, you know, Christine and I have discussed also using Sophia Education for future courses, to teach this work, which we're planning on. But currently, it's Klinghardt Academy or Klinghardt Institute. And Klinghardt Institute, for those of you who can make it over to London, they're very sharp courses, and there is also internet based training available at Klinghardt Institute.

We have many people in the US doing ART on different levels. I do see that the highest level is still at the Sophia Health Institute, where everybody is very well trained, and following the same protocols and using the same tools. And so, to learn the work, it's good to be a patient. And otherwise, to take the workshops or on the internet. And the Klinghardt Institute has these 10 modules, it's an internet based training of this method. So, people that are smart that don't need the hands on guidance, they can also learn it, just by watching the modules.

Christine: Thank you, Dr. Klinghardt. And so as we wrap up, what are you most excited about in medicine right now?

Dr. Klinghardt: Well, the most exciting is also the most saddest thing. We're realizing that first of all, the whole Western world is becoming chronically ill, that's the sad side of it. But the causes of the chronic illness are really very limited. It's the farming chemicals, that's number one.

And within that, glyphosate has a leading position. It's aluminum that comes both from the sky, you know, from the geo engineering project that nobody dares to talk about, and some from the vaccines that nobody dares to talk about. And then the third one, of course, is Wi-Fi, which also very few people dare to talk about, because it's very powerful interests that are behind these things.

But the exciting thing for us is, if we reduce chronic illness to like three things, and these three things, we can detox our patients; we can protect our patients. And when we do that, it turns out that 80% of chronic
illness can be reduced to these three simple things, where we have simple protocols that we can put people on. That are very effective, they are safe. And then, you know, the rest pretty much is Lyme disease. And so based on these three basic things, the immune system gets disabled and we get the retroviruses.

You get the herpes viruses, and Epstein Barr, and you get the Lyme disease, core infection, and the mold and the Ritchie Shoemaker; it's all in there. But that's all secondary to some primary things. For me that was an exciting journey to find out that actually, when we go deep enough, we can really, really help people to regain their health. Sometimes it takes longer, the body has an almost endless capability of storing toxins; of dealing with something. So, detox takes longer than most laypeople think, you know, to get back to a functional state. But it's not that difficult to stay healthy, once we actually regain it.

And so I'm very excited about that. Of course, you know, I'm excited about the new possibilities. Once you actually conquer the infections and the toxins, and the new possibilities with stem cell therapy and the exosomes, and the color therapy. We just got several colored lasers that we can do intravenous color therapy, intravenous laser irradiation of the blood. That's a phenomenal, wonderful new tool that doesn't involve any biochemistry.

I'm a little bit jaded against biochemical interventions. Even though of course, I take my vitamins also, and so I'm not totally against it. But I think my understanding in good medicine is, there's three things that need to be paired. One is good or decent biochemistry. The next one is decent biophysics. Use electric field, color therapy, colored lasers, sauna therapy, foot baths; hand baths; use that. And the third one is good psychological interventions. And all of these are fun. So, to get well can actually be a joyful journey. And so that's kind of where my excitement is.

Christine: Well, thank you, Dr. Klinghardt. And I know you worked hard today and you’re doing this at the end of your day. But I really appreciate all that you’re doing for our patients and to further all of our knowledge. And thank you for doing this talk today.

Dr. Klinghardt: Thanks, Christine. And wish you a good evening. And you go back to your girl, your little angel. She's almost a year old.

Christine: Almost, we're getting there.

Dr. Klinghardt: Two more weeks to go, yeah.

Christine: Well, thank you.

Dr. Klinghardt: Thanks, Christine.

Christine: Thank you.
Christine: Welcome, everyone. I am here with Donna Eden and David Feinstein and we are going to be talking about the reemergence of the energy body. Donna Eden is among the world’s most sought out, most joyous, and most authoritative spokespersons for energy medicine. Her best-selling book, *Energy Medicine*, is available in 20 languages, and it’s won golds in the USA Book News and Nautilus Competitions and it’s the textbook in hundreds of healing classes.

David Feinstein is a clinical psychologist and is a pioneer in developing innovative therapeutic approaches leading to nine national awards for his books on consciousness and healing. He has served on the faculty of the Johns Hopkins University School of Medicine and is a recipient of the Marquis Who’s Who Lifetime Achievement Award.

Welcome, Donna and David. I am really honored that you chose to spend time to do this interview, and I don’t think our interview series would be complete on the Body Electric if we didn’t have the two of you on the summit. So, thank you so much for being here.

Donna: Thank you, thank you. We’re really glad to be here.

Christine: Ahh, well, Donna, I have our book on my office shelf and I refer to it over and over again in my practice. I absolutely acknowledge the energy body and the energy medicine, but you were ahead of your time of really bringing this topic to the public with your book. So, how did your journey lead to really your work with energy medicine?

Donna: Well, I got very sick. From the time I was 16 until 31, I had multiple sclerosis and I didn’t walk much of the time, especially in the latter years. I had a heart attack at 27 because all my organs were
breaking down. And I finally went to see five different specialists who told me they had nothing for me and that, because my organs were breaking down, I might want to consider finding a mother for my kids. It was like that. But in the fifth time, the fifth person I saw, I don’t know, something struck me. I felt an amazing joy hit me. It was one of those real memorable moments and I knew I was going to heal myself.

Now, I’ve always really known energy. I don’t remember a time that I didn’t really know energy, but I’d never used it in the healing way. When I got home that day, I started just experimenting with my body. What energies could I get moving that weren’t moving well. Could I move through some block in my body? That’s really how it all began.

And I just kept working, and I got more and more excited because, in the beginning, what got healed was not my multiple sclerosis but my allergies, which I had so many allergies. I couldn't eat the foods that everybody else said and all the experts said was good for you, because I was allergic to them. I couldn't eat anything that grew out of the ground. It sort of paralyzed me. I didn't know what to do. So, working on energy, my body got more and more adaptable. It could adapt to things it couldn't adapt to anymore, or before, and I just got healthier and healthier.

And when I was feeling really strong and healthy, I just wanted to share it with everybody I knew. So, in 1977, I started by just grabbing anybody I could. They could come and learn this from me because I knew that it wasn’t just about me. I knew that everybody could help themselves or heal themselves. Everybody could get better. It was a blessing we all should know. We should all know this.

Christine: It is such a beautiful and helpful story, especially a lot of our audience may be suffering from, I see a lot of, chronic complex illnesses and a diagnosis like MS can be obviously very defeating and heartbreaking and people don’t always see that they can completely heal themselves from such a strong diagnosis.

Walk us through, when you talk about energy medicine, we are obviously working with energy and the concepts that we obviously have our physical body but we have our energy body that communicates with energy and this is a big part of how our bodies can heal. So, can you just share your framework for looking at our energy body and how--?

Donna: I really do see energy as all there is. I know that even our physical bodies aren't really solid. There these weavings of energy all through us. Energy streams through us and circles in different spiral like ways. I personally work very strongly with nine different energy systems. So, I work with chakras that spiral and spin and really carry your life story as an encyclopedia of who you are. So, every one of your chakras is
very different from anybody else's. It is very personal to you. So, you can find out an awful lot of what's going on in a person in their chakras.

Meridians stream like ribbons through your body and have different colors and different vitality and govern your organs. I work with radiant circuits. They are very important and often forgotten in our culture because people deal so much with stresses. All the stresses that they have to deal with. Well stress sort of squelches our radiant circuits. It is that natural joy, that natural wonder, and awe and sense of gratitude and gladness and happiness. It just bubbles up at us, out of us, that are often hidden for long periods when people are stressed.

So, how to access that. How to work with that stress which I work with a meridian called Triple Warmer that is also a radiant circuit and it governs that flight, fight, or freeze response. So, how to work with that. Well it will shift your whole body. It will change not just your mood in the present time, but it will really change how you respond to stress. So, it is very important.

I work with auras and the energies that circle us because they are the energies that really protect us. It is like our invisible space suit that allows us to be here on planet earth. And what else do I have?

David: [Inaudible]

Christine: No, when you speak, I immediately see this beautiful visualization that we are beyond our physical body that we see. We have this whole other aspect to ourselves. I really love how you share it is all interconnected. Our physical body is all energy, too. We can think of these things as separate. They are highly interconnected. So, if this is a new thought for someone who's listening, how can we start experiencing our energy and how can we start getting to know our energy? Obviously, when we are sick, there is an imbalance in these energies. So, how can we start having a dialogue with our energy?

Donna: There are several ways. One of the things that we do is we teach about a six-minute routine that we have people do everyday because it opens up all the fields and they start floating and then you really do start experiencing, “Oh my gawd, I feel so much better.” But each one of those, there are about seven exercises in that routine, and each one of them – some of them will unscramble your brain so that you can think better. Some will make your energy suddenly get vital and live. Some will suddenly help lift you out of stress and even depression. And all of these are exercises that I am very sure our ancient ancestors knew. They had to have known because, first of all, they've come down the pike to us and they work.

A lot of them we do instinctively without thinking about it, without
thinking about it, like people throwing their hands up to their forehead and then take it away. When they put their hands up to their foreheads, if you would just leave it there, as our ancient ancestors must have done when they got too stressed out. They put their hands to their foreheads. Energy is electromagnetic. The blood in your brain and body are electromagnetic so if you align them, your hand will draw, like a magnet, the blood up into your forebrain again so you can think again. It helps lift you out of stress. They begin to feel very so natural and why didn't I think of it before. That's how easy. It's very user friendly.

**Christine:** This is a completely different way from the current paradigm that we are working on shifting, that, if you headache, people think about taking an ibuprofen or even a natural supplement or so forth. The theme in this summit has been, if we actually work on energy body or energy field, these meridians and chakras and these circuits, that that actually has enough healing impact on our physical bodies.

So, it is this other way of looking at things. Do you have some other stories? I know that you teach around the world and you have been doing this work for decades. I know you have a long list of wonderful stories to share, but is there anything, any story that comes to mind to really illustrate how we can work on our energy body and that actually translates to healing our physical body?

**Donna:** Sure. But first I want to comment on what you just said.

**Christine:** Please, please.

**Donna:** I wanted to say that, you know, it is so beyond taking your pain away or even healing you. If you can get that, when you do these natural energy exercises, your body learns to work with you. You become a partner with your energies, and they start getting stronger and more flexible and more adaptable so that, as you age, you get better, you don't get worse. You don't start breaking down. Your body knows that its goal is to continue in that vein of getting you feeling better and better and better and it does it on its own more and more.

**Christine:** I think that is so important, because, especially in the chronic illness world, there’s a lot of what we call autoimmune illnesses. There’s story and this thought that our body is working against us. Or if you have a significant condition that could be maybe, what comes to mind, and I think reshaping that dialogue that your body wants to heal and wants to work with you and that it's not something that you are trying to fight. I that's something that --

**Donna:** You know, having had multiple sclerosis, I really know that there is a tendency to think, “Why is my body doing this?” What I really came to learn was my body really needed to be loved. I started thanking it. Really
having such gratitude that my legs could walk me, that my systems will
do their thing, that everything would do what it was supposed to do. I
was amazed and I realized in time that the reason why it appeared to be
fighting me was because it had gotten confused.

When it got sick, it didn't know any longer, who was the enemy and what
was wrong here and why is she doing what she is doing? We live in a
world we never evolved for. The world we evolved for was the natural
world, so suddenly we are ingesting and breathing in toxins and all the
things our body was never evolved to deal with. I think we are much
more prone to getting those autoimmune illnesses. We are also just as
prone to lifting ourselves up out of it when we really get it.

Christine: It’s creating this – These are all techniques to increase our
resilience to an ever-increasing stressful world. A lot of our speakers talk
about even the health impacts of EMF and that’s the cell phones and the
wi-fi and all that and how that's affecting our physical body. Do you feel
that that's been one of the biggest stressors, probably in the last decade,
that's changing how our bodies respond?

Donna: Oh yes! In the 90s, after having years of feeling like I healed
myself and I was over that part of my life, I got really struck down by the
EMFs. And I really got it. If I wasn't up out of bed by 3:00 in the morning,
I couldn't get up. My arms wouldn't bend, my legs wouldn’t bend. It was
like energy from the earth would just come up and get me. We had
somebody come over to the house and try to figure it out for me and he
happened to have been – what was he, David?

David: He worked for NASA. He was retired, but he was the one that
figured out how to protect the astronauts because they were in that
small enclosure with all the electromagnetic radiation. So, he was very
good at that, and he thought Donna was his toughest case. She is so
sensitive. It's part of who she is. It's part of her healing ability is that
sensitivity, but it is also part of her vulnerability. It was quite a journey to
watch.

When I came onto the scene with her, she was 34, so she was 31 when
she started to – when she had that fifth doctor experience and then she
started work on herself. It took her two full years. It's not like this is an
instant cure, touch this point and this point and you’re better and you’re
over your MS. But it was a steady improvement. So, when she was 33,
she was already pretty much over her symptoms of MS and I met her
the next year. And it was very interesting because that is when she went
into her profession.

I, as you mentioned, my first teaching position was at the Johns Hopkins
School Medicine, so I didn't have a context for the energy she was talking
about. It's like, probably most of your patients, I believe I have a body.
Like Einstein said it’s all energy $=MC^2$. It feels like a body, so where does energy come into this. The simplest description, Donna says, “Well, if you don't have energy, you're dead. If you have energy, you're alive.” So that's the kind test. Energy animates the body. Energy animates every organ.

And the concept is, is not yet part of Western Medicine that is very important is that energy has intelligence. Energy knows how to tell an organ whether to turn on or turn off. Energy knows how to tell cells how to grow, how to go into an immune response. It is not just the chemistry; it is the electrochemistry. So, you have energy as another realm, and it is not a simple realm. Just like the body has all these very different organs, very different systems, cardiovascular etcetera, etcetera. What runs those is the energy.

With Donna's ability to see energy with her having really felt what it's like to be in a life-threatening situation with her passion to help others, she really figured out a lot about how to work with the energy body, with all those complex energies that are running all these complex systems in our physical body. I was there just kind of watching her develop this very comprehensive system. I don't know anyone else that really works in such an informed way about all nine different systems. That's part of what's so interesting.

**Donna:** It is complex, but, on the other hand, it is so simple. I mean all the easiest, simplest things are the things that just allow you to feel better and better. I do feel that everybody on the planet ought to learn it.

**David:** So long ago, Christine asked you to tell a story.

**Donna:** Oh, Ok. Yeah, she did. I have so many stories I could tell but a story that happened to me a long time ago. I had a full-time practice and a woman came to me with ovarian cancer and she was very scared, and she was going to have surgery soon. And there was suspicion it had already metastasized and, so, energetically I could see that it had. It had metastasized. One of the thrilling things is how much the body will respond. It will respond when you start moving the energy and so, I just did something very simple. I started working on the chakra in that area of her ovaries.

It is still thrilling to me, after all these years, how the body responds, and it just began to change and shift. And, I said, “Look, don't have the surgery yet. Let's see if we can work with it a little bit and see what can happen. You don't need to do it immediately.” She went home and her husband was furious about it because he just thought I was some kind of quack. And he called me up and said she wouldn't be coming in for her next appointment. And I said, “Look you come, too. You come, too.”
And that’s what happened, he came.

**David:** You said you weren’t going to charge.

**Donna:** I said, “Just come. I won’t charge you a dime. Just come.” And he came and I taught him what to do. And he said, “Oh my gosh. I can feel this. I can feel it!” He got so excited. It is thrilling to see people who have not been turned on to energy to begin to feel it and that’s what happened to him. Long story short, she didn’t have to have her surgery. The husband worked on her every single day. And that’s what I want people to know. You don’t have to have some healer doing it. You can do it. Our body is made for this.

**Christine:** I love that. I know when people are stuck and struggling, they’re looking outside themselves a lot of the times for someone to give them the answers or to heal them. A lot of these are self-healing practices and tools that you teach. I know you were going to offer maybe some techniques to share with our audience today. Just some things to get started having a personal experience and, once you start having this connection, these esoteric ideas become very tangible and then people feel better and feel able to make them a practice. So, can you walk us through a technique today?

**Donna:** Yes, in fact I am going to use David to see what he needs here. Put your arm up real strong. OK, now I am just going to smash your nose. All that means is that there is an energy that runs up the front of the body called Central Meridian and Governing Meridian goes up the spine, goes over the head, over the forehead, over the nose and the two of those meridians connect up at the back of your throat and when they do, you are more protected. The energy then can spiral around you in both directions and it just holds everything together. It kind of weaves all the fields together.

So, what I am going to have David do is put 1 finger in your bellybutton and 1 finger at your thigh. And you do it, too. Push in and pull up. Push in and pull up and take a couple of deep breaths. OK. All right, David. Let me see. I am going to smash his nose again. The reason why I am smashing his nose is because the energy has stopped at his forehead. So, I am going to go, “Whaaaaap.” Now, David he is real strong now.

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Donna: Energetic hygiene.

Christine: Just like brushing our teeth, we need to pay attention to these energies. Well, David, you specialize in energy psychology, correct?

David: Yes.

Christine: Can you share with our audience really what does that even mean? And how does energy psychology fit into this whole world of energy medicine?

Donna David: We've been together for 42 years. For the first 19 years I didn't really understand what she did. I understood that people were coming from all over the world to get healed by her, but I didn't quite understand the energy part of it. Because I understood energy as, energy is the capacity to do work. It is electrical energy. I didn't understand energy that carries information and that has intelligence. That is the big difference in the subtle energies that she worked with. I just didn't get that. Then she asked me to help her write her book, so we spent two years with me interviewing her.

When I was at Hopkins, I had a similar assignment. The Chair of the Department asked me to look into the new therapies. So, I had interviewed a lot of people asking tough questions. When I asked her tough questions, she had comprehensible answers. What she was doing was empirical. It was based on observation and experimentation. Donna would look at a person on her table, she would see where the energies weren't flowing. She would see where the energies were out of harmony with one another.

She would do something with her hands, with the electromagnetic energy of her hands. Did that fix it? No. OK, well maybe it's not the meridian, maybe it's the chakra. OK, I will work with the chakra. Did that fix it? No.

Well maybe it's the meridian that feeds the meridian that's in trouble. Ah, that's where the block is. So, she would observe, experiment, observe. Now, granted she can see things I could not observe, but, still, she could demonstrate what she is seeing. So that was all very convincing to me. Then the book came out. We went on the road for a six-city tour.

Donna: Which we are still on.

David: 20 years later. So, we both gave up very comfortable practices in Ashland, Oregon, to sort of take this out into the world. And people who were coming to our workshop were talking about energy psychology and I'd never heard of it. Even though I understood now what she was doing,
this just seemed so strange because it involved tapping on points on the body. And what does that have to do with psychotherapy? I didn't read anything about that in my graduate training.

So, one of the people at one of the workshops happened to be a psychologist. It was a weekend workshop, so Sunday night – her local psychology group got together once a month and it happened to be that night. And she invited me to come as her guest because they were demonstrating energy psychology. They were demonstrating tapping.

And the way it was set up was that a therapist who had been studying this, had been studying actually thought field therapy, the first kind of brand of this, was going to work with a client of another psychologist who was kind of stuck with the client. The client had a really severe claustrophobia her whole life. She couldn’t be in enclosed spaces. She couldn’t take an elevator. She was nervous about driving, going under a tunnel when she was driving. It was very disruptive to her life. She was a mother with two kids. She had gone through several therapists and no one had been able to help her. That was the set up.

So, I am there, and I am kind of pretty skeptical about this. At first, it was pretty comfortable for me because the therapist asked her questions that I might have asked about her about the history of it, what she tried to do to get help. Then he asked her to imagine being in a closed space and give a rating of 0-10 the amount of distress that it caused which I was familiar with that. That’s a technique used not just in energy psychology but in a lot of different therapies, particularly systematic desensitization, which was what we were using.

So, that was comfortable but then he starts having her tap on these different points while she is saying phrases like, “My fear of elevators. My fear of elevators.” And, I’m going, “Come on.” After a round the therapist asked her to go imagine again being in the elevator and it’s gone down a little bit. And I said, “Well, these things can fluctuate.” It was 10 and now it’s an 8. So, then another round and it went down further. I’m starting to say, “Well, what’s going on here?”

Then another round and it has gone back up to a 10. And I said, “Ah, I knew it wouldn’t work.” After he said, “OK, well, it was a 10. Tell me exactly what you were imagining.” And she said, “Oh. Well it was different. A memory came up,” which is often happens when you take the surface issues and reduce the charge on them.

The memory was when she was about 8 or 10 and she was playing with her brothers and a couple of their friends and they had a big appliance box and they would push one another. One would get in and everybody else would push it and that was fun. And, then when it was her turn to get in, they pushed it against a wall and there was only one side that had
an opening and that was the side they pushed against the wall. And she couldn't get out because her weight was there, so she was trapped. And they just left her. She didn't know how long she was in there, but it felt like a long time. She was screaming and just exhausted. From that point on, she had this real fear of being in any kind of enclosed space. And then that just stayed right into adulthood as often happens.

So, I'm thinking, OK, well, something useful came from that. Now the original therapist that was working with her will spend a year talking about that and doing all the things the therapist [recommended]. He starts tapping on that memory, and you can do a round of tapping in one or two minutes. And what's happening is you're sending signals to the threat areas of the brain, to the amygdala, and the limbic system that reduce arousal. So, you're keeping memory active, so that increases arousal but your tapping, so it reduces arousal.

So, as she's tapping, the arousal goes down. Because you can do a round of tapping in 2-3 minutes, you can go a lot of different places. So, she was able to work with the terror. She was able to work with her fantasies of how she might die in here and maybe no one is going to discover me. She was able to work with the resentment toward her brothers. All of these things are just being tapped away in front of my eyes, goes down, goes down, goes down. Once all those were cleared, then the therapist brought her back to the original thing of elevators and just a few rounds of tapping and that was clear as a 0.

So, that was something, oh wow. But we are all psychologists and psychologists like to test things. It was in somebody's living room and there was a hall closet there, a coat closet. So, they suggested, what if you get into the coat closet. She was game and the therapist was very sensitive, he said don't retraumatize yourself, if you get scared, just open the door and walk out. So, she gets in, the door closes and there're a dozen psychologists all standing around the coat closet. About 5 minutes, I think, my subjective memory of it. It was a long time. Finally, the therapist knocks on the door and says, “Are you OK?” She opens the door, and she comes out, and she is elated. She is just elated because she had never been able to do anything remotely like this and she is free of her phobia. Meanwhile, I'm sitting here going, “OK, I know what's going on. This is a social psychology experiment.” It turned out it was really true. It really was the case.

And then I started getting training and had many similar experiences. And they last because what's happening is when you send those signals to the amygdala when you are holding that stressful memory, it changes the wiring. It really changes the neural pathways so that there is permanent shift. That really changed the course of my career into this energy work and the relationship of energy psychology to Donna's
work is that Donna’s work is much more comprehensive. She works with 9 energy systems. Energy psychology or tapping therapies, EFT and thought field therapy, emotional freedom therapy and thought field therapy, they work with the meridians and the acupuncture points, they just really work one system with tapping therapy, but they work with it really well, really precisely. There’s a way to use language and combine it with the tapping that is effective in doing what cognitive therapists do but doing it faster.

So, that has really – that was about 18 years ago, and that has really shifted my whole direction as a psychologist. So, it’s like the relationship of medicine to psychiatry. Medicine is a very large field, psychiatry is a very narrow field but it focuses on emotion distress. Energy psychology uses only some of the tools of energy medicine, but it laser focuses them on emotional uses.

Christine: That’s a great explanation, David. We have a few practitioners on this summit talking about tapping and their variations and it’s just this increase in the powerful message that there is a quicker way to heal these past traumas that get stuck in our physical bodies and our limbic system and create these stressful patterns. That there is a more elegant and simpler way to resolve these than years and years of talk therapy.

While that has a purpose, there’s a place for that, this seems to be the message that we keep hearing, and what I’ve also seen in my practice – I don’t do this work but have referrals for this – that it’s amazing to see the results that people can get with this. And I love your explanation about rewiring the limbic system and the stress response. And do you also feel like these traumas get [inaudible] and maybe you have an explanation with what you see, with how you see the energy? Do you see that trauma or emotions get stuck in our energy body?

Donna: Trauma can get stuck in ourselves, in any of the energy systems and tapping, it works so beautifully. What I see is you can literally see the pulsing that is happening in the meridians and a traveling up. You know, you just see it happening. Gosh, it is just so important, I think, to be able to have these tools so that you can feel empowered to take care of whatever is going on in you.

David: The thing that really impresses me with your work is that I learned that chromo is stored in the brain, but you see it in the chakras.

Donna: I do. I see it the chakras. I see it everywhere. I see it in organs. It is not just in the brain. The brain is somehow is making sense of things that, believe me, is everywhere in your body. And many times, when I had my practice, I would just bypass the brain all together because people thought they knew what was going on or they wanted to talk about it or whatever. And I just wanted to work with their energy.
Christine: Yeah, it’s a faster way of moving energy out. Traditional medicines, like Chinese medicine, has a language for this. Some people might understand this concept, like if you have chronic liver issues, there can be anger or resentment, or chronic kidney issues, you can have a pattern of worry or fear and so that the organ—So do you see that pattern, too, that certain organ systems hold certain emotional energies?

Donna: Oh, yes. Absolutely. And all of us – I think it is about evolution – and all of us have some vulnerable organ in our body because of emotions, because of emotions. For me, my spleen meridian was always very weak. A spleen governs how much you do for others versus doing for yourself. And, if you are always taking care of everybody else, you are short-changing yourself and it will show right up in the Spleen Meridian. It is the same with every organ in the body, has the same thing going.

Christine: With patients, we do muscle testing, too, and common point for balancing patients in our practice is spleen sick. That is another way of looking at the Spleen Meridian. David and Donna, you have obviously been doing this work for many decades now and I am sure it's been exciting for you to see the increase in awareness and knowledge that people are having, but I'm sure we still have a long way to go, right, to get the word out here. What are you most excited about when you look at the evolution of energy medicine over the last four decades that you all have seen?

Donna: Oh, I will say mine and then you say yours. I think I love seeing people getting empowered. It’s more than just healing yourself. It lifts your self-esteem. It gives you a bigger sense of everything in the universe. It gives you a bigger sense that you are not alone. Whoa! What's making this energy go? It is wonderful.

The other thing is – oh, there will be three things I want to say. The second thing is, I love seeing children do it because children find out very quickly because they don't put things into categories. Well this my health and this is this and this is…

What they find out is their brains turn on and they can learn better and easier. And energy has a tendency to get all scrambled in the brain. When everybody else is a big adult and you are a little person, things can get confusing. I used to do a lot of volunteer work in school systems. The thought then was that, if a child couldn't learn, they just weren't smart and this thing where they ought to apply themselves harder or whatever, but usually it was just energy.

Straighten out the energy out and it all worked. That's the third thing. The other thing was, I love seeing, and I believe it is the wave of the future, is that energy medicine will go more hand in hand with Western
medicine and it is coming together more and more and more, and I love that. I love seeing that happen.

David: Dr. Christiane Northrup wrote the forward to Donna’s book, *Energy Medicine for Women*, and she talked about the way she sees medicine developing in the future and she sees a complementarity between energy medicine and conventional medicine, but she sees that energy medicine will be the first line of intervention. That you do the less, which is a principle of conventional medicine, that you do the least invasive intervention first that's likely to work.

So, she really articulated it beautifully how that could be the future of medicine. You start by working with the energies that are involved with the symptom and that will often take care of the symptom. If it doesn't, then you might turn to medication or you might turn to surgery. But, even if you turn to medication or surgery, they have certain medication is an energy intervention, it is just hard for the chemistry to try and get the right energies to go. But, if you work with the energies along with the medication, you can reduce side effects. As well as reducing side effects, you can increase the effectiveness of the medication. You get a harmony with the medication and the body.

Also, if there needs to be surgery, you can prepare the body for surgery by getting all the meridians in balance, all the chakras in balance, all the different energy systems into good harmony. Then, when the surgery occurs, the body is ready for it. And then, after the surgery, after this invasion into your body, to balance all the systems again, people are going to get the results they wanted from the surgery more readily and also heal faster. So, you really have a wonderful dance between.

And I think where we have seen change in 42 years is that there are more and more lights within Western medicine. There are more and more doctors are recognizing that this is not just a passing fad. This is something that really goes to the essence of what they're working with, with the bodies that they are healing. Working not only with the physical intervention but working with the energy interventions enhances their work.

It is not a different than – of course, there are probably issues of any marriage. Even though there are amazing cases, we don't say come to us to cure your cancer or to cure your MS because there are so many factors involved that it is a way of -- it is an intervention that is coming from a different angle from the conventional methods and they often have surprising impacts.

Donna: I just wanted to say, one of the things that I've seen different doctors-- There was a time when doctors didn't take classes from us, but they are now. It's changing. Almost all doctors that I've really
encountered who work with energy have really understood that autoimmune illness are not aligned out very well with Western medicine because they don't know how to really work with autoimmune illnesses. But energy medicine does because it is just the issue of your energy has turned against yourself. It is not doing it to harm you. It has just gotten confused and how to unconfuse your energies, that is the best healing for autoimmune illnesses is energy medicine.

David: One of the things that occurred before we went on the road on our six-city tour that we're still on. Ashland, Oregon, is a very special city and one of the characteristics is that it has so many natural healers that medical community has had to learn to work with them because your patient, as a physician, is also seeing Donna for an energy healer and they are not going to stop.

So, the medical community in Ashland, at least the parts that we were familiar with were very comparable working with this duel perspective. And, often, when a physician was stuck, they would refer to Donna and Donna was working with a lot of the doctors in this beautiful harmony. She was, I think three times, was invited into a surgery so that she could help with monitoring the anesthetic because, in a case where somebody was allergic, it was very delicate.

So, she could do muscle testing and just work with it and also just help the energy be optimized for healing for a really successful surgery. We have seen it in action. It is not widespread yet, but we feel like this is where things are going. Knowing you, Christine, and what you are doing is just really encouraging to us to see that integrative approach.

Christine: Well, thank you so much. I think that that's just such a beautiful vision that we all need to work to. Starting with energy medicine always and first and that will, whatever your intervention is, that will only allow it to work better and amplify the results. And you might not even need to go to that next level which is of course what we want to prevent. So, I think that is so beautiful vision and we are working on it.

And that is a big goal of this summit, is to really get this information out that we are beyond our biochemistry and that there is this whole other aspect of our body's ability to heal and we can work with those, too. And, when we work with that together, that's where the most healing can happen. It is a really exciting time and you guys have been ahead of the curve for a while now.

And I'm sure you have seen a lifetime of beautiful stories with your work. And I know you still teach, and I know that there are so many ways to learn from you all. If people are really interested in exploring your work or learning from you. How can they learn more about the techniques
and trainings that you do?

**David:** They will get a lot from going to learnenergymedicine.com, learnenergymedicine.com. We have all kinds of resources, Facebook group, newsletters, a lot of information there. We are kind of moving over to a new website which is edenmethod.com, E-D-E-N method.com, but we are mostly still on the old one. Eventually we will be on the edenmethod site. We have got, I think, 500 pages that we are slowly migrating over. So, either of those two are good places to begin.

**Christine:** This is where you can also find a practitioner or a teacher in your area. It has every piece of information I think you can find about or at least where to go and get it, you will find it on our website. It is very good.

**David:** We have online programs that are a really great way to begin. We have a list of all of the workshops that we're teaching that people can attend. So, there's a lot of resource there.

**Donna:** I know one. For the last 3 or 4 years, we have, along with my two daughters, done something called the *Wednesday Energy Minute*. If you want to learn just an energy technique once a week that you can really absorb, just follow it on –

**David:** Facebook.

**Donna:** -- Facebook or you can also go to YouTube and get the 100s that we have done. We have done them all over the world, the *Wednesday Energy Minute*.

**Christine:** I love that. I love that. You have so much information to share with the world. We'll put the links to your websites with this recording and I am so grateful that you all are part of the summit and for the work you all have put out in the world. We're really grateful so thank you.

**Donna:** Thank you, it was great.
Biohacking the Body Electric
Guest: Dave Asprey

Christine: Hi, everyone. I am here with Dave Asprey, the father of biohacking and founder of Bulletproof. So welcome, Dave. I'm so excited to interview you today. And I really appreciate you taking the time to do this Summit interview.

Dave: Christine, it's my pleasure.

Christine: Thank you. Well, I really enjoyed all of the work that you've really pioneered. And we're all grateful in the Lyme and the mold community for you making this information more and more mainstream. And so, I know a lot of my patients have benefited from learning through your podcast. And all the great information you put out there. And the goal for the Summit is really to just share with people that there's this whole other realm of how we can treat chronic illness and just even maintain and prevent illness using tools that employ biophysics.

And so, I know that can be a scary word for people. And we want to really make this accessible. But how did your journey begin and what specific technology that did you really start with in using these tools for your health?

Dave: I had arthritis in my knees when I was 14. And I used to weigh 300 pounds. I had cognitive dysfunction. Various people said, “Dave, you have fibromyalgia, chronic fatigue.” Just all sorts of things, brain dysfunction. So, I went down the, “I'm just going to exercise my way out of this fatness. And I'll go on a low fat, low calorie diet.” And after 18 months of that, I felt, well tired. And I was still fat. And I could max out all the machines at the gym. But it didn't work.

When my brain started going in my mid-twenties, where I just felt like I couldn't pay attention. I was dealing with really serious brain fog. You wake up feeling hung over, but you didn't drink. It was like, “What the
heck is going on?” I tried all this stuff that was supposed to work. I went to the doctor who told me that, “Vitamin C would kill me.” When I said, “Hey, what about Linus Pauling?” He said, “Linus who?” And I looked at the doctor and said, “Linus Pauling, two Nobel prizes, only guy like that. He took 90 grams of Vitamin C a day. And the fact that you don't know that, tells me you're incompetent. You're fired.” And I walked out of the room. And I was all pissed off. I didn't see another doctor for four years.

And I came back to a doctor. I found a functional medicine practitioner. This is before we had a name for functional medicine. Back then it was ortho molecular. And or maybe an anti-aging doctor.

I said, “I have one of these eight things going on. And I've read four books on each one. And all the PubMed papers. I want this test from this and that and the other.” And fortunately, I did find someone like you, who really was aware of the system of human biology. But along the way, I said, “I'm going to try this stuff that's not supposed to work.” So, number one, my brain isn't working. I can't pay for my medical care much less my house, my car, and my food if I don't make my brain work.

So, I started out with stuff that might work. I ordered $1,200 worth of smart drugs from Europe. I said, “I'm going to try those.” And on the more, kind of out there, side of things, I ordered a device after reading The Electromagnetism in Life by Robert Becker. I said, “Alright, I'm getting something that makes the Schumann resonance.” And this is what happens when lightning strikes. It creates a reverberating electromagnetic field between the upper atmosphere and the surface of the earth. And it's a timing signal for the body.

My background, I'm a computer hacker. I worked for the company that held Google's first server. And believe it or not, I'm the first person to sell anything over the Internet. Like the first e-commerce before the name e-commerce existed was a t-shirt sold out of my dorm room. And so, I'm really a hacker. I'm going, “Oh wait, everything we do in computer science requires a timing signal. Our bodies require a timing signal.” And since then, this was twenty, twenty-five years ago, I have been playing a 7.8 hertz Schumann resonance, EMF in my house as a timing signal for my body to synchronize to.

Since then, circadian biology, a couple of Nobel prizes have been awarded for that. And in turns out, everything we do is cyclical, and cycles require timing. And timing is set predominantly by light. But every environmental thing sets timing. Light does. The time that you eat does. The temperature works and so does the electromagnetic environment. All of those combined to tell all the quadrillions of separate elements in your body, “Hey, here's how to work together as a team. Here is how now too.”

So, one of my first things was, “Hey, let me strengthen that field that the earth is supposed to give me. That's being scrambled by the EMF soup that we swim in every day.” By the way, did I mention that I'm a
computer hacker. I like computers. I like mobile phones. I like what we are able to do. And what would have taken months of research, I can do it in ten seconds. That's just precious stuff for the human race. I just think we can do it in a way that's biologically beneficial instead of harmful. And one of the first things I did, was that.

**Christine:** So, many great points. And why don’t we just even break down this idea. We have an expert on EMF and how these frequencies such as cell phone radiation, Wi-Fi, have a detrimental effect. But we also have these positive electromagnetic fields in our bodies.

And so, can you talk a little bit about how our bodies work from an electromagnetic standpoint? And healing frequencies that you've experienced in your life?

**Dave:** Absolutely. I like to think of water. Well, you could say if you almost drowned, “Oh my God, water is dangerous. Stay away.” And then you say, “Oh, but I'm thirsty.” So, is it possible that the dose matters? “Okay.” So, maybe having the right amount would make a difference. And then you can say, “I drank boiling water once and it really burned me. Therefore, water is dangerous even at low doses. Therefore, I won't drink.” Obviously, that doesn’t make any sense.

So, when it comes to things like electromagnetic frequencies, “Well did you want to have the right dose and the right frequency?” Which is the equivalent of temperature for water, right? So, you’re not going to drink a glass full of steam. So, you've got to get it set up right. And we know for a fact that there's an electromagnetic spectrum that starts with basically heat, a very low frequency waves and goes all the way up to x-rays. It's a continuum. And light is in there. Heat is in there. And the fact that we see a very narrow frequency of light and go, “Oh, that's our reality. It's what we can see. And a little bit of what we can sense with our temperature sensors, our skin, and whatnot.” There's a whole big world out there that is biologically active.

And a lot of people don’t know about the videos of aphids, a couple of miles away from an airport. And there’s a rotating radar dish at any airport. And when the radar pulse hits where the aphids are, you see all the aphids on the leaf of a flower jump, and then jump, and then jump. I can tell you, we’re not that different from aphids genetically.

And so, we know there's a biological effect. There is no question about it. The industry has said based on really 1950s research look, the temperature that that your body reaches, like it would in a microwave oven, is the only variable that matters. That has been disproven. But we still repeat that myth a lot.

So, I asked myself, “Is there anything else going on?” There's a guy named, Royal Rife, who surprisingly Tesla borrowed a few technologies from, and they were contemporaries. And if you look at the research and have some of Rife’s original papers and what not, way back twenty years ago when I got into this. You realize there’s been a lot of
interesting research over the years about how these things work. What Rife did is he developed a microscope that allowed him to look inside live cells at the level of an electron microscope. But he could do it just visually. And he figured out that in order to illuminate the specimen, he had to use a radio frequency. Because if he used light and he amplified light that much that he was actually amplifying light so much he couldn't see it anymore. Light was basically too big of a wave form.

So, he noticed, “Wow, if I play the right frequency. I can blow up these viruses and these bacteria.” They would literally disintegrate while he watched. So, he came up with a list of about 10,000 different frequencies that would do different things to different parts of the body.

Now, I'm a little bit of a skeptical, Western trained, engineering guy. I'm like, “Okay, on this face, it sounds cool. It also sounds completely wacky.” So, I did what any good engineer would do. I said, “That can't work. Therefore, it doesn't.” And I went on with my life. Wait, no. I didn't do that. That would be anti-science. What I said is, “I'm going to check this out.” So, I bought a Rife machine. And this is getting out there, I had a digital frequency generator, so I could dial in any frequency I wanted. I hooked up to a giant amplifier and a big antenna made out of neon gas essentially. It looked like an anvil.

Now, maybe I'm just completely placboing myself. And I'm sleeping in tinfoil hats, I don't really do that. But I could have been off in the deep end. But here's what stands out to me. There was a woman in the room with me, when I was playing with this thing. And I was thinking, “Hmm, I know that she's dealing with, basically, herpes lesions inside her sinuses.” So, that's an unusual thing. That's essentially a cold sore in your sinuses. Exceptionally painful.

And I said, “I'm not going to saying to her.” She was just sitting there reading. I'm going to put the machine on the frequency that Rife identified for herpes. And so, I did it. I turned it on. Within a second, she drops her book, screams, grabs her sinus, and says, “Oh my God, what are you doing? Turn that thing off.” Placebo my ass. There was no placebo there because she did not know that I was doing anything to do with her.

But I am absolutely, a hundred percent certain to this day, the only way that could have happened is if “Wow, that frequency was resonating with the virus that was causing those lesions in her sinuses. And of course, that hurt.” So, can we target specific things in the body or in nature with electromagnetic frequencies? Yes, because I have seen it and I have done it. And I know healers who do it as well. It is a known thing.

Christine: And there’s a spectrum of tools and many of my patients have experimented with Rife technology. And it’s all about the right frequency, right? So, in order to get the right therapeutic effect, you have to be targeting the right pathogen to get the symptom improvement. Did you find help within your body with Rife technology?
Dave: I didn’t get enough benefit because there’s 10,000 frequencies. There’s not enough time to run all 10,000 frequencies. And I’m not sure that I know what I have. So, I ended up getting infrared sauna and selling my Rife machine many, many years ago.

But today, our ability to do signal processing and analyzing is orders of magnitude better because this whole tech industry thing that sometimes the EMF communities, you know, we moan about it. But here’s the deal, you can now scan the body to the frequencies that you need by using signal processing that would have cost tens of millions of dollars if you could have done it in the 80s. And you can do it for vanishingly small amounts of money.

So, our ability to know what frequency your body needs are much better than it has been. Which inspires me. So, I would say, I didn’t get a lot of out of it back then. I might have got something. I ended up getting probably more benefit from something else that’s energetic, but it’s ozone therapy. Where you’re putting electrons directly into the body.

And I’ve done huge amounts of work with light therapy. Both as a signal for my circadian biology. And also, to directly put more electrons into the body. And I went from being tired all the time, brain fog, high risk of stroke and heart attack. These are all like lab result data things before I was 30. I’m 46 now, and my brain works better, I have more energy, I get great amounts of deep sleep and REM sleep. Even in six hours of sleep at night, I get more deep sleep than the average 20 year old gets in eight hours.

Things are working better than they have been. And I believe that that combination of light and using therapeutic EMFs has been really beneficial.

And going back, Christine, to the idea of hot water and having the right frequencies and looking at those aphids jumping around with radar. Well, if drinking water to stay hydrated is health. Then maybe some EMFs can be good, and some can be bad. And this is one of those statements that can piss off both sides of the debate. Like in the vaccine world, vaccines are either good or bad. There’s no room in the middle and say some of them are effective for some people. Or some are better for this than for others. “No. They are either good or they are bad.” And we are going to be on extremist ends. EMFs are the same way, right? Is the ability to call 911 on your mobile phone something that might save lives? Yes. Is that going to be more important than whatever hit you took biologically from the EMFs from the phone? It is.

So, there’s always a risk reward. There’s always a cost in it. There’s always a trade-off. And one of the things that I do with EMFs, is I have a very powerful, EMF machine that we use it at Upgrade Labs. This is a spin out from my company Bulletproof. We’ve got this at the Beverly Hilton in L.A. We’ve got this in Santa Monica. And you sit on this chair or use these paddles, they are giant heavy duty coils. And what powers
them, is the power supply from a fighter jet. The radar control system power supply. It's a solid state, big heavy duty thing in order to make enough current to turn on and off.

And funny enough, you can use magnets to induce an electrical current in cells. So, when you turn these fields on and off really rapidly in your cells, it does stuff to your cellular biology that's actually beneficial. It essentially exercises the cells. You can put energy into the cells. And I've seen hundreds of people say, “I have this chronic pain in my neck or my back. It's been there forever. And I did this for 10 minutes and it went away. And it stayed gone.” It's because the cells were dormant. And they just got kind of kicked in the pants. That seems like a good use of EMF to me.

Christine: You know, reminding people that we have this electrophysiology, right? You know, we know that we even measure our heart with technologies, that measure the electromagnetic field of our heart. We know that our nervous system communicates with electromagnetic signaling. And so, the more you know about physiology, this is not random or a placebo, right? This is absolutely having a therapeutic effect. And these tools, especially if you've been stuck for a while and you're really sick and you haven't tried therapies on this level. We encourage you to do that because that's where more healing can happen. What's the name of your device that you just mentioned?

Dave: This is from Pulse Centers out of Atlanta. And over the years I've had a whole bunch of different pulsed electromagnetic frequency devices. Some are very subtle. And they say, “I'm going to play the frequencies for my liver. Or I'm going to play something for the brain.” I tried things that you stick on your head. Even at 40 years of Zen, which is Neuroscience Institute that I started in Seattle. We have people come in for five days of intensive neurofeedback work with neuroscientists. You are there ten hours a day and we feed you the right things. We do everything we can to upgrade your brain.

One of the technologies we use there is pulsed magnets on your head in specific locations, playing specific frequencies for your brain as determined by a neuroscientist. And the reason you do that is there are studies that show it can increase neuroplasticity. We can activate parts of the brain that aren't active. So, yes, magnets affect your brain. And there's no way we can do that and see the results on EEG unless, “Oh my God, science.”

Christine: Yeah, no, absolutely. And, let's talk a little bit about neurofeedback. I mean, you've talked a lot about neurofeedback. I know that's been a big part of your healing and continuing to keep your brain optimize. For the average listener where this might be a new topic. What really is neurofeedback? And who is it good for?

Dave: Neurofeedback is the idea that your brain makes an electrical signal. And that you can pick up that signal on the surface of your head.
You can take that signal, run it into a computer. The computer then shows your brain what it’s doing. Either you’re using sound or using something on a screen. And once your brain and you can see your brain is doing, you can consciously change it. It’s sort of like in the old days. Well you want to teach someone to meditate, put them in a cave for 20 years, they’ll figure it out.

The thing is, you and I, Christine, we really don’t have 20 years to do that. So, what if you could look at a computer or listen to a sound and it would show you when your brain was misbehaving? It turns out our brains want to behave. However, they have no nerves inside themselves. You and I can look a mirror and see whether there is something caught in our teeth. Well, the brain doesn't have a mirror to see what's in its own teeth. Since it will self-optimize, you can literally go in and say, “Oh, I have this thing I don't like. I'm going to change it.” So, this is the ability to rewire yourself.

What I do at 40 years of Zen with this is a little bit different because instead of just saying, “You know, we'd like to show you how to be in a meditative state or something.” We actually teach you, here’s how to go into these advanced altered states that a Zen monk might achieve after 20 or 40 years. And use those to practice techniques of light to let go of old traumas and just to forgive things. So, you walk out of there and the voice in your head has shut up. And that’s the extreme levels of neurofeedback.

But you can take someone having seizures and use clinical grade medical neurofeedback and treat seizures. You can treat autism. You can treat ADHD. In fact, the reason I do neurofeedback today is that in about 1997 I said, “Alright, my brain isn’t working. I’m willing to try anything. I’m going to try neurofeedback.” This is way before it was a thing. I found one guy in the Bay Area who did it. I showed up at his office.

And this little kid was in the lobby, maybe eight or ten. And he comes up to me and he just starts screaming. And he just runs in a circle around me, not once, but like 30 or 40 times just screaming. And it was pretty jarring and not very fun. So, I went in and did my sessions once a week for about an hour. And probably got some awareness of what was going on in my biology that I didn’t have.

But I came back after about six weeks. Same little kid, he was in the lobby. I was like, “Oh, God. I'm going to go outside and wait in my car.” But instead he looks at me, he walks up. And he goes, “Hi, my name is Bobby.” And he shakes my hand. I’m like, “Oh my God, look at the change in this little kid in that period of time.” Clearly, he was autistic, at least at the beginning.

Since then, I have worked with autistic moms, even running non-profits. They are curing their kids of autism. And yes, and you know this because you see the same thing. You have to address metals in the body. You
have to address biology. Mitochondrial function. And there’s a whole stack of things, infections, viruses, parasites, fungus, toxic mold. Those are part of it.

But at the end of the day, even if you fix all those and the brain just doesn’t know what it’s looking at, you can sharpen the brain. So, neurofeedback is one of the most important and impactful tools for human progress, that I’ve ever come across. And you’re talking to a guy who spent a million dollars upgrading my own biology. I’ve done everything on the planet I can find. This is on the top.

**Christine:** And it’s probably still under-utilized even in alternative spaces. And so, any tips or caveats with a lot of the technology that’s out there? I would probably say that not all neurofeedback is created equal. But anything that people should look for and make sure that they’re checking if they’re going to a center or get some home technology?

**Dave:** I am a really big fan of finding a practitioner who has done it for a while and is well certified. There are a few companies out there who will say, “Oh, anyone can be a neurofeedback practitioner. Write a check to us and we will give you a system.” And there is danger with neurofeedback as well. If you have a clinical grade system, you can give yourself PTSD in two hours of training the wrong frequencies in the wrong place.

When I started this, after I did my 10 weeks in 1987, I bought my own machine And I’ve had two or three EEG machines float around my house ever since then. The difficulty is after a couple of years of that I realized, doing brain surgery on yourself is probably a bad idea. So, I tend to work with the top neuroscientists I can find. So, look for a clinical practitioner in your neighborhood who has a lot of experience. And I think that’s your best bet.

If you want to just to feel kind of the entry level, what’s possible. There are home systems out there like the Muse, which are affordable. And for a lot of people, if you had an hour to meditate, you’ll probably meditate more and faster in that hour if you use a Muse than if you don’t. But there might be some states that your brain is capable of that won’t be trained by the Muse.

And so, when you get into the very high level stuff, like 40 years of Zen. It’s at a clinic. And you’re spending five days all day, every day. And it’s based on a 24 channel clinical map of what’s going on in your brain. And saying, “We want to tune this up. We want to tune this down. And you’ve got to let go of whatever childhood trauma you have when you’re in a car accident or whatever.” But there’s a prescribed process. So, that’s the extreme.

The other one is, “Hey, I put this little headset on. And I meditated for an hour in my hotel room. And that meditation had a higher return on investment than it otherwise would have.” Those are pretty broad extremes. But they all work. And they’re all probably better than just
sitting there and hoping.

**Christine:** Yeah, thank you for illustrating that. And I'm just curious, from maybe your personal feedback, have you found that that your personal experience with neurofeedback or what you've seen clinically has improved the brain's ability to detoxify or improve the glymphatic system? Anything like that? Because obviously accessing the brain and getting the things that you shared, pathogens, metals, all these environmental toxicants out of the brain is challenging. So, do you feel like this has a piece in brain detoxification as well?

**Dave:** It's totally weird. But anytime someone does a transpersonal psychology work. I'm just going to say letting go of old garbage. And, this transpersonal comes from the work of Stan Groff, who figured out, “Wow, there's these patterns in human life that started even in the womb. And reverberate throughout.” I've interviewed Stan on Bulletproof radio. I've done breathing with him. He pioneered a breathing technique called Holotropic Breathing.

And one of the early practitioners I worked with there said, “You know, Dave, we've run some studies and when people do intense emotional release work. In other words, they let go of an old grudge they might not have even known they were holding. Their ability to dump metals goes through the roof.”

So, you can run a chelator agent, which is something that will bind to metals and cause the body to excrete it. You run it through someone, and their body will not let it go. And then they do a bunch of deep breathing exercises, they do neurofeedback, or they practice a structured forgiveness. And then all of a sudden, they do the same treatment and you're getting crazy amounts of lead and mercury out of the body.

What is going on there? Well, I have some theories. And these come out of my book called *Head Strong*. Which I hit the New York Times Science Bestseller list about mitochondrial biology in the brain. What I think is going on here is that a lot, of the feelings, the emotions, the automatic responses to the world around us, the voice in our head that tells you a story about why you feel a certain way. They aren't in your brain.

They're throughout your body. It's an emergent behavior. Every cell contains hundreds to thousands of ancient bacteria that are largely calling the shots. And they're just trying to figure out what's going on right now in my little world. And then when you have this happening in quadrillions of places, millions of times a second. You get these really complex behaviors that feel and look like hate, love, and like really deep emotional responses.

So, if that network is set up to say, “The world's a bad place and everyone's out to get me. And no one likes me. And I look fat today.” Whatever the heck the voice in your head says, maybe those cells just won't really be interested in letting go of toxins. Because they're just too
busy protecting themselves. What if you could use any electromagnetic signal to tell them, “Hey guys, chill the heck out. Let go of that.” Or what if you could train yourself with neurofeedback in order to do it?

So, my process has been for four months of my life. I’ve had electrodes glued to my head every day. And I’ve gone through and I found every grudge. Everything that I hate. Every aversion that I have, to use the Buddhist kind of word. And I’ve gone through and I’ve tracked it down to the earliest time I can remember feeling that. And I’ve gone through a structured process that’s part of the 40 years of Zen to let it go. I could not do that work without a computer that has EMFs by the way. Hooked up to my head and telling me what my brain is doing. Because I am not just that enlightened enough to know what my brain is doing without help.

Christine: No, I’m so glad that you mentioned this. And we see this clinically. Dr. Klinghardt has this whole theory about this too. But he talks about for every unresolved trauma, there’s an equal amount of stored toxicity in the body.

Dave: He’s right.

Christine: And there’s this whole aspect. I was curious your experience and then just sharing with people, let’s say you go through these trauma work or neurofeedback and you feel like maybe you get a little bit more symptomatic physically to look there and maybe your body is mobilizing toxicants. And you need maybe binders, charcoal, chlorella, or a chelator. Not to see this as a negative side effect. But actually, these things moving their way out of your body. So, I’m glad you see this too.

Dave: There is some kind of a mirror going on there, what happens emotionally and spiritually. It can happen physically. When people go through the 40 years of Zen program, we actually give them the Bulletproof liposomal glutathione as a supplement. Because the body probably is letting go of some stuff. Whether it’s emotional stuff or physical stuff or both. Or maybe they’re the same thing. And we just look at them differently. I have no idea. I don’t have to know. But all I know is it seems like it’s a good idea to have maximal detoxification going on when you’re detoxing your emotional stuff.

And there’s a lot of people like me would have said, “I have nothing going on emotionally. Like I’m perfectly healthy. I mean look at my career, look at all this stuff.” And if you have that voice in your head right now, you are probably someone that needs it the most. The more you live in your head, the less you are like “I don’t need any of that emotional garbage.” The most you probably have a lot of stuff to let go of. I didn’t know that when I was young. But I’m grateful I’ve dumped most of that so I can function the way I do now.

Christine: Yeah, no, I’m glad you are bringing all of this up. And I was just curious in 40 years of Zen is detoxification part of the intensive
experience? But it sounds like you're addressing that which is great.

So, circling back, Dave, you mentioned something that caught my interest. And again, I had the same experience with guiding people with a technology like Rife. It's all about the frequency. And if there are too many to choose from, there could be a lot of wasted time and not the right therapeutic effect. You shared that we are getting better at actually identifying what the body needs. And where its imbalances are and how to treat it. Are you talking about a piece of bio-resonance equipment? Or what technology have you found to help identify the frequencies that a person needs?

**Dave:** The lowest level technology to figure out what a frequency person needs is something that has been done for a very long time. And it's muscle testing. And it's like, “I don't know, do you need this?” “Hold your arm out.” And this is something that drives western scientists and doctors nuts. “That can't work.” I'm like, “Oh my God, imagine this something around you that your body is reactive to.” That you know that it's reactive to. Maybe that reaction takes energy. And maybe because that energy is taken, you will not have as much energy to raise your arm. So, there is another thing that you can do. Which is kind of cool.

In fact, I'll show it to you right here. This is a $150 digital strain gauge. It measures the strength of your grip. So, if you were to take a really deep squeeze on this thing. It's meant really for measuring aging. It turns out if you have a strong grip, you're likely younger. And if you have a weak grip, you're likely older. This thing thinks I'm 18 So, apparently my grip works. But if you know the power of your grip and you say, “Alright, I'm going to go take whatever this toxic mold thing is that I'm sensitive to or gluten, if I'm allegoric to gluten. I'm going to hold it in my field.” And yes, there's a field. And if you're looking at this going, “There's no field.”

Come on, guys. This is 2019. We have advanced physics things. We can measure the magnetic field coming off your heart. We know it's tipped eight degrees to the left. We know it's shaped like a Tauris. We know the direction of the lines of the field. So, you don't have to believe all that stuff. But if you don't believe all that stuff, then you probably should also believe in fairies and leprechauns. Because this is provable. And if you don't like it, then it's provable. Then you need to go like meditate or something because why would you have resistance to something that just is.

Anyway, back to this. You put something in your field, and you can show is my grip strong or is my grip weak? And you can have a practitioner do it. So, that's the easiest way.

And then there are a whole bunch of technologies mostly out of Russia, that will measure things. They have the vaga test or essentially electrodermal screening, where you touch acupuncture points. Now keep in mind, 20 years ago an acupuncture point was a fantasy that did not exist in western literature. They would say, “Oh, there is no
such thing. Those people are nuts. So, dangerous. They are putting metal needles in the body. Who do they think they are?” And then they come along a little while later and said, “Oh, actually we just developed sensitive detectors. And it turns out there are currents running through the collagen in your skin all throughout the body.” And funny enough, they match exactly to these old maps from China and India. So, “Opps, yeah. There is something here. Let's study it.”

So, this is going on as well. And it turns out you can run electricity through those and look at what causes resistance in the body. And we know there’s a resistance. There is changes in electrical resistance when there’s an injury in the body. Which is fascinating. The guy who discovered that electricity has this level effect on biology, won a Nobel prize for fixing disjoint fractures in the body. But a tiny bit of electricity, it's like magic. What can it do? Well, we can now monitor those types of electrical flows in the body with equipment.

In fact, Christine, I may turn that one around. What is your favorite one?

Christine: Well, you know, Dr. Klinghardt actually gave a lecture on autonomic response testing. So, if this muscle testing ideas is new, and I have never seen that grip strength in that tangible way.

Dave: It’s called Camri. I ordered it on Amazon. It was like 150 bucks. I can't tell you that this brand is any good. It is just called an electronic hand dynamometer.

Christine: No, that's great. Because the more my patients self-test themselves, the better I can help them. And I recommended the Bio-Tensor or whatever modality that they just can get comfortable with. And start getting that biofeedback from their body. So that was a new one.

But Dr. Klinghardt talks about autonomic response testing. That's what we do in the office every day. And he also talks about the biophoton science. It's not a theory anymore. And he made the point to, because he studied that the fingernails have a high level of light emissions coming out of the hands. So, it's interesting, another way to think of WEAB can work. You are looking at where there are blocks and biophoton emissions.

And so, yeah. I'm a big believer in autonomic response testing and muscle testing. I'm always curious. There are so many technologies out there with bio-resonance. And again, there's a lot of different equipment out of Germany and Russia that were always curious about.

But while that is important, I think the intersection between that information and then that there's something that happens between the practitioner and patient, that that energetic exchange. Where I think, you have to leave room for intuition, right? And leave room for that therapeutic relationship to also give insights. That's my experience.

Dave: Let's just look at this really scientifically. Alright, we are going to
test some sort of, let's just say a drug or acupuncture. It doesn't really matter. We're going to test some sort of healing modality. So, we identify a group of patients. And we say, “Alright, we want to test all women who are 40 and have a certain type of genetics and have this condition.” So, we march them all in. And then we sit them all down. And then we have a doctor apply whatever the thing is. And then we say, “Oh, look. It works or it doesn't work.”

Now there is this thing, it's amazing, we call it controlling for external variables that we don't think about. Well, the big three things that are involved in that system are the patient, the modality, and the healer. And the amount of scientific hubris that it takes to say, “Oh, the healer doesn't matter. Only the modality and the patient matters. It's insane.”

In fact, when people say, “We accounted for all external variables.” You can just look at them and say, “Oh. What type of lighting was used in the office?” And they go, “We don't know.” Well you did a pretty crappy job of accounting for variables. “What phase was the moon in?” They go, “That doesn't matter.” You go, “Well, I don't know. Talk to an emergency room doctor. Because I'm pretty sure when there's a full moon that everyone goes nuts and it's reliable. Talk to any police officer.” In fact, yes, you can track what the phases of the moon due to human biology.

And it even gets worse with mouse studies. You think, “Okay, that's going to be safe.” Guess what? If a woman feeds the mouse, it changes what the mouse does versus if a man feeds the mouse. Did they control for that? In all of the mouse studies that we've ever relied on. No, they didn't because no one noticed. So, to say, they're controlling for the variables that matter. No. You cannot remove the healer from the modality. It is a system of biology.

The double blind studies are never done to control for all the variables. They're just the ones that someone thought mattered. And it didn't even record all the other variables. Like, I don't know, the state of the electromagnetic frequency environment in which they performed the treatment.

In fact, would you believe, Christine, I'm working with a company now. 32 patents behind what they're doing. They can take a drug, they can submerge it in a liquid helium cooled heavily shielded chamber, get the magnetic signature of the drug, after they filter out all the other electromagnetic stuff. And play the stuff back with the POLST magnet. And get drug like effects in mice, no placebo in mice. How is that happening? I don't know. Maybe there's something going on there.

Christine: Absolutely. And this idea of evidence-based medicine. And we need to use this to guide treatment. I mean, you know, you are where you are because you didn't rely on that. And many of the patients that we see, we are their 30th doctor. There are all these opportunities for them to be helped by this model. And they're not. And that's really why we're having this conversation today. It's to really open people's mind.
to how our body functions. And how we can use these therapies to help heal our bodies.

And so, I'm in complete agreement. And you know, it always surprises me, especially the neurologists, right? How confident they are. I just think about it, and again, not knocking them. They are these brilliant people who go to school for so long. And then, I would be frustrated too. They have four medications that they prescribe. And that's all. Their toolbox is so limited. And maybe the area where we get critiqued in alternative medicine, we have too many modalities. There are too many choices, right? We have to kind of reframe how we look at what works and what doesn't. And again, how you said there's many, many variables.

Dave: There's a lot of variables. And also, you don't have to do everything that's possible in order to heal. You just want to find something that might work. And it's amazing what the intuition of a good healer is. They're going to look at it and go, “You know what? I haven't thought of this in like 20 years, but there's this one thing. And you just made me think of it. So, why don't we check this out for you?” That's why you go to an expert like that. Which is profound to me.

And there's also a lot of fear in doctors right now. And this reminds me of this fantastic book from 1984. If you can find a copy, it's going to run you about 1200 bucks. And it's called *Hormones, Brain, and Behavior*. This book is from the head of the Karolinska Institute, which is arguably the top medical school on Earth. It is certainly one of the top 10, depending on which one you studied at, you can make that argument. By the way, I'm married to a doctor who graduated from Karolinska. And she would beat me, if I didn't say it was the best.

However, this book goes into incredibly deep detail into the bioelectric stuff that happens in each cell in the body. And you know, the guy who published it? He published it the day he retired from the Karolinska Institute. Because he said, “As soon as this book comes out, they're going to take away my position here. Because it flies in the face of what we've been teaching for all this time.” I mean, this is one of the books, I am pretty sharp as a science writer, a professional biohacker, and all that. There's stuff in here that's really deep on the med school side of things, beyond what I understand.

But when you go through it, you realize, “Wow, this stuff is so provable, and we understand these tiny gradients in electricity.” But when you and I talk, we didn't learn this in seventh grade. No one talks about this. In fact, it sounds like crazy pants. But this is actually how it works. And when you realize someone at that level can write this textbook, which is meticulously researched. And is afraid to talk about it until he's basically like, I'm done with my career. It takes a lot of courage to go out there and talk about what's going on.

Christine: Absolutely. You know, the people who change the paradigm
are not always accepted at first, right? They're heavily criticized. That is usually a good sign that they are on to something, right?

**Dave:** Yes.

**Christine:** So, Dave, let's bring it back to what does this look like in your daily life right now? What kind of routines are you implementing to keep your body healthy? And what does that look like right now?

**Dave:** Well, one of the things that makes the biggest difference for me is sleep. So, something that I do every night is I wear an oura ring. Check it out, I'm going to use some e-maps right here on my phone. I'm going to look and see what my sleep quality was last night. Because sleeping well makes almost everything better. So, here's what this looks like. I slept six hours and twenty-seven minutes last night. And you go, “Oh my God, you're going to die.” Guess what? People who sleep eight hours a night, die more from all causes than people who sleep six and a half hours a night. 1.2 million people studied over three years, that's pretty good data. And another recent study of thirty-two other studies found the same thing. That's not to say sleep less to live longer. It says if you're healthier, you need less sleep.

But here's the kicker. I don't know if your camera is going to be able to pick this up or not. But I got an hour and a half of deep sleep. And an hour and a half of REM sleep in my six and a half hours. Now, that's pretty good. And you know this as a doctor, Christine. That's very good amounts of restorative and brain repairing sleep. Which is kind of cool.

So, number one, I monitor my sleep and I do what it takes. The reason I can get deep sleep like that every night is I wear these things. They're called the true dark glasses. I started this company. These are patented. I put this stuff in the world.

So, yes, I have a bias here. These are not blue blocking glasses. If you're looking at me, I look a little bit like cyclops. These are blocking four frequencies of light that are all documented to interact with the timing circuits in the brain. I can wear these. I can fly to New York from the west coast. I don't get jet lag anywhere on the planet, if I wear these glasses. But after fifteen minutes, when I look at what my brainwaves do with EEG, I'm seeing the fast aggressive awake waves go down.

My alpha waves go up. And they make you relax. Like noise canceling headphones for the eyes. I wear these an hour before bed. And yes, I look a little weird or a little bit like a rock star, but I sleep twice as well as I did before.

And during the day, what am I doing? I am modifying the frequency that goes into my eyes. Which is controlling the brain. 5% of the cells in your eyes, the optic receptors, they don't go into what you see. They go into your timing sector. Those are called the melanopsin sensors. During the day, when I'm looking at bright screens, I wear the true dark. They are called day walker glasses. The ones I'm wearing right now, block 40% of
the blue light. And they look like normal glasses. You'll often see me in ones that have more of a yellow tint that blocks 75%. The reason for that is that if you're getting lots of blue light without all the other sunlight that normally comes with it. It actually makes you tired. And there are studies that show excessive blue light exposure, reduces your ability to manage your blood sugar. And it lowers sleep quality later in the day. So, I am controlling the light that goes into my eyes.

I lower the temperature of my bedroom before I go to sleep. Another study shows 68% increase in depression amongst people who sleep in bedrooms that have the amount of light that comes in around curtains in the average city from streetlights. My room is blacked out. And I live on a farm where there is no external light anyway, unless it's the moon. I live in Canada. So, we get some sunlight late at night. But I sleep in a sleep cave. Just that alone. What a difference.

Before I go to bed, I also have this thing that looks like a remote control for a car alarm. But when I press this remote, it disconnects the electricity in my bedroom from the wiring in the rest of the house. It does it for my kids' rooms too. So, I'm sleeping in a low EMF environment. The Wi-Fi, and yes, I have a Wi-Fi in my house. It's off 95% of the time. Because I don't need it. I have ethernet cables in all the rooms. But if I want to turn on Wi-Fi, I just flip a switch. And I turn on the Wi-Fi. But when I go to sleep, there is no Wi-Fi on the property. It's 30 plus acres. So, I am sleeping electrically grounded to the earth, with no EMFs, in a cave. Wow, what a difference.

Christine: I'm really happy you share that because it can feel really overwhelming, right? When you learn about EMF and again, it's cumulative exposure over time. And if we can improve our sleeping environment and our sleeping location. This has a huge impact on our health. So, no, I appreciate you sharing all of that.

Thank you for making these tools more accessible with your glasses and everything. I have patients who are using them more and more. And it makes a difference for sure.

Dave: Thank you.

Christine: So, Dave, you've been ahead of the curve obviously in this type of medicine. Is there anything that you're really excited about or anything new on the horizon that you've learned about that you're excited to see come out more?

Dave: Right now, we are figuring out that frequency light, sound, can cause the cells in your body to turn into stem cells. Or cause stem cells to become undifferentiated so they can become something else. This is crazy stuff. You can take blood. You can pull something called v-sels out of the blood. And these are like stem cells.

And wow, you draw blood, hit it with some ultrasonic frequencies, let it grow for a little while, and magically you now have something that can go in and cause repair in the body the way a child can repair. That's kind
of cool. Because I've had my bone marrow taken out. I've had my fat and
turned into my stem cells and reinjected. I've had stem cells pretty much
everywhere you can have them. And yeah, they make you younger,
stronger, and cause healing, things like that. But the ability to use these
frequencies to change the behavior of your cells, so they will do what
you want them to do. That has me pretty excited.

Christine: Yeah, that has me excited too. You know, way more
accessible, right? Therapeutically of when this comes out.

Dave: It's our job, Christine, to take these technologies that frankly
any Hollywood kazillionaire or tech CEO can access if only they know
they exist and are willing to try it. And make them as accessible and
affordable as cell phones. You go back 25 years. The cell phone was $20
a minute. And only the investment bankers had them in the back of their
Mercedes. And it took up half the trunk. And now it's a dollar for a cell
phone in Africa.

Well, stem cells, are going to be the same way. And by talking about it
the way you are in this Summit and talking about all these technologies
for healing and restoring the human, all these bioelectric things. I think
you're doing a great service. Because when people understand, “Wait,
this is out there. It didn't require me to spend $1,000 on drugs every
month. And I can get better. I can live longer.” It's our birth right. We may
as well do it.

Christine: I appreciate you sharing that. And you know, when you're
on the front lines and seeing so many people sick today. We want all
the success for our patients as you've had for your health. And so, I
appreciate that. And that's what keeps us all motivated and passionate
about this work for sure.

So, Dave, I could pick your brain all day. And I really appreciate your
time, all of the work, and the passion that you brought to this field of
research and medicine. And bringing this out to the public more and
more. Where can people find more about you, your podcast, and your
work? Where should they go?

Dave: Check out Bulletproof Radio anywhere you like to download
podcasts. There's 600 episodes with some, you know, basically people
who are the creators of their fields of medicine. And some other people
who have just applied this kind of biohacking idea to becoming the best
in the world at what they do.

In fact, right before we got on the phone here, I just interviewed the
Bryan Brothers, the tennis champions who have won some like 118
major tennis tournaments, Olympic gold medalists. These twin brothers
who are just doing crazy stuff. And one of them is all bulletproof and
biohacking his way into doing this. And he's the one without a metal hip.
And the one who doesn't do as many of the healing things, just got a
new hip last year.

So, it seems like you can get at an advantage no matter where you are in
life. But Bulletproof Radio will show you how to do that. I do recommend maybe downloading or at least pre-ordering my new book. It’s called *Superhuman: This is What I’m Doing to Live to At Least 180*. *Headstrong* and *The Bulletproof Diet* are also good places to start.

**Christine:** Well, thank you Dave. I’ll be sure to check all of that out. I listened to your podcast regularly. And it keeps me, I feel like in touch with the latest innovations that we bring to the treatment room. So, thank you for doing this service for all of us.

Well I’ll let you get back to your world and your farm. Thank you for having the time to do this.

**Dave:** It’s been my pleasure. Christine, you are a fantastic healing. And thank you for continuing to do the work you do.

**Christine:** Thank you, Dave.
Christine: Jim Oschman is an internationally recognized expert on the biophysical basis for energy and informational medicines. His books and articles have summarized multidisciplinary perspectives that clarify controversial aspects of these topics. Today I'm speaking with Jim Oschman, about the topic, structure and properties of the living bioelectric matrix. Welcome, Jim. I'm really excited to interview you today.

James: Well, thanks. It's exciting to be here. It's exciting to have your questions.

Christine: Yeah. Well, thank you. And Carolyn McMakin, who’s also a speaker on the summit, on frequency specific micro current, is actually a sponsor in the summit. She actually made the introduction and I'm really thrilled that she did because during my work and my preparation for some lectures I've done in the last few years, I've referred to your textbook on energy medicine quite a few times. And you're just such a wealth of knowledge and information. And I'm really excited to dive into this topic. So we'll just dive in, Jim. You've really coined the term living matrix. So, can you just describe, what is the origin of this living matrix concept?

James: It came about when I was working in Cambridge, England, and a friend of mine went to the Medical Research Council's laboratories, and came back with some very interesting news. The scientist there was studying the membranes of red blood cells. He was studying a protein that's connected with a membrane. And he asked a question that nobody ever asked before, does this protein stick to the surface of the membrane, to the outer surface, the inner surface, or maybe it goes all the way through? It went all the way through.

That was a huge connection. That enabled a lot of things to fit together.
I had been studying the connective tissue, very interested in the connective tissue which extends everywhere in the body, and I'm a cell biologist. So I was studying the matrix inside of cells. Here was the link between all of this information and the connective tissue, which consists of tendons and ligaments and fascia and so on; bones. All the basic structural elements of the body, the fibers, protein, collagen, that's what holds us all together. Connecting that incredible network that anatomists have been studying for eons, with the network inside the cell. And these little proteins came to be known as integrins, and this ended up being a very important concept in medicine.

And I think that fellow, Mark Richard, who discovered that, like all great discoveries, everybody thought he was crazy. What happens in science, new ideas are not welcomed by scientists. They're so important. New ideas are very important. Our whole process and progress depends on new ideas, but scientists don't like new ideas. But it turned out he was really right. So I've been working on that concept of how everything connects with everything else.

And it turns out to be very valuable for therapists of all kinds. Because therapists know that when they touch the body, in any one place, they have the experience that they can connect with everything, everywhere in the body; and this is the mechanism by which this happens. This is the network that extends everywhere and if you touch here, you’re connecting to the whole thing.

Christine: So, what you're really saying is that we have this intracellular environment and then this extracellular environment and then this, what we call connected tissue, but everything's connected. Nothing is siphoned off or there's not these clear barriers that we see in the body. That actually there's this huge communication network from inside the cell to outside the cell, into the connective tissue. It's all interconnected. Am I explaining that right?

James: Very nice, very nice. And it reaches into the nucleus of every cell in the genetic material. So, geneticists and molecular biologists, and biochemists are kind of horrified with the idea that you can affect biochemistry and you can affect the genetic materials through touch; but you can. Therapists do it all the time and it's very important. And it turns out that it’s another communication system that extends throughout the body. We give a lot of credit to the nervous system as being the controller, but it doesn't control everything. Holism, the interconnection of everything in the body is, in part, accomplished by nerves that go everywhere, but in part by the living matrix that goes even deeper into the tissues and cells and nuclei, and right down to the molecules everywhere.

Christine: I'd like to absolutely touch on this a little bit more. So, in our office, we have practitioners who do lymphatic drainage and creating the sacral therapy and acupuncture, and work with this more energetic phenomenon that we’re talking about. So can you just illustrate a little
bit more? Like anything, if you've had a personal experience, you really couldn't understand how these therapies work.

But when science has tried to explain them in the past, sometimes people don't completely understand. They think, “Oh, this energy idea is maybe a little esoteric,” but you’re talking about there's a very biophysical aspect to how our bodies communicate with touch and energy. And so can you just share a little bit more about how that works? How touch can translate into cellular change and changes in our extracellular matrix?

**James:** A very important principle to me is... you know, I work with all the different therapists. I've worked with and given lectures and workshops for every type of therapy from A to Z. And I get to see them all, and I've experienced most of them. And what jumps out is that each of these approaches is teaching us a little piece of the story of, what is life all about? So cranial sacral is very powerful, and it has incredible effects. And it's telling us about rhythms and fluids in the body, and that's very important. And then there's acupuncture, which seems to be different, but it's teaching us about another system, another communication system.

So I really get to look at all of these different therapies and I aim to explain in simple terms, how they have the effects that they have. Patients want to know. Some patients, some patients are just happy to get better. They don't care how it works. Others say, “How did you do that? That was wonderful. How did that happen?” And so that's the question that I try to answer in my books, and I try to explain the science in ways that anybody can understand because not everybody is a biophysicist. So one of the keys is the bio field. And all of these therapies involve the bio field and we're learning a great deal about the bio field.

People don't realize that it's an academic discipline. The study of the fields around the body is an academic discipline that's being pursued in universities all over the world. For example, cardiologists study the field of the heart to do a diagnosis. It's done with very sensitive magnetometers that are called SQUIDs. That's Superconducting Quantum Interference Device. It's very sensitive and it shows that what's going on in the heart is also producing information a few feet away from the body; and in fact, it's one of the ways we connect with each other.

I try to tell people that they need to practice energetic hygiene, because your thoughts are translated into fields which affect your body. So your thoughts about your body are very important and your thoughts about other people affect them. You have to be careful what you think. In fact, there's a book, a great book, you don't have to read the book; all you have to do is know the title; *You Can't Have the Luxury of a Negative Thought*. Just don't do it. If you see a negative thought coming along, say, “Hi there, negative thought, I'm not doing that today,” because there's a direct effect. And Bruce Lipton has really shown, with *The Biology of Belief*, how our thinking affects our cells and tissues, and our health.
It’s amazing. And that may seem surprising to people but try it out. See what happens. You’ll discover that your thoughts are profoundly important.

**Christine:** Dr. Rubik, who we’re actually going to be interviewing on the summit as well, she has done a lot of research on the human bio field and I’m happy that you shared that. The bio field is absolutely something that you can search in PubMed. And it’s an academic discipline and there is a lot of valid science to document that we have this aspect to our cells. It’s beyond just a theory of meridians and chakras, but we have this actual energy field. And so can you describe a little bit? And I know that you do this very well, you have this textbook I mentioned.

But I think the idea of electromagnetic frequencies and fields are being thrown around a lot right now, with a lot of our patients and the audience are educated about, obviously EMFs coming from the cell phones and Wi Fi and all of that. But just bringing it back to the science about the natural electromagnetic fields that are generated in the human body. Can you just touch on that, just so people have the right language and framework when they’re visualizing and thinking about the electromagnetic energy that we have in our body?

**James:** Yeah, Robert Becker wrote the Body Electric, which I think is what we’re talking about.

**Christine:** Yeah. We named the summit the Body Electric in order to honor his work and also really give more of a tangible tool for people to understand that we really want to share how the body works with biophysics. And we figured biophysics would not be as fun of a title. So, we honor him and his book and I’m so glad that you knew him.

**James:** That’s good. He wrote another book, Cross Currents, which is a very important book and it’s about the perils of electromagnetic pollution. And the benefits of electromagnetic medicine; electromagnetic therapy. So it’s a double edged sword. We have to use the right frequencies for healing, and they work great. Carol McMakin’s work with frequency specific micro current is absolutely amazing. It’s just great stuff. And what’s really great is that she’s able to teach it, and lots of people are learning how to do it. Medical doctors are using it and it’s a clear demonstration of, you need to get the frequency right. If you get the frequency right, healing happens.

And then the other edge of the sword is the dangers of electromagnetic pollution, which is a very serious topic. And very important work is being done. The people who sell cell phones want us to think that they’re perfectly safe, but they’re not, and we have to be very careful. So I carry this device with me everywhere I go. I have one on my cell phone and I have a big one here in my office. And I’m not a salesman, I just want to tell people that these things work, and I can tell you how it works. And that’s what fascinates me. I’m the, “How does that work?” guy.

**Christine:** Again, we also are educating people about the dangers of
EMF and how this is impacting our physical and our energetic body. And unfortunately, not to sound jaded, it’s probably going to get worse before it gets better. With, you know, 5G, and just this inundation of technology that we have. And so I think we all need to think about tools to protect us while we’re trying to educate the policymakers and things, to protect us. So, what have you found to be protective and how does that work?

**James:** Well, I met a fellow in Spain. And what I liked about him is, he figured this out intuitively. I’m very impressed with the intuitive mind. I mean, I’m a logical thinker. I’m very academic and all of that. But this elderly gentleman found a device, he made a device that works. It was tested in five different universities in Spain and it’s very effective, and none of the scientists who tested it could figure out what it was doing. “Jim, can you explain how this works?” And I said, “Sure,” but I had no idea. All I had was faith in my intuition, and I knew that if I looked at it long enough, I’d be able to figure it out. And it led me to sacred geometry because the design on the surface... I don’t know if you can see this, but I have one on my shirt.

**Christine:** Let’s look. Oh, yeah.

**James:** That’s the flower of life. And I had never heard of the flower of life. I mean, I’m an academic in an ivory tower and I’m like, “Flower of life. What is that?” And I looked into it and I found out that the greatest scientists down through the ages have really tried to figure out what sacred geometry... phi, the golden ratio, what that’s all about. And it’s been used in architecture, it’s used in healing. And it turns out that it’s the geometry of space. And space is very important. One of the places that space is very important, and the properties of space are very important, is in distance healing and prayer.

And it turns out that just about every branch of alternative medicine is teaching distance healing. And practitioners like it. They would prefer to treat you from 1,000 miles away, than have you come to their office; and patients love it. It’s really working great and the reason it works is because of the ability of this geometry, this flower of life, and other derivatives of sacred geometry; enable you to couple your body to beneficial fields that act sort of like a filter. It allows the energy fields in your environment to boost the beneficial fields in your body and keep the other stuff out. That’s a pretty simplistic description. But it’s very effective and it got me to understand a whole bunch of information.

I mean, scientists don’t study things that are sacred; sacred geometry. I’m a scientist, I don’t do sacred, but I do. Why not? And now I know why it’s sacred. The reason you find this symbol on ancient temples in every culture, all over the world, is because ancient people knew the power of this symbol. And 5,000 year old engravings on temples in Egypt, for example, it’s been around for a long time. Why is that? It is powerful.

**Christine:** So just the presence of that symbol organizes the energy in
the field or do you have to apply it in a certain way?

James: Well, there's more to this than just the symbol. It has some mineral crystals in it. But one thing I found out is that when I wear this T shirt... I have a friend who's a very sophisticated, energetic kinesiologist, and he muscle tests me. And when I wear this, I'm stronger. That's interesting. And the color is important. I have one that's black and white. It helps but it's not nearly as good as the ones with color in them. Isn't that interesting? Color is frequency. So everywhere we look, its frequency. And all the therapies are involved in frequency in one way or another.

Christine: That's fascinating. I definitely want to learn more and I absolutely want to see how we can continue to protect people. And if we can use color as a sacred geometry and different tools to have in our... it's almost for our own energetic hygiene, right? How you already said, how can we can continue to create coherence and flow in our energy field? And it sounds like these tools have been helpful for you. And you've studied them. And I know that Jim is being humble. I mean, he's a very published scientist, and he's been a pioneer in this work and with only the time that we have, this could be a whole lecture on describing the science and how this all works. So, I appreciate you keeping it high level.

James: This is another very important one that everybody needs to know. Everybody needs to know about grounding their bodies. It is so important. And this book is called Earthing, I wrote the introduction or foreword. I've been working on this for 17 years. And the basic question is, every woman knows that it feels good when spring comes, to take their shoes and socks off and go out, and work barefoot in the garden. Why does that feel good? Why when I was a little kid, did I take my shoes off at the end of the school year, and run around all over the place barefoot? And I felt great and I had a real struggle putting my shoes on when school started again in the fall.

Barefoot is really important. There are systems that you can put on your bed. Everybody should be grounded while they sleep. You put a grounding pad on your bed, you're connected to the earth and that's it, you forget it. And it helps you sleep better. It helps with inflammation. It's very preventive for all kinds of inflammatory problems. Inflammation is the number one cause of chronic disease. And the simple act of going barefoot really is very helpful with all kinds of aches and pains and inflammation. And of great importance, anybody with any cardiovascular issues, needs to take their shoes and socks off and go out and put their tootsies on the grass.

Because the earth is a source of electrons and they come into your body, and they coat the red blood cells and force them to separate, and blood viscosity decreases. Very important. All the cardiovascular diseases are related to elevated blood viscosity. Decreasing your blood viscosity is as simple as taking your shoes and socks off and touching
the earth. And we don't do it, we don't touch the earth. We go days and days and days without touching the earth.

**Christine:** How long do you have to have your feet on the ground to get a therapeutic effect?

**James:** 15 or 30 minutes is enough to charge... the body has reservoirs of electrons in the connective tissue. And so you can fill up your reservoirs and you're all set. Taking a shower is a good thing to do. You know that if you feel kind of funky, if you take a shower, you feel energized. The reason is the water comes through pipes, metal pipes in the ground, it absorbs electrons and the electrons go over your body, and your body takes them in. Very important.

**Christine:** Then just with the grounding pads, one of the things that I've seen. If you have a grounding pad that you have to plug in, you want to make sure the electrical outlet is grounded, just to make sure that you're getting the best effect. Dr. Klinghardt will tell people to ground it, in actually the earth, but if you're in a third story building, that's not possible. But have you found that to be true as well?

**James:** Absolutely. And there's a simple tester. I have some of them around here. It's a little tester, you plug it in and if the two yellow lights light, you have a good ground. If they're out, call an electrician.

**Christine:** Yeah, absolutely. And I've seen that, that's when unfortunately, people might get increased symptoms or not feel good. Again, before you even set up your grounding pad, please make sure your outlet is grounded. And like Jim said, you can go to Home Depot or wherever and get a tester for your outlet to make sure it's grounded. So, Jim, I want to go back to the matrix and you talk about this liquid crystalline structure and mineral crystals. Can you just talk a little bit more about that concept and bringing that back into our discussion around the living matrix?

**James:** Yeah, here's a very interesting piece. Fingernails are crystals. They give off light. Scientists in the Netherlands have studied the light emission from the body. Then they find that fingernails glow. And if you look up the structure of fingernails, they're crystals; they're keratin crystals. So, healers have crystals built in at the ends of their fingers, and they emit light, and its biological light. I don't have any evidence for this, but I'm pretty sure that that light that comes from the hands and especially from the fingernails, stimulates stem cells; but that's a guess.

So, the other thing that people don't realize is that most of their bodies are crystalline. Most of the tissues in the body are made out of crystals. Collagen and bone is crystalline, muscle is crystalline, and so on. Especially cell membranes are liquid crystals. So they're very sensitive to electromagnetic fields. This is part of the connection between ourselves, between people, is through the resonance of their crystals. And there are people who do crystal healing, they put crystals on your body or around your body, and it feels great. And it makes sense because the
Christine: What are some other health implications that we should think about, knowing that our body has a lot of these crystalline structures? And how to keep us healthy?

James: Well, the key is, we need to stay healthy. And if we get out of health, we need to be not surprised by techniques that look a little strange at times. People wonder, “How can these things work so well?” For example, if you have migraine headaches, sometimes one acupuncture treatment will take care of your migraine headaches, and you'll never have them again. Not always, but sometimes, acupuncture works that fast. So that's energy medicine that's very powerful and effective.

I tell people, find a therapist that you resonate with; that you feel good with.” It's like, when there's a new restaurant in town, you want to go and see how it is. Well, and there's a new therapist in town and you have a problem, check them out. Find someone you really connect with, and wonderful things will happen. And energetic hygiene, as I said, having good thoughts, and staying grounded; protecting yourself from electromagnetic pollution. These are keys to staying healthy.

Christine: Thank you for those tips.

James: Also, tune-ups are very good. I go to an acupuncturist periodically when I feel great, just for tune-up. So I can go on feeling great.

Christine: It's a good point, you don't always want to have to treat yourself when everything's broken, right? Prevention and keep things feeling good; that's a great point. So, Jim, you also talk about the energetic properties of what you call biomolecules and molecular arrays. Can you tell us a little bit more about that?

James: Well, the arrays are the crystalline structures in the body. Where I got started was with Rolfing®. I found Rolfing® to be very interesting. And the aim of Rolfing® is to get your body vertical. A lot of us are kind of stooped over or we're out of balance in one way or another. And what is that all about? And it turns out the molecular arrays run up and down in our bodies. Being vertical is a very interesting evolutionary step. Dr. Ralph said, “We're still going towards verticality.” And I tried to figure out what she's talking about. She said, “Gravity is the therapist.” It took me 10 years to figure out what that meant.

What that means is that if you can walk, if you can move with your body aligned to the vertical, it's good for you. The use of your body with upright structure is very good for you. Notice I didn't use the word posture because she didn't like posture. Posture is something you have to force yourself into. Therapists notice, all therapists notice that when they work on a person, and they feel better, and whatever was bothering them is taken care of, they look more upright. Their head is on their shoulders. And what is that all about? It's the alignment of all those
molecules, the actin and myosin in muscles, the collagen in connective tissue; all of that is aligned with the gravity field. And that produces effects that are rather incredible.

**Christine:** Yeah, we had a Rolfer at our office at one point and it was incredible how people would feel with that work. And that’s really powerful work, not only for the properties you were sharing but it also has a huge effect on our connective tissue and scar tissue, and all the things that can affect our matrix. I know you wrote a paper on the heart. Correct? About the heart being a bi directional scalar field antenna. And you know a lot about the energetics of the heart musculature. Can you share more about this concept?

**James:** I was reading Grey’s Anatomy. You can’t read it, its three inches thick and it weighs 10 pounds, but I was reading the section on the heart. And there was an article entitled, The Electric Circulation. And I was looking, I was trying to find out how electricity and energy circulates in the body. So I thought, “That sounds important.” I asked the librarian to get me that article and after a month, she said, “There’s no copy of that article anywhere in the United States. Write to the editor of Grey’s Anatomy and ask about the article.” And so I wrote to Peter Warwick in London, and he sent me the address of the guy who wrote the article.

And he sent me articles on the electric circulation. His name was Guasp; G-U-A-S-P. He spent 50 years figuring out the structure of the ventricles and this is what he figured out. And you can actually watch him, you can look him up on YouTube and you can see him doing his dissections. It took him 50 years to figure out how to do it. All the great anatomists down through the ages had stumped their brains on trying to figure out the anatomy of the ventricles. Guasp discovered that the ventricles unroll, unravel into a single band of muscle, and it coils up as a double helix. So, with every heartbeat, electricity is going vertically through this double helix, double helical muscle, creating a very strong magnetic field.

And one of the interesting aspects of it is, somebody was playing with it, and it broke and it broke at a very interesting place. It broke here, it broke right there. And I discovered that I could fix it with super glue. So you can fix a broken heart with super glue. In fact, a lot of therapies have to do with broken hearts. People who’ve had a psychological trauma. And it’s a very interesting spot, it’s the place where the one layer of fibers is oriented in the opposite direction to the other layer, and it makes it into a Mobius strip. MC Escher has a great painting of a Mobius strip, it’s like a figure eight. It’s like a strip of paper that twists and attaches to itself. It has only one surface.

And Escher has this illustration of ants crawling along the surface and they can just keep on going and going, and going. And it’s one surface and it has very interesting physics properties because it makes it into a scalar antenna. And scalar fields are the fields I believe, that enable distance healing. They do not have a velocity. They travel
instantaneously, everywhere in space. So if your patient is 1,000 miles away, it's trivial making the connection, a hard connection with them through a scalar field. So that's one of the subjects that is of great interest to me right now. Guasp, look him up.

Christine: Absolutely. We're going to have Thomas Cowan on the summit as well. And he wrote a book, Human Heart Cosmic Heart. And he touches on this, not to the degree that you've just shared but yeah, this is fascinating. Could you go back? So scalar fields might be a new idea for some people out there. So can you just share a little bit more about what a scalar field is? And then how do we measure scalar fields?

James: Well, it's tricky. The problem was that in the late 1800s, when they developed the theory of electromagnetism, some of the physicists didn't like the scalar fields. They didn't like the idea of a field. They thought it was unrealistic that a field could extend throughout space, instantaneously. And we have now documented that. In the 1950s, scientists actually started to measure these fields. It's a challenge but it can be done.

And one of the interesting people I met is a fellow who was trying to make a replacement for the stethoscope that doctors used to listen to your heart. He wants to see the field of the heart, instead of listening to the sounds. So you'll have a little screen and it'll show the field of the heart. And you'll be able to see if there are any difficulties with the way the energy is flowing through the art. And it's a scalar field detector. How it works and how you detect these fields is a little bit technical.

Christine: Don't worry, I'm not going to ask you that.

James: Very technical.

Christine: No, that's fascinating. And I think it'll be interesting to see where science and medicine, of course, evolves, as we acknowledge this aspect of our body more and more. So, Jim, is there anything else you want to share with us about the living matrix? I know you've been obviously so dedicated and passionate about your work over the years and just kind of seeing, from your perspective, I don't know, I know we're getting to know each other but I know you know Dr. Klinghardt. We see so many people who are chronically ill and so many people who are sick for a long time, before they come to see us. So, is there any insight that you have, knowing how the body works in this way, that you want to inspire us or share with us, so we can help more people get better?

James: I can tell you one thing that's very important. When your patient arrives, then they lie down on the treatment table; the table should be grounded. In therapists and the bodywork community, there's a crisis, people are dropping out. People who love their work, but their bodies are falling apart. The reason their bodies are falling apart is because the patient has inflammation. As soon as they touch the patient, the patient sucks the electrons out of the therapist; and if the patient is grounded, that won't happen. I gave my massage therapist the grounding system.
She went from five massages a day and feeling exhausted to 10 massages a day, feeling great.

She doubled her income and did a lot more work, and better work because her patients were grounded. It made a huge difference. What happens is, if your patient pulls the electrons out of your body when you touch them, you're very vulnerable. Your joints are very vulnerable to injury. So, they work hard and they're doing the massage or whatever form of body work they're doing. And they're hurting themselves because they're not grounded. The patient isn't grounded. The therapist isn't. So ground everything.

Christine: Wow, I hadn't thought of it that way. Do you have any grabbing systems that you recommend or endorse?

James: Actually, there are 14 pages of them on Amazon. I work with the original company that got this all started, earthing.com. I'm not here to sell stuff. I sell ideas, but earthing.com and grounded beauty are two websites, and these are beautiful materials. The fellow, Clint Ober, who was co-author of the book, he decided to go for research and he has sponsored a huge amount of research on grounding. We know a lot about it. And the products he makes are very, very nice. He has a system you can put on your bed. It's thick, very conductive; very sturdy. You can leave it to your grandchildren, it's so rugged. And it really grounds you very nicely.

Christine: Is it ever too young to start grounding, putting someone on a grounding mat? I have an almost one year old. Should I be grounding her in her crib?

James: We have a testimonial from a guy who said that his baby wouldn't sleep. And as soon as he grounded the kid, it went right out. Insomnia is a huge problem and babies, if they don't sleep, you don't sleep. So, yes. He put a grounding mat in the baby's crib. You'll be glad you did.

Christine: Absolutely. Well, Jim, I could talk to you all evening and I want to respect your time. I know it's late where you are right now. And I just want to thank you so much for the work you've contributed to science and medicine. And you've obviously been ahead of your time but I hope with this summit and then what we're doing, is just to continue to share these concepts and these ideas so we can make this more of a common language. When we think about healing our body, it's more than just supplements and pharmaceuticals. But there's this whole other aspect about how our body communicates and heals. You've helped me understand what we're doing in the office, by reading your book, and we do a lot of work with extracellular matrix as well. I just really am grateful. So, thank you.

James: Well, thank you. You guys are doing great things there at your institute. Some of my friends actually are patients. I'm glad to hear it.

Christine: Well, thank you so much, Jim.
Decoding the Human Body-Field
Guest: Harry Massey

Dr. Schaffner: I am here with Harry Massey and we’re going to be talking about Decoding the Human Body-Field. Harry having overcome serious illness in his youth, founded NES Health in 2002, with the aim of fostering a 21st century system of healthcare based on the integration of physics and biology. In addition to creating several cutting edge technologies, Harry, has written and produced “The Living Matrix” and other documentaries to educate and inspire the general public about bioenergetics and bio informational approaches to health and well being. I’m really excited to have Harry here with us.

I don’t think there’s a better speaker about this topic of Bioenergetics, Biophysics, and the Body Electric. And I know Harry that you’ve had a personal story; a personal health journey that really fostered your discovery and innovation on using energetic therapies. So can you tell us a little bit more about how your journey led to this?

Harry: Sure, Christine. I’m really pleased to see a summit on -- how did you call it? We call it Bioenergetics.

Dr. Schaffner: We’re calling it the Body Electric. I started with the idea of naming it the biophysics and people said no, that’s not good. So we’re trying to just get people excited about this topic and Bioenergetics is absolutely what we’re talking about.
Harry: Right. Perfect. Well, I think it's about time someone to do a summit on the subject. So well done for doing it. I guess yeah, you want a bit of our story. So well, we ended up with chronic fatigue syndrome when we were 21. And we were basically bedridden for 10 years and that all came about really for a few different things. So one, I basically came down with glandular fever. Two, I fell off a mountain ice climbing in Germany and in Europe and crashed my spine and I'm free basically. I ended up bedridden from all of that, because I didn't know any different. I was 21 and fairly sort of hedonistic and not believing in the fate or thing, bedridden with chronic fatigue. I fought it pretty, pretty hard.

I was expanding the tiny amount of reserves I had. So I actually enrolled in an MBA because I was fired from my first job because I was ill so much. I ended up having to split this MBA into two years because I was obviously so ill. And then in my second year, by the end of that, I ended up in a wheelchair. I was doing my exams in a wheelchair. And basically from then I had the next seven, eight years at home.

I mean, the first couple year's sort of a decline. I was always trying to push it in a fairly heavy declined to wheelchair status. And then I tried, I'm sure many listeners probably tried all sorts of things to get that apply. I went through the traditional approach fairly fast. I think within a year and a half, like the conventional doctors in Britain didn't know what to do with me.

So then I started going down various holistic paths. The first place I went to is with chronic fatigue in those days, like it was all about magnesium. So I had all these magnesium IVs. So I had the lowest magnesium recorded on record, at least, in Britain at the time. I kept having these IVs with magnesium. They didn't know why I was so stressed. It's a pretty stressful period.

And after that, and sort of going pretty deeply into the whole nutritional space after about four or five years. And when you don't make much progress, you're basically left in a place where, obviously, you have to go deeper. You have to think well enough what you're going to do next. And so really I had these two crazy for -- they were not that crazy, one was fairly sensible. One of them I just thought to myself, well, why don't I study where energy comes from, or you know, all about energy. And that's simply because I didn't have any energy and I wanted some of it.

And then the second thing, which is -- this was a bit crazy at that time. It was basically because I was sick at home, I couldn't travel to doctors. Basically, I have to use my parents to take me to different doctors. And that would only happen about once every six months, and then you get your 20-30 minutes with a doctor, and then you're on your own again for the next X months. So I just thought to myself at the time, when it be amazing, there was a way to work out what was wrong with you from
home and give you the information to get yourself better again. And so there are really those two ideas, like one way to get energy. And two, is it possible to make such a system that would help me get better and help other people, they will -- enough was going on with them.

And that basically led us to what we call the field of Bioenergetics, which is the study, detection and correction of energy in living systems. And from that I was really fortunate to meet a scientist from Australia called Professor Fraser. And he’d been mapping out the human body field actually ever since -- well, maybe I should give you some of his history to make sense of that. So he was the first person in Australia to bring acupuncture and Chinese medicine in Australia, and he formed the first college of acupuncture. And the first board of Chinese medicine in Australia that all became part of Melbourne University. And this is back 50 years ago. Anyway, somewhere between 40 and 50 years.

Now in that time, as you can imagine the Australian universities, which would be the same in America or Europe, they were very, very anti those ideas of chi and meridians. And so they basically wanted to pin his acupuncture on some sort of like Pain response mechanism or basically a biochemical sort of response mechanism.

And so he had great fallings out with other professors at Melbourne University. He left Melbourne University and long story short, he basically ended up furthering the mapping of what we call the human body-field. But it started in the meridian system, and basically got far more detail because he was asking questions of; where on earth does this energy come from? It fine if we have chi running through the meridians, but where does it come from? How’s it generated? The meridians you know, like they might be here, here and here but what’s in between? You know, all of the other tissues and organs in the body.

Also have information energy flowing through them. So basically there must be a broader control system or a broader body field than is just explained in the meridian system. So I hooked up with him 17 years ago now. He started on mapping out the body-field. And I said to him, well, let’s make this into a system where we can basically use it to work out what’s going on with people and hopefully get people better. Fortunately, he liked that idea.

And then we had this beautiful 10 year R&D collaboration, basically where we ended up making a system today we call the Bioenergetics wellness system, which can basically detect and correct what we call the human body-field. In layman’s language we would basically say it’s a control system for metabolism and growth above the conventional biochemical control system.

Dr. Shaffner: And so, Harry, you mentioned so many amazing things in
your journey that led you to obviously getting better. So did you find --

**Harry:** And you said I would go further --

**Dr. Shaffner:** Yeah. So I mean, maybe fill in the gap with how what really got your body better, because again, your story is, like many of our listeners most likely that they've been searching for many years trying a lot of things and not seeing the results that we all want for them. So what he'll do in the end?

**Harry:** Sure. I'll start where we left off. So basically, you see the body-field as a control system. Well, let me take -- basically, I'll have to explain the body-field for this to makes sense.

**Dr. Shaffner:** Yeah.

**Harry:** So all of us are really, really used to the -- medicine itself is used to the idea of fields in the body. So if we go and have an MRI, which is Magnetic Resonance Imaging, or we have an EG or an EKG. In all of those types of devices, you can BCC fields in the body. So we know we can use it for detection and analysis, but the bit where medicine sort of left out, it doesn't realize it some -- it's not just a one way street. It's basically a two way street. And you can basically interact and influence those fields, and those fields have a direct influence on your biology. But really is, because this is the Body Electric so we can go really, really deep here.

If we're actually looking at the fundamental sort of nature of reality, Einstein said E=MC², which is basically saying that energy is equivalent to matter. And then his other -- he's got many famous quotes. But another famous quote is that; the field is the sole governing force of the particle, or if you like, the field is basically the sole governing force of matter.

Now, if we just apply that idea to our own biology or ourselves, we can basically say that the body field is the sole governing force of life. In other words, it's a little bit unseen, but basically, there's this field of information that's basically acting and directing all of the matter that is in you or basically direct and all of that energy which is creating the matter which we see as life.

So therefore, if you can see this body-field as a master control system that you can both read, but also influence then both there's a way of being able to read the body-field in a free technology. But also you can influence that field back which is -- long and short how I got better, the actual mechanism of how is through what we call infoceuticals.

So infoceuticals is basically information that has been imprinted into structured water. I mean, this is an idea that's come all the way back from Herman in homeopathy, sort of 200 plus years ago. He would take
a dilute substance of something like knocks one liquor, which if you took a lot of it would make you vomit. But in a little amount, the body would have this hermetic healing response and basically help heal you. Heal your stomach from vomiting. So that's sort of a little bit of where the idea came from.

Pus 450 years to about 400 years ago, we had a scientist called Benavista. Now, he would basically take an allergic substance, he would circus it. So you just have the information of the allergen. He would take a mast cell, then he would see the mast cell basically react in the same way to the allergen that was there. They refused to publish it. He had it repeated in free labs, so they had to publish it, and they published it saying they didn't believe it. And then there was a horrible story, he ended up dead two years down the line. Call it suicide, call it murder; who really knows if one of those lovely alternative medicine stories -- although not very nice story.

And then another Frenchman called Luc Montagnier came along and he actually got the Nobel Prize for discovering AIDS. So he's very into virology. So he basically took a virus, took an electromagnetic copy of it, transferred this electromagnetic copy into another beaker with a bunch of base pair, so ACTNH. And then a basically the virus would get re created in this base again with 98.5% accuracy, and all just from an information field. Now, me and Fraser, we sort of looked at all of that and said well, that's fine but we don't want to be on AIDS particularly.

So why don't we just record the information of a healthy tissue. So we would basically record the information from healthy liver cell, healthy heart, so brain cells, etc. And then we would just imprint that information and we basically just imprinted in a loaded colloidal minerals, which is basically around every single mineral you get a lot of what's known as structured water and that structure is able to hold the memory.

And then ensure when you just put it in a glass of water and drink the glass of water, you're basically reminding your body or you're basically providing the body with its optimal blueprint of how it can be when it's healthy. And the body through principle known as resonance just response to that and basically works towards being healthy.

If you want to be more technical, it's basically like a concept called coherence. And our goal is basically to always try and make the body more coherent and a very easy way of doing that is simply through providing it with the right information, and then its coherence level goes up. In layman's language, we basically get better.

**Dr. Schaffner:** And then did you develop these remedies or you and Professor Fraser develop the remedies that allow your body to heal and
give the information to your body to heal. Was that your own work or did you seek out other remedies?

Harry: No, it was literally 10 plus years of trial and error. So this is the Body Electric summit, we can explain this. So there’s another field, sort of energy medicine that’s called radio onyx, was started 120 years ago. What they used to do is basically, they would work out a match or a resonance to a number of a particular substance. So they would take a homeopathic or herb and they would work out a 12 digit number, which was pretty interesting. But we basically use that type of methodology and we basically through trial and error, worked out all these numbers of all of these particular mechanisms in a particular cell.

So if we took a cell driver, we would basically be able to get the information for how a photon interacts with structured water, would spin out an electron that would go to the cell membranes to create a charge. There’s all these particular pathways in every organ, every function that we’re basically trying to create.

And then basically, we would work out all of these numbers, see if they worked or not. And it would work for a matching technique and if something didn't match, we would throw it away and start again. So basically, all of those infoceuticals, I've got many, many generations of prior infoceuticals to get to the one that we actually have on the market today. As technical detail, I never really sure, but --

Dr. Schaffner: No, I appreciate it. And for some people this might be way over their head and some who already you know in this sphere. You know, this is so intriguing. And so just completely over simplify it, if you're listening, so what Harry is basically sharing is that we have this in bio energetic field and that the field organizes the health of our body. So if you have let's say a sick liver, it's not just about giving phase one and two detoxification herbs and glutathione and what have you to heal the liver, but it's also very important to give your body the information of a healthy liver cells so the body can also heal with that information. Is that you know --

Harry: That's pretty much it. And I think you know, something you were saying about the liver. You know, every single organ in the body, basically, replaces itself and the liver I think replaced itself entirely every six months. The stomach linings every day, bones like a seven years and different tissues take different amounts of time.

And so you do wonder yourself like when you're sick like I was, and you have this perfect diet; well why is my liver still hurting six months later when I ate as clean as a whistle for six months. Yeah, every cell in my liver is meant to replace itself. And really that is the answer, because it's rebuilding with the same architecture plans or the same blueprint
unless you change its directions, its plans. You end up rebuilding the same body. So changing the body’s information or body field is really really crucial.

And you know, for most people who got ill and they’re on their journey to getting better, like you learn some meditation stuff, you get to your diet. And then you always end up fasting, unless you actually do all of these different aspects it’s pretty hard to get to optimal health.

**Dr. Schaffner:** And that’s why we’re kind of give this new concept because you know we’re very biochemically focused even in alternative medicine with supplements diet which are all serve a purpose, but this is obviously a unique concept and we want to get the information out there.

One just curiosity of mine, Harry, so you have healthy -- your infoceuticals not only have information for healthy organs and tissues, do you have any other types of you treat like infections or optimize detox with your infoceuticals or do you really kind of optimizing the health of the physical body?

**Harry:** Always a little bit simplistic, but basically we have 72 different infoceuticals. We have 16 of what we call the energetic drivers, and they’re basically all about improving the energy function of each organ. So that’s the sort of conventional stuff we’re just talking about if we could bracket as conventional. And then we have what we call12 energetic integrators; they’re basically about how information and energy is directed in the body. And that’s broadly around the same idea as the Chinese meridians but it’s a little bit broader than the meridian system.

And then we have what we call -- we’ve got 17 energetic terrains, which is basically what you’re talking about. Those are basically ways of correcting the cilia terrain. So the viruses, bacteria and fungus don’t thrive. And they are basically epigenetic corruptors. So even if you’ve had a long standing virus, etc. it’s basically a way of retuning your cell you know, just giving a different set of instructions so that your DNA expressed in a different way and doesn’t keep recreating the same terrain and spreading the same viruses, etc.

So I mean, ETs are our language, I guess, for the whole virus, bacteria. And then we have what we call energetic stars. And we have 14 energetics stars and they’re basically networks of fields within the body. Like in the memory, a hose in the brain, quite tied together. So that’s one.

We have a heavy metal star, just perfect for your starlets. So there are sort of things where we made combinations of different things for
particular reasons. We actually made about 2000 infoceuticals but we've only got 72 on the market. Although we do have a whole bunch digitally there on our health device as well.

**Dr. Schaffner:** Let's bring it back to the human body field. So you mentioned the meridian system. The meridian system is the way that acupuncture look at, you know, health and how they heal the body. So you expanded upon that and so, can you just -- if this is a new concept for somebody, what did you all discover with what really is the human body field. And then you are able to detect and measure that with your technology, can you describe that a little bit more?

**Harry:** Let's say that there are different levels of it. But yeah, let's just take an example. So if we're looking at the heart; the heart generates a very strong magnetic field that basically comes out. It actually goes infinitely but it's still fairly strong 15 meters out from the body. If we're looking at nervous system, it's generating the alpha and delta waves which you can pick up. If we're looking at -- let's pick the kidney for a change. So if we take something like the kidney, you know, it's not generating what we would know as a sort of a traditional field like an alpha, delta wave or magnetic field.

However, it is actually emanating electromagnetic field. And the process it happens to do this is, again, actually through structured water. So 99.9% of your body is made from water, if you're including the water and fat and proteins. If someone's listening and saying it's only 80% to clarify. But if you're looking at a cell basically on the inside of a cell, it's full of structured water. Then inside of that you have your normal bulk water.

But as ambient here, you probably see sunlight is hitting me quite brightly here. So this sun is hitting me on my arm and penetrating through into the cell. It's hitting structured water. When it hits structured water, it spins out an electron, and that electron ends up getting (if you can see that). But it ends up spinning out, hits your membrane, and then it basically gets built up as a charge around the membrane.

So when it does that, it builds up an electrical potential. And then you have x billion cells in your kidney, or stomach lining or whichever organ we're talking about. And that overall, generates a field. And it has massive, massive impact. So there's a beautiful little study, which looks at the millivolts across the membrane. And basically people have less than 50 millivolts on average across the cell membrane. Generally there are the people with cancer from 50 to 100 millivolts. You know, a wide range of diseases. 100-150 you're like fatigued, unwell, but you're not diseased yet. And in above 150 you're all happy, 200 you're an Olympian athlete type thing.

But yeah, I was like that example to show how well it really -- you
know, when people talk about energy. Yeah, it’s not just the sort of conventional viewpoint or the sugar carb type route. No, no, it’s actually the real electrical potential of each of your cells. Yeah, and energy medicine over time is getting broader to really encompass the study of energy fully in living systems.

**Dr. Schaffner:** And then you created a device, a technology to actually measure this. What does that look like?

**Harry:** It looks a little bit like actually a mouse but it’s slightly larger mouse, but you can see it on neshealth.com that’s really the easiest way of seeing it. You just put your hand on the device. And it works through this principle of resonance. And it basically just goes -- well, because we’ve recorded the information of all the different organ systems, all these functions that we want to match against. It basically just go through those in order and does what you would call like a resonance type technique, which in the old days might be pendulums or muscle testing. These days, you can do all that with technology basically.

**Dr. Schaffner:** And then when you do an assessment -- so if someone is curious out there, this is not just something you can download on your computer. You train practitioners, and you should get this within a framework of support so you get the right treatment, but what you’re sharing, basically --

**Harry:** Well, I would see...

**Dr. Schaffner:** Yeah. But what you’re sharing is basically you get the scan of your body and it shows where the imbalances are. And then you work with the infoceuticals to rebalance your field to create healing, is that correct?

**Harry:** Yeah, that’s exactly it. But if you’re a practitioner, it’s pretty easy. You just have a system to see other clients, but if you’re someone who wants to have your body field read, you can basically just hook up with a remote practitioner and then the company just dropships a scanner to them and then they just connect. So you don't actually have to see someone in person.

**Dr. Schaffner:** That's great. And especially with your goal of creating more access to this treatment for people who might be at home really sick and can't get out and all of that, so that that's great. I’m glad that you’re able to do that anywhere in the world. And so then, Harry, before we have done the interview, you mentioned that you have these four principles of bioenergetics. Can you share a little bit about your framework?
Harry: Oh, sure. So the first principle is, life is an energy exchange. And the best ways to get your health back is to basically optimize the exchange of energy of your environment. And this way energy medicine has sort of meets conventional because when you're actually looking at some of the main sources of energy, it's actually pretty straightforward. It's lights which we've talked about really how lights entering the body and giving you energy. There's oxygen, simply through like low intense exercise can increase the amount of oxygenation and therefore increase the amount of energy within the system.

For diet and food, listen to another summit we don't need to talk about it. And you know water really is the medium which this idea of virtually how energy is exchanged in the body actually works through. And then you have electrons. People talk about grounding, showing you can get electrons from grounding. You can also get it in other ways from surfing on the ocean or ozone or all these other ways.

And it's pretty, it's even more fundamental than that because electrons are literally sort of fundamental source of energy for your body, including all the food in the ATP route gets converted down to an electron transfer chain. So I'll move on from principle one, but it's basic stuff. But if you think about how you're optimizing energy with your environment, you can make massive strides in your health.

Two, we've sort of covered but it's basically the idea that fields govern energy. So that's the idea that the body field is really the governing force of life. The third is resonance. Yeah, resonance communicates information, but basically -- it's just another application of quantum physics, is the idea of resonance and entanglement.

But if you want to feel base cellular communication system, basically that happens through again, if we're looking at cell membrane and then you have little protein receptors on top. The conventional viewpoint is these protein receptors are picking up chemical messages. However, it's thousands of times if not infinitely more times more efficient for those to be picking up the field based messages as well. I say, for example, but life itself is a great example.

And if we imagine that we could coordinate our three trillion plus cells in the body, just through these biochemical messages. You know, free chemicals going through the blood, slowly, slowly and reaching here and interacting there and they bump into each other. You can imagine what a complicated orchestra that would be to actually coordinate our cells or movement for function in any of these things. It doesn't sound particularly realistic.

But if you have a field based communication system as well, basically, you are able to keep all of these 3 trillion cells, all in time like a nice
organized orchestra. And that'll work through the principle of resonance, which is just the same like a guitar. Have you seen your guitar string or tuning forks in resonance?

And the fourth, the fourth is a big one; gets this idea of, it's called information opposes entropy. You're going to ask me, what's that? It's a fundamental sort of physics thing. But basically, entropy is this idea that energy is basically always being dispersed across the universe, that we're always losing heat. Really entropy has the Big Bang and then everything just turns to goo, would be a quick way of explaining it. However, life doesn't seem to do that. Life at the same time has got more organized and without it we just wouldn't have life. So basically you've got this chaos idea happening in reality but you've also got information, and the two are exactly opposing.

And the same is basically happening in your body, going towards serious disease, cancer, death like that's chaos, break down, heat dissipating but what's opposing it is information, is organization, is structured, is efficiency. So without getting into too much detail, in order to get your health back, you basically want to increase the order and increase the information back in your body which is of course what we're doing with infoceuticals. And there's a whole lovely theory about how you go through different phases of disease; acute and chronic. I think it's a little bit tricky without a diagram.

**Dr. Schaffner:** And it's this whole idea that health is, as you mentioned the word coherence, but this whole -- the more that our energy field is communicating properly and organized and flowing that translates into health. And when we have imbalances, interferences, chaos, stress, these are the things that lead us down the path of disease.

**Harry:** Yeah. Exactly.

**Dr. Schaffner:** So oversimplifying it, of course, but just to bring it back. Harry, I'm curious, you know, you're obviously really vibrant and healthy right now. How do you maintain your health given what your body has gone through? What are the things that you're doing on a regular basis to stay healthy?

**Harry:** Because it's hot in Florida, I go off at 5 in the morning to have five tries and then work, then went to yoga. I guess for a normal -- Well, as a whole bunch of things, I basically scan myself to infoceuticals for many years for the body field side. As I said, I'm really keen on the idea of optimizing how I'm exchanging energy with the environment. It's an odd one, it's not one when you're ill to imagine it but basically quite like this concept of what I would call aerobic immunity. And it's basically the idea of long, very, very low intensity exercise.
And the reason being is because it floods your body with oxygen. But it's such a low level you never get to an anaerobic or a stressful level of that. And therefore, you're basically stimulating healing and increasing your metabolism. I'm not sure he's listening, but I know that's often the sort of common advice with chronic fatigue is you need to be really careful with exercise. I will agree with all the intense forms, but yeah, very, very low intense movement. You know, I think it's a wonderful really easy thing that everyone can do without spending any money.

**Dr. Schaffner:** Live long walking, would that be taking a long leisurely walk? Would that be good enough? Do you think?

**Harry:** Yeah, you probably heard my dog.

**Dr. Schaffner:** Yeah.

**Harry:** That's absolutely.

**Dr. Schaffner:** So Harry, as we wrap up, what are the things that you're most excited about? And it seems like you've just been on this journey of increasing your knowledge and awareness about energy and translating into a system that can help a lot of people beyond just yourself. And so what are you most excited about right now?

**Harry:** An awful lot of things. But I'm making at the moment the next generation of devices, which I always really liked doing. I think where it is at for me is basically combining all these different sensors and information. So, for instance, if we look at the pulse, the Chinese have identified 27 different pulses. Those pulses haven't really ever been translated into sort of functional medicine or normal language the West would understand.

So on our device we are making more. We've got a pulse meter, just looking at that and we're looking at ways of interpreting that as well. And because we have a lot of data from our questionnaires that are in our system of our clients, you know, that helps us to make those correlations. Voice is quite an interesting one in the sort of having basic holistic medicine. There has been a lot of sort of research into how different keys relate to different organs and emotions and very specific frequencies, we can relate to different conditions and that type of stuff. So we're collecting people's voice patterns to see stuff in that.

And then there's also what I would call electron volt, photon type devices, where you can basically take little photographs of your fingertips. And you're basically looking at the photon emissions from your fingertips and those different zones on your fingertips correspond to different organ systems as well. And basically it's the next sort of level of diagnostic device, a diagnostic equipment to help assessment, device
etc. Yes, basically come from combining these different sources.

And something as I say, you know, when your client or a practitioner, the company, etc, what we're doing is also contributing to research. And I think the title of this talk was called Decoding the Human Body-Field, but I think we've really just started. And well, if you look at the industry, there's been trillions and trillions and trillions dollars in the last century spent on biochemical and pharmaceutical. And you know, I doubt this even $50 million or 100 million dollars ever been spent on energy medicine, bioenergetics. Yeah, it really does have the potential.

Well, it's got so many advantages because it's completely non invasive. We don't have to jump in for blood tests, you know, it's non invasive. It can be really quick. Obviously, by definition, it's safe and actually be really, really accurate. And so, I just see huge potential in that sort of area. And so if there's anyone listening who's into research, has ideas, who want to help on that mission of decoding body-field. We always like talking to people. So yeah, thank you.

**Dr. Schaffner:** Yeah. Thank you, Harry. And that sounds fascinating. And Dr. Klinghardt did a bonus lecture on light and the bio photon science, the human bio field and talked about the fingertips being the highest light emissions in the body. So I'm really fascinated by all of the assessment tools that you're coming up with. And you'll have to keep us posted for sure.

**Harry:** Maybe we should collaborate.

**Dr. Schaffner:** Yeah, absolutely. You should come to Seattle, or I will come to Florida. But I think there's a lot -- you know, I think all of us right now, and why we're doing this summit, we've all been kind of on the front lines and at the end of the day, we see what works. I mean, you wouldn't be talking here if you weren't healed, and that you didn't feel so passionate about what healed your body after years of searching. And so we're always listening to our patients.

And there's so many tools and technologies, and forms of medicine outside of the conventional paradigm of just lab tests, diagnostics, pharmaceuticals. And if that was to get people well, we wouldn't be having this conversation. So I agree. I think there's so much need and just huge opportunity for us to really collaborate and to really understand more, you know, what we're doing, what we're seeing, so we can make these solutions more accessible to more people.

**Harry:** And the beautiful thing about energy medicine technologies, you can actually see changes in real time. And it's like, if you do a particular therapy, you can see it any day it's either changing you or it's not. The same is not true of a blood test. You have two months apart. So don't
Dr. Schaffner: Yeah. I know we could have a whole another conversation. We’ll, Harry, how can people find out more about you, about your work? And if they want to learn about Nes or see a practitioner, how can people just find out more?

Harry: Sure. This is risky. So as far as I said on the summit, but we’ve got a whole new consumer-client facing website called energyforlife.com. But our existing normal company, which is for practitioners, is neshealth.com. And in January if you opt in, we give away our book and films and all that type stuff so you can find out everything you want to know.

Dr. Schaffner: Well, thank you, Harry. It’s been so much fun getting to know you. And again, I think this is probably just the beginning of our conversations, and I really appreciate all the work you’re putting out there. And thank you for all you’re doing.

Harry: Thank you. It’s great to be here.
Christine: Cool. Welcome, everyone. I’m here with Dr. Karim Dhanani. And we’re going to talk about how physics dictates chemistry. Dr. Dhanani is the founder and chief medical director at Toronto Center for Biological Medicine, a clinic that is redefining North American naturopathic medicine for the 21st century. Dr. Dhanani’s clinic is especially designed as an ecologically sound facility set in the pristine Canadian woodland. And has become a global mecca for those seeking to live their lives at a hundred percent.

Dr. Dhanani found his calling in German biological medicine, a branch of natural apathy that integrates cutting edge science and precision with the millennial old wisdom of natural healing techniques. Since establishing the Center for Biological Medicine in 2002, Dr. Dhanani has transformed the lives of thousands of individuals, including athletes, scientists, and other doctors at the highest level of their profession.

So, I’m really excited to have you on the Summit, Dr. Dhanani. Karim is a friend and a colleague. And he’s really been a pioneer and combining this world of naturopathic medicine and German biological medicine. And we don't really have anybody other than, Dr. Klinghardt, talking a little bit about German biological medicine and the implications. But I think as we begin our conversation, Karim, you’ve created this healing center. And you’ve put so much thought into really how we use space and what does a true healing center look like. And so, can you just share a little bit about your center and all the work that you put in creating this beautiful place, that I have yet to visit?

Dr. Dhanani: Thank you for the invitation. I’m profoundly impressed by the work that you and Dr. Klinghardt do. Every time we meet when we’re in Germany, I thoroughly enjoy our conversations. I know, I've shared
with the stage with Dr. Klinghardt many times in the past. The three of us always split off and have a lovely sidebar conversation. And it’s just fantastic to be part of this Summit. So, I appreciate the invitation, thank you.

It really started with the needs to help patients. So, for two reasons. One is, I don’t understand people. People confuse me. I love to do the work that I in the corner somewhere. Unbeknownst to everybody and just work sort of the magic of biological medicine. And then I found when I was practicing, that it didn’t make a lot of sense for me to be talking about EMF, Wi-fi, and trying to be as energetically inclined as possible when I'm living and working on Young Street, which is a major intersection in Toronto. With Quiznos on one side and a printing shop on the other side. It didn't make a lot of sense.

And when I turn on my phone, there's nineteen Wi-fis floating around. But yet, I'm trying to impart a knowledge and a philosophy of being as healthy as possible and try to mitigate these interlocks in my thoughts. So, then I went off and I searched to try and find an area, an environment, that is not only from kind, caring, compassionate, intention.

But also, a place where we have blue zones. A place where we have an ability to be able to garner as much respect from the community and as much respect from the environment. But also, a place where it's not on a main street. There are no bus routes. There isn’t anything around other than water, land, and trees.

And I have these energetically inclined individuals that I know that walk around with a tri-field meter. And they walk around with geiger counters. And I hired them to go and find a wonderful place also in Toronto, just a little north of Toronto. And I found just a unique piece of property. And so, I decided to build.

And there is a difference between building with energetically inclined materials versus healthy materials. So, you can pick something that is bamboo. And bamboo is considered healthy because it’s a renewable resource. But there’s a big difference between building that and building something that is healthy. Bamboo is not necessarily healthy because there’s so many binders and fillers in there. And there’s also a difference between building something healthy and building something energetically inclined.

So, I really went on a search or trying to find a mechanism of approach that looks at utilizing the best equipment and technology to minimize the amount of EMF and Wi-fi's that are present in the environment. So, I built with no contiguous metal. I built with Duracell, which is a material that that minimizes the amount of impact from outcoming Wi-fi’s coming
It doesn't act as a shield. If you create a shield, you then can't get all the EMFs out. So, you create a bit of a cage. But it absorbs some of the outcoming material, EMFs and Wi-fis.

Every single outlet is independent and double grounded. There is an impossibility of you walking around with a tri-field meter finding an electrical disturbance. And so, it really started from the ground up, to try to create the most healing environment for patients. When people walk in, they feel different. They're not being buzzed by all of this technology that we have all the time. There's a real big difference when we can measure someone's energy when you're in a solitude, compassionate, kind of place.

And if I'm going to analyze patients, that's where I want to analyze them from. What is really not working for them? And if there's a system or an organ system that isn't working quite as well, we can recognize that so much easier when they are not being bombarded by outside influences. And so, it took about six years. It took a long time. But we are finally completed. We have been open in this location for about five years.

Christine: How did that change your practice? And your patient experiences with the new building? Did you notice an increase in diagnostic ability? How did that translate to your practice?

Dr. Dhanani: Thank you. So, I found the principles of obo biology, which is building with material and building so that there's a minimal amount of impact on the patient. So, as an example, it takes 1.2 millivolts for our hearts to beat. It takes 40 millivolts for our brain to tell our finger to move. That's minimal when it comes to the amount of energy, the body volt potential. It's very, very little.

So, I wanted to have the least amount of external impact on patients. So, I can glean the most amount of information from them. And it doesn't make any sense truly if you're building a home or if you're living in an environment where you're trying to get your neurological system back on track. Or you are trying to get your vagus nerve back on track. But you live in a place that is built with metal. And we build with a steel roof. And we have electrical conduction moving around in terms sealed cabinetry. And we have material, actual material running through our walls.

It doesn't make a lot of sense. Because it's such a little [inaudible] potential that is required to get our body to function. So, it made a really big difference in terms of diagnostics. Patients walked into the office. Not only is it aesthetically pleasing. But they feel different. They feel weird. I have a lot of kids that come to the office and they are so used to being on this technology. That when they are left to their own vices, they feel jittery. They feel uncomfortable. Because they are not used to this.
And then when we measure them, we’re able to get such a clean path as to what’s working really well for them and what’s not working as well for them. So, the diagnostics have just improved dramatically for us.

**Christine:** No, that’s great. And so, you obviously have studied a lot of different therapeutics and different diagnostic tools. Especially from Europe and Germany. So, can you to share with our listeners what does that even mean? What does that look like? So, in German biological medicine, in European biological medicine, it looks a lot about the energetics of the body and how that creates disturbances in our field, if you will. So, can you just break that down and tell us what that actually means?

**Dr. Dhanani:** Absolutely. So, the impact of the body has, it can speak to you in a variety of different ways. It can speak to you in terms of sound. In terms of potential of light. And in terms of electronics. And so, if we can find that best way to access that information from the patient. We can provide not only just the right healing tools, but also the right diagnostics. I don't know if a patient can speak to me in electronic form, in a light form, or in a sound form. So, I use different techniques to see what resonates the best for the patient. Thereby enabling me to be able to give them the right therapy.

So, as an example. If I punch a person and they don't either punch me back, or they don't run away. Then there's a problem with their communication. They're not in regulation. If I punched that same person a second time. And they don't want to either punch me back, defend themselves, or run away. Then there's a blockage in the system. They're trying to and they should do something as a response. If I punched them a third time and there's still no response. Well then, they are just ridden. They are just stuck.

So, now if a person is stuck. If their matrix is stuck and I try to throw strong ingredients into their system. Be it pharmacodynamic, be it nutraceutical. But active substances. But they're stuck. They're not going to receive that information. And so, I would treat them according to the stage that they are in. And so, we measure patients on a pathology perspective, on a functional disturbance perspective, and also on an energetic perspective. Pathology easily, you can imagine that through ultrasounds, through MRI, CT scans, etcetera, etcetera, etcetera.

Then there’s the bioregulatory systems of which questionnaires can be used in a variety of diagnostic tools. Like on the machine with a thermograph. There are a variety of them that we can utilize that technique to look at the regulation system. Before there’s a pathology, there’s a functional disturbance. You don't wake up one day with dyslexia. Before there’s a functional service, there’s an energetic imbalance. So, now if we can access not only the pathology, which we
can easily do in mainstream medicine.

But what if we can access the energetic balance of the patients first? We can determine what their pancreas is doing. Now the pancreas has an endocrine and exocrine function. It has a balancing blood sugar levels and it also has a digestive capacity. We can measure that energetically. And if that is out of balance, that can lead to a functional disturbance. Which can eventually lead to a pathological problem. And so, one is always preceded by the other. If we can measure that and recognize it, this is where the problem lies. We can treat that thereby preventing or mitigating the impact of further problems down the road.

Christine: So, how do we measure that energetic disturbance?

Dr. Dhanani: Right. And so, there’s a variety of technologies that we use in the office. One of the things that I use, and I almost swear by it, is a dark field microscopy. It's looking at the blood under a microscope. And that looks at a variety of different things, not just the capacities. But it also looks at the zeta potential itself. And the zeta potential is a slightly negative charge around a cell.

And that negatively charged cell along with the other cells should naturally repel each other. When the charge of the cell changes by the photonic emission of that cell, it actually ends up changing from a slightly negative, to a slightly positive. When it happens, it ends up attracting all of these different cells. Then you end up with [inaudible]. It’s not just a dehydration component. We consider the differences between this. It is strictly because of the change in that particle, a charge of the cell.

Now, Dr. Froelich, has done a variety of research on the residents of red blood cells. If I were to take my red blood cells and I were to run a current through them too to change the charges. So, they are all neutral. If I were to take your red blood cells and do exactly the same thing. And I would have put them together. Now we are both neutral cells. The red blood cells are all put into the same container. One would think that they would just naturally mix with each other. That does not happen. My cells actually end up converging together. Your cells actually end up converging together.

So, there’s something about our individual matrix, our individual cellular structure, that allows us to recognize each other. The individual cells, thereby allowing that connection to occur. So, we measure those things.

And we can again, one step further to allow biochemical reactions to occur it is like having two tennis balls in an Olympic size swimming pool. The ability for those two tennis balls to randomly connect with each other, to find each other, to gather the energy, to be able to get
a substrate with an enzyme. To gather the energy to be able to have a biochemical reaction is really quite well. Forelich, has actually proven that there's a specific frequency that the enzyme and substrate have that can then recognize each other, find each other, and then create a biochemical reaction to occur.

And further proven by Dr. Ivan Engler, who has been nominated for the Nobel Prize actually. Brilliant, brilliant man. Think he is still practicing at the age of 89, if I'm not mistaken. He is an Austrian practitioner. He is a lovely, lovely man. He has actually found research and been part of research to discuss that it's actually not entropy. It's not a thermodynamic equilibrium that must be maintained to create a biochemical reaction. It's actually photons. We actually require photons to be able to biochemically create an enzymatic reaction. So, you can have the enzyme and substrate to meet, but it needs something to spark of some kind to generate that biochemical reaction.

If we can provide it with heat, sometimes that reaction doesn't occur. If we provide it with the right frequency, a photon, that drives that biochemical reaction to occur. So, just looking at blood under a dark field microscope provides us a fair of information.

But also alludes to something else that's kind of interesting. And certainly, off topic, so I apologize. But when you look at bacteria and a white blood cell, we've seen under a dark field microscope, bacteria move a heck of faster than white blood cells. We had believed that is chemo-toxins, right? We believed in school medicine and that a bacteria releases a substance.

And then that white blood cell recognized and then sort of chases and follows that cell around. Well, why is that when a bacteria actually turns the corner, the white blood cell doesn't chase behind it to turn the corner? It actually cuts the corner. It's because it's proven by, Dr. Pop and the research that he's done. That the bacteria signal a specific photonic emission. And that photonic emission, which is measurable, can then trigger that white blood cell to recognize that is foreign. I don't know that signal. And to try to go after it.

And so, a lot of this we can recognize in a dark field microscopy. We also look at things like the blood in the saliva and the urine. The blood is a beautiful reservoir for photons. We can measure whether or not the kidneys are eliminating really quite well. We can measure the energy of the kidney, the functional disturbance of the kidney to see if we are detoxifying quite nicely. We can measure the resonance of the liver. We can measure goodness using something called the sound of the soul. We can measure the vibration and the amount of energy on the vagus nerve. And we can look at things like the bio-resonance devices.
The reason why I'm a big fan of, Dr. Clark, I think she's done some incredible, incredible work. However, viruses and bacteria they change over time. And so, we can use one specific frequency to quote unquote zap a virus or zap a bacteria. And now there's a lot of newer devices that are using bandwidth. So, it's not one specific frequency as you're going through a specific band of frequencies. But again, viruses, bacteria, fungus, and parasites, they change their frequencies. They evolve just like human beings have evolved. So, do they. So, using frequencies from the 1950s, they no longer work as well in 2020.

So, we then use a bio-resonance device, where we are taking the frequencies of the patient, we feed it into the device. The device separates random frequencies from fixed frequencies. The random frequencies are considered healthy frequencies. We can amplify that and feed that right back into the body. We can take those fixed frequencies. We can invert those frequencies. And derive that back into the body.

So, it's like having two waves come together with the same amplitude and intensity that it will crash. And they will cancel each other. So, you are getting complete negation of all of those unhealthy frequencies. And we've seen this over and over again in terms of treatments. There were a couple of studies that were done using 7,000 people and another one using 10,000 people. Where they put an ad in the paper and they asked who wants to quit smoking? The criteria must have been, you would have tried something first and it must have been unsuccessful. So, Nicorette, Zyban, talk therapy, whatever it might be.

So, they had thousands of people connect and they had them smoke a cigarette. So, you can imagine all the smoke that came out. They had them smoke the cigarette, they took the ash of the cigarette, they inverted the frequency, put that into water. And water is a beautiful carrier molecule. It carries frequencies really, really quite nicely. It's called coherence domain. They took the bio-resin treatment, they took five drops of this on a regular basis. They had a 79% success rate after two years of quitting smoking. Because what these people did was, they had a puff of their cigarettes, so to speak, and the device created almost like an outage to that cigarette. And so, they felt nausea, so they stopped smoking.

I believe it was done in Turkey. And now, it's approved in Turkey for smoking sensation. Hungary said, "That's not possible. That doesn't make sense." They replicated the exact same study. I believe they had an 82% success rate. And so, now approved in both of those countries, in European countries use for the cessation of smoking just by using frequencies to get the body to unhinge from that addiction.

Christine: Wow, I'm sure a lot of people are just thinking how is this
possible as well. And so, one of the things that I just want to make sure the listeners are understanding is that, you know, what, Karim, is really talking about is what we were taught in medical school. It’s all about when he was talking about an enzyme and a substrate. It’s all about biochemistry. That’s how we look primarily on how the body gets sick and how to treat it.

And he is basically saying, a lot of our speakers are saying, while that’s one aspect, what happens first and was actually probably more powerful and important are these others signaling that the body does with light, photons, or different frequencies. And that is actually more important to get the biochemistry right. Then just fixing the biochemistry. And so, when you look at these things and correct for these things, the body naturally tends toward health and healing.

So, you are so brilliant. I just want to make sure people understand this concept. And really understand why we are trying to get this information out there. You talked about photon emission. So, let's talk a little bit more about light and Dr. Klinghardt, does talk on the Summit about the bio-photon theory and how he actually uses it in diagnostic technique. Autonomic Response Testing.

But this is probably a pretty new idea to a lot of people listening. But can you just talk a little bit about how our body communicates with light? And how we can actually use light to help heal our body as well?

**Dr. Dhanani:** Yeah. Thank you. It’s really quite impressive. I was at a conference by Dr. Pop, is one of the last conferences that he put on. And I’ve been so blessed to spend some time with him. And to have been invited to his conference. It was the Institute for Bio-Photonics. And it was impressive in the sense that this was an invitation conference to mathematicians and physicists. Not to practitioners. And I was the guy that kept putting my hand up saying, “How do I apply this in clinical practice?” And they were all theorists and mathematicians. And so, they lost me a lot on their provings, their mathematical provings.

But the conceptual framework is very much similar. As I’m speaking to you in words, you are listening in words. I’m using sound. I’m using a frequency that I’m generating through my larynx. And it’s coming through to the system. You are hearing it and you’re processing. We can do the exact same thing with lens. Light is just a carrier molecule. And what we can do in that carrier molecule is we can actually implant information into the carrier molecule.

So, if I can just take a second to just chat about Dr. Pop and his work. It was a summer school essentially. I remember this, it was Nice. Which is the northernish portion of Germany. And there was about a hundred some odd mathematicians and physicists that were invited to this
conference. And they talked about the proving the theory of nonlocality. You think of your best friend and the phone rings. They proved it mathematically that this is actually a phenomenon. The Butterfly Effect, it actually works. The guy that was involved in proving the quantum theory also spoke at this conference.

And it was again, just brilliant information. And I remember as Dr. Pop was talking, all of us again, Dr. Pop is just an absolute mentor in the field. And I remember him having a conversation outside in the field. And him leaning over and picking up the leaf. And then walking into the auditorium and putting that leaf in what looks like a microwave type device. He shut it, touched a button, and on the CRT tube we saw the outline image of that leaf. And as he was having this conversation with us, the outline of that leaf started to diminish a little bit. The light capacity was decreasing.

So, Dr. Pop, noticed that we were looking at this tube. And basically, just opened up this microwave device, he took the leaf, put it out in the sunshine, and put it right back in. He turned it on, hit the on button, and we then saw the full spectrum of that leaf all over again. Now this was a dead leaf that was lying on the ground. It wasn’t alive. However, just as that leaf received energy from the sun, photosynthesis from the sun. And was able to gather its photonic emissions, get energy from it. We can do very much the same. We gather a tremendous amount of energy from the sun and from light.

So, just as we can get it from the sunshine. We can also make a couple of adjustments to those frequencies to impart health. So, as an example. There are a variety of different devices that we use at the office. I'm just going to show one of them. This is by, Dr. Deter Yoshner, from Germany. Who is a brilliant, brilliant, I would say a divisor of product.

So, one of the impacts of 5G on our system, one of them will be paramount in terms of internal communication within our system. So, how do we block that off? How do we make those adjustments? How do we change that? And so, rather than trying to block off the 5G, what we can do is we can increase the amount of our own energy and our own frequencies to combat this. Very similar to if the dishwasher is on and I'm watching TV.

And the dishwasher is really loud. I don't want to go off and turn off the dishwasher because then I have to do the dishes. What will I then do? I will turn the volume of the TV louder. So, now even though the dishwasher is playing in the background, my body is now more focused on the TV. Because I've increased the volume to turn this down. But at the same token, we're getting bombarded. And we have been getting bombarded with EMFs and Wi-fis.
How do we block this off? We can't live in a fairy. We can't shield ourselves completely. I'm slightly uncomfortable about wearing devices because it changes our own frequencies. I would rather be in an environment where we have a frequency that's being released, that's harmonizing and calming the entire environment. And so, Dr. Yoshner, came up with this amazing device. That then allows us to be able to measure. And this is what is called a light noise detector. It's essentially able to measure light and convert it to sound.

So, what we can then do is measure the impact of alpha, beta, gamma, and all other frequencies. So, they are sending off super delta frequencies, sending off global frequencies. Sending off alpha frequencies. So, if we leave this is a room it is sending off these frequencies to help to allow our body to receive this more than anything else. Rather than shielding and blocking, we can do so many things for our own system to keep our own frequencies as healthy as possible.

Just a side note, so they did a bunch of studies. One was done in the States. About trying to impart information to people without them knowing about it. So, they put an ad in a paper. Those people that want to earn $50 for answering a non-skilled testing question, please come at this time to this address.

And so, they had lots of people come out. They weeded out people that knew Slavic languages. And then everyone gathered in a room, fifty plus people gathered in a room. They didn't know what they were going to be asked. So, they just kept asking people. So, what are they going to ask you? How much money are we going to get? When are we going to get paid? What's going on?

They guys had no idea what was going on. They walked from that one room into another room. And it was a questionnaire in front of them. And the person that was running this test said, “I just want to know which of these four words resonated the best for you.” And he read four words that were German. And of course, these individuals have no idea what these words were. The first person said, “I don't know, I'm going to pick d.” He left. The next guy came in and said, “I don't know. I'm going to pick d.”

And the same thing happened over, and over, and over. Which should be a twenty to twenty-five percent average amongst everybody. Was closer to ninety percent of everyone picking d. Because what was happening, is while these guys were waiting in the next room. The person that was administering the test was reading that word, the number d, whatever that word was over, and over, and over, again into a microphone. That analog got converted to digital. That digital was put into light that was being carried into the light that these guys were underneath. And they felt the energy. They didn’t hear the word. But
they felt the word. Which is pretty impressive because we can somehow change the way the body receives information. We could measure. We are not hearing it. But we can feel it.

So, this could be playing in the background. What if I want to learn another language? I can just put Spanish in here. And have those words over, and over, and over again. I don’t have to hear them. But I can feel them. So, when I actually go ahead and study Spanish. It is going to come so much easier to me because I have a memory for that now.

So, there are frequencies that we can impart to these things. We can use structured water. We can use a variety of different techniques and technologies to be able to put the information into the patient. I don’t want to use the word force, but to nudge the body to heal. To nudge the body to not be in a rigid form to get it to unhinge. So, that it can be more open to any other physical substance that we want brought to them.

**Christine:** It makes you think, and maybe it's fair to say there's a lot of information surrounding us that kind of move us away from health. But kind of turning us and flipping t onto the other aspect that we can use the same principles to add an increase to our health. So, just thinking about all the things that we educate patients about and probably seen and unseen things that are affecting our bodies. It makes you think of them in both ways, right?

**Dr. Dhanani:** Right. We can actually be very, very frightened about what's happening in this world. And what's shifting and changing both from a Schumann frequency generated, but also from this 5G. But there's opportunity here. There is opportunity to be able to recognize that this is not the greatest thing. However, what can we do for ourselves. And as a community, with local as well as global, to shift the tide. And that's really where we want to be. There's enough fearmongering out there.

**Christine:** Yeah, absolutely. And so, Karim, if someone doesn’t maybe have this access to these tools or practitioner or physician who does some of the same styles of practice that you do. How can people implement some of these things in their daily life? What are some just practical things to maintain your energetic body or energetic hygiene?

**Dr. Dhanani:** Alright, thank you. So, grounding I think is an absolute importance. I think getting outside with your shoes and socks off in dirt, is really helpful. And I feel that the 7.3 to 7.8 hertz, that's being emitted from the earth. The Schumann frequency is so incredibly healthy for us. And we have run the other way with concrete, buildings, and all kinds of things that minimize and mitigate the amount of those frequencies that we naturally are supposed to be receiving that connects us to the earth. And so, I think grounding on a regular basis is really important.
I'm not a big fan of grounding mats. As a side note, I find that you end up becoming an antenna for all the ambient electricity. Because, truthfully, we can see all the little bits and pieces of information that fly between us. Because someone is streaming a movie, all that is energy. And all the electromagnetics, EMFs, and Wifis that are floating around us. If you are sitting on a mat that grounds you, that electricity wants to get grounded as well.

So, it can come through you and get down into the granite. So, you become a rod for all of those EMFs and Wifis. So, I'm not a big fan of that. I would rather have you stick your feet into the dirt. And I would rather have you do the Buddhist meditation of walking. Where you don't really step that far away from the earth. You are very close, and you always are in consistent contact with it while you're meditating. I think that plays a really, really important role.

There are on a sound journeys that you can download that can really do a wonderful job in helping to increase the variety of different mechanisms that our body can receive information. So, from an energetic perspective to a sound perspective that plays a really good role.

And then I'm a big fan of water. I think structured water plays a really, really big role. The bulk water versus coherence domain water. There is a vast difference between them. So, even if it's something that sounds odd. But even though it's something like writing a word at the bottom, putting a symbol of love into your glass, which then you can drink. And so, long as you recognize that it's there and there becomes an intention. It makes a really big difference to getting that information directly into you.

I think there are also some other things that can be done. And there’s, Dr. Ludwig, created this little device called the AMS device. This is the technology based on Dr. Ludwig, who utilizes not only the Schumann frequency, but also the minerals that are present in those frequencies. It's basically a USB that you plug into the back of technology. So, you can plug it in the back of your computer. And that will send off a frequency. But again, it will allow you to focus on the TV and not the dishwasher. So, it mitigates the amount of frequencies that are coming in from the outside world by allowing your body to focus on that one frequency. So, it's simple things that can be done that you can do on a day to day basis to allow our own balance to be maintained.

**Christine:** And I liked this shift in perspective from blocking, to how do we kind of amplify our own energy field and our own ability to withstand stress. Because again, I always think health is resilience, right? In the
world out there, there is always going to be something think about, worry about, and you know the stronger that we are the more that we can withstand whatever comes our way. I think it is really important shift in perspective.

**Dr. Dhanani:** Right. I think we live in this world where it used to be anti-Russia, anti-China, anti-Iraq, anti-bacteria, anti-depressant. It's an anti-everything. And if we can exactly just shift that perspective to make it more about fostering what we do have and making that as embodied as possible.

**Christine:** Karim, in wrapping up. What are you most excited about in your practice, kind of on the front lines of seeing patients right now? What is exciting to you at this moment?

**Dr. Dhanani:** I'm thrilled that we have so many more knowledgeable patients. I'm thrilled that we recognize that certain things we should be staying away from, certain food items. We recognize those things so much more now. So, that we don't have to explain the evils of Monsanto and Glyphosate over and over again. It's now recognized. And now it's understood.

I think we are on the cusp of recognizing that energy medicine, truly the energy medicine is the wave of the future. We've done some preliminary studies where we can actually put frequencies into the body to get the body to detoxify. We then measure their urine. Before and after, we take that and send it over to a lab. The lab says we are actually pulling more toxics out after the therapy. So, we are showing that we can energetically get the body to recognize that this should not be there. And pull it out of the system a lot easier.

For example, a mercury perspective. I take a fist and I punch a pillow. So, mercury hitting the tissue. I can remove the fist and send that out of the system with chelation and all kinds of pharmacodynamic things to move out of the system. But there's still an imprint left in the body. The body can still recognize that it is being not so healthy for us. And so, using energy medicine, we can wipe that out and so that the body doesn't recognize the energetic imprint of this. And that I think is really, if we can do this first and slightly after, the body will no longer respond to this thing that we are floating around that we can breathe in anytime we walk by a dental bus.

So, the education of people is so much more on point than it was previously. And I think that this idea of energy medicine is really, really, really key. I think it's the most important aspect of the frontier of our new medicine.

**Christine:** Thank you. So, well said. And, Dr. Dhanani, if people want to
find out more about you and your work, and even see you as a patient, how can they find out more about you?

**Dr. Dhanani:** Absolutely. So, our patient care coordinator, Amanda, will field all calls. Our clinic is called a Center for Biological Medicine. And the website BiologicalMedicine.com.

**Christine:** Great. Well, thank you so much for being on the Summit. It's so fun to see you in this setting and learn from you today. And I know you have a lot of people thinking out there. I just so appreciate your time. So, thank you.

**Dr. Dhanani:** My pleasure. Thank you very much.
Brain Health
Guest: Tom O'Bryan

Christine: Welcome, everyone. I'm here with, Dr. Tom O'Bryan. And we're going to be speaking about brain health. When it comes to getting healthy, Dr. Tom O'Bryan's goal for you is making it easy to do the right thing. As an internationally recognized, admired, and compassionate speaker focusing on food sensitivities, environmental toxins, and the development of autoimmune disease. Dr. Tom's audiences discover that is through a clear understanding of how you got to where you are, that you and your doctor can figure out what it will take to get you well.

I'm so excited to have you on the Summit, Dr. O'Bryan. And I know that you're very busy and I really appreciate you taking the time to do this interview. So, welcome.

Dr. O'Bryan: Thank you. It's really a pleasure to be with you. You know, this is such an important topic. I'm really glad you're doing it. Thank you.

Christine: Thank you. Well, in your recent book, You Can Fix Your Brain, you have a story about Dr Goodhart. And Dr Goodhart was a mentor to Dr Klinghardt, who is also a co-host on the Summit. And I'd love to just start our conversation about the body being an electrical field. This would be a great way to jump in start this conversation.

Dr. O'Bryan: You bet. It's a really good story. Dr. Goodhart was my first mentor. And I have hundreds of hours of study with him. And I was going to be an associate in his practice when I came out of my internship and he offered me the associateship. But I said, “Well, Dr. Goodhart, sir, thank you so much but you don't pay enough. I just had an eight month old baby. But I'm going to follow up until the day one of us dies.” And he said, “Well, Tom, I'll be at your funeral.” I said, “Well, great, great. I'll smile down from heaven then.”
I followed him for many, many years. And Dr. Goodhart is the guy that founded the world of applied kinesiology, which is the muscle testing that so many doctors use as a component of determining what might be going on with the patient. He is the founder of all that. And the premise of applied kinesiology was called the Triangle of Health.

And in the Triangle of Health, you have your structure that is at the base of the triangle. And that's the home of chiropractic, massage, orthopedics, pillows, and the types of beds you sleep on. And if your car seat is tilted way back, you're driving like this, so your head is way out in front of you and you wonder why you get headaches. The whole world of mechanics is the structure.

The next side of the triangle was the biochemistry. And that's what we eat, drink, the foods we select, the medications we take, the vitamins we take, and the air that we breathe.

And the third side of the triangle was the emotional or spiritual. And what they taught in applied kinesiology was that any side of the triangle may be the exclusive trigger that's keeping you ill. If you've got diabetes, it can be a structural problem that's causing it. It can be a biochemical problem is causing it. Or it can be stinking thinking that is causing it. You know, it can be any of those.

So, I had dinner with Dr. Goodhart two years before he passed. And when you were acknowledged as a diplomate in the world of applied kinesiology, you got the pin. And the pin is the logo of the Vitruvian man with a triangle around him. And it was full of diamonds. So, all the diplomates in applied kinesiology have the pins on their sport coats or their suit jackets at events and things like that.

And at this dinner, I said, “Dr. Goodhart, I don't think the triangle of health is comprehensive. I think it's a pyramid.” He looked at me and he had a little smirk on his face. And he said, “Well, why do you say that, Tom?” I said, “Well, the pyramid has four sides. It's got the base and then three sides going up. So, of course, there is the structure. That's the platform or the base of the pyramid.

And then there's the emotional, spiritual, and then there's the biochemical. But there's a new side to the triangle of health that never before in history have humans been exposed to. And that's the electromagnetic.” And Dr. Goodhart just smiled. And he said, “Well, Tom, you're absolutely right. Absolutely right, but I'm not giving up my pin.”

He had like 50 years of teaching about the triangle of health. And as new knowledge comes forward, we know that science expands. And this whole world of the body electric is critically important more than ever before in history.
20 years ago, it was a peripheral thought. And it may affect the yellow canary in the coal mine. But that’s not the case anymore, this affects your children. This affects you. Every single one of us. Just take your smartphone. Take your smartphone and look at how many WIFI networks are you able to connect to right now on your phone. That’s what your body is being bombarded with all the time, is those electromagnetic waves. Now, here’s how they get away with that. There is no evidence that the electromagnetic frequencies from wireless harms humans.

And they’re absolutely right. As far as I know, there is no evidence. But this is accumulative. It’s what builds up, and builds up, and builds up, and builds up. And when you’re bombarded by 20 different wireless networks, if you live in a condo or an apartment. Or if you’re at a restaurant in a mall and there’s 30 or 40 wireless networks that’s affecting your brain contributing to producing more inflammation in your brain. Which is what is destroying cells.

You know, I’m writing a research article right now. And I’m looking at this science that currently about 10% of people age 65 are diagnosed with mild cognitive impairment. That’s the early stage of Alzheimer’s, about 10% depending on the study. But by the age of 85, it’s over 50%. And the Alzheimer’s Association just came out this year and said, “One third of all elders die with dementia.” Full out dementia, one third of us.

Now what happens between 65 and 85 then it goes from 10% to 50% on average. And some numbers are worse. What happened? What’s different? Nothing is different. It’s just that it’s a boulder going downhill and it goes faster, and faster, and faster. More damage, and more damage, and more damage, and more damage. And the more damage you get, the less able you are to protect from damage. It’s like a boulder going downhill. And so, it’s how you feel now? “Well, you know, I don’t remember things the way I used to. I guess I’m getting older.” “Oh, really, how old are you? “Oh, I’m 48.” That’s not supposed to be happening. So, this whole topic of the body electric is critically, critically important.

Christine: Absolutely. And I love that story. And I love your visual of the pillars, the triangle, and this whole electromagnetic component, not only how our body functions. But the cumulative stress over time. Absolutely. We have a couple of speakers talking about the impact of EMF, 5G, WIFI, and cell phone radiation and how there are absolutely more and more studies coming to show the physical impact.

I always like to reference to, Dr. Tom, that I think the first iPhone came out in 2007. And just think about since, we’re recording this in 2019, how dramatically our cumulative has increased. And so, I think this was absolutely one of the most impactful things that we’re up against. And so, you obviously are an expert in brain health. And I think prevention is
so important because it is really hard to turn around once you get to a certain part of brain decline. It’s really hard to turn that around. So, we want to educate people on prevention. So, what are some of the biggest triggers you feel that are triggering our brains to be so sick right now?

Dr. O’Bryan: That’s a million dollar question that takes an hour or two to answer.

Christine: The short answer, the short answer. No, I’m just teasing.

Dr. O’Bryan: Well, there’s a couple of premises. I’m all about, if you can figure out how you got to where you are and what’s going on now. It becomes obvious how to change the direction of your boulder going downhill. It becomes obvious to everybody. And people sometimes don’t like to hear this kind of stuff. But you’ve got to.

So, I’ll give you one example to start with. They did a study where they collected urine from 346 pregnant women in the eighth month of pregnancy. And they measured the number of phthalates in the urine. Now phthalates are chemicals used to mold plastic. And the ones that we are most familiar are called BPA, bisphenol A. And that’s in water bottles, contact lenses, and a bunch of places. But most of us have heard about BPA and now we’re using BPA free bottles. Well, what nobody’s telling you is that they’re using BPFs now. Which is more toxic, but people just don’t know about it.

So, they measured five phthalates in the urine of these pregnant women. And they categorized them in core tiles, the lowest core tile, the next one, the third one, and the highest core tile. And then they followed the children of these pregnant women after they were born. And when the children turned seven years old, they did Wechsler IQ tests on them. That’s the official IQ test.

What did they find? Every child, and this is what’s so important, and it’s rare in a study were it’s all or every. But every child whose mother was in the highest core tile of phthalates in urine in pregnancy compared to the children in the lowest core tile of phthalates in urine in pregnancy, every child in the highest core tile, their IQ was seven points lower than the kids in the lowest core tile of phthalates. Seven points. It was 6.7 to 7.4. So, seven points.

Now, one point difference in IQ is noticeable. Seven points is the difference between a kid working really hard getting straight A’s and a kid working really hard getting straight C’s. They just don’t have the wiring because phthalates inhibit neurogenesis. Nerve growth. Phthalates are like an emergency brake on your body making new nerve cells or developing more brain cells. And so, in pregnancy, these kids, they never had a chance.
Okay, what does that mean? Where do I get phthalates? They’re all over the place. They’re your nail polish. So, every woman that’s watching this, every single woman you put nail polish on within three to five minutes, the phthalates are in your bloodstream. There is no evidence that the amount of phthalates that leach into your bloodstream applying nail polish is harmful to humans. That’s true. There is no evidence.

But it’s the accumulative effect of 20 years, 30 years, 40 years of phthalates. And not just nail polish. The plastic chairs in your kitchen. These plastics out gas phthalates into the air. So, it’s in the house dust. And you say, “Oh, my air is clean.” Really? You know when the sun comes through the window and at the right angle, you see all the dust that is in the air? That stuff is full of phthalates. You have plastic blinds on the windows, they leach phthalates into the air. You have plastic covers on your furniture. I don’t know if people still do that. My mother did that, right? They leach phthalates into the air. Anything that is plastic, keyboards, you get it on your hands.

So, some of this stuff we can’t avoid, we just can’t. But things you do, get air purifiers in your home, things you talk about in your office all the time. But these things are really important because never before have humans been exposed to all of this toxic stuff that we have in our world that we’re exposed to now. Never before has this happened and we don’t have the defense system to protect us from this stuff.

**Christine:** And so, we have this cumulative exposure of EMF. Now all of the children really starting life are not starting from scratch. We are already starting with those maternal fetal transfer of toxicity. And so, phthalates being one huge, probably really under recognized exposure.

And then, also we know heavy metal toxicity. I know that you educate people a lot about heavy metals. And so, we have these environmental triggers that can create basically poor brain health.

**Dr. O’Bryan:** I’m going to give you another if I may.

**Christine:** Please.

**Dr. O’Bryan:** Methylisothiazolinone is a commonly used industrial and household biocide. Any cosmetics that you use that are liquid have this stuff in it. And it is a brain toxin. It’s extremely neurotoxic to the brain. So, all of your cosmetics, not just your nail polish. But all of your cosmetics contain this stuff that’s a neurotoxin, killing off brain cells.

So, you know, you pull it a chain, it always breaks at the weakest link. It’s at one end, the middle, the other end, your heart, your brain, your liver, your skin, your joints. Wherever your weak link is. And your weak link is determined by your genes and how you’ve lived your life so far. It
is called antecedents. So, your genes and the antecedents, how you live your life.

Now we're finding more and more, it's the antecedents. The stuff that you've been exposed to that has a bigger role to play than your genes. I mean genes are critically important. But the genes just say this is a weak link. It doesn't say that you're going to get Alzheimer's. It says this is a weak link for you. Stop pulling on the chain so hard. And as the things in your life that are pulling on the chain, causing the inflammation that manifest wherever the weak link in your chain is.

This is a different way of thinking. “What pill do I take so that I'm going to feel better? So, I get my brain working right again. What pill do I take so I can keep on living my life and my brain works better?” You can't keep on living your life the way you live your life. You need a wake-up call. This is like wake-up. You can't live in a world where you're exposed to phthalates all the time and keep throwing plastic in the garbage thinking it disappears. Because it comes right back and it's in the fish that you eat.

It's called microplastics. Just Google microplastics and fish. And see how common it is because we think when we throw it in the plastic bag, it's out of sight, out of mind, and it just magically disappears. No, a lot of the stuff just gets dumped. And it gets dumped in places where it comes back to haunt us.

We need a reframing of how we look at our lives and the environment that we're in. So, our children and our grandchildren have a place. Now, when I start talking about this stuff, excuse me, I get a little worked up. It's called the sixth extinction. And if you Google the sixth extinction, scientists now from the National Academy of Sciences, these are not guys from some community college. This is the National Academy of Science. They're talking about the sixth extinction and that there is no science available to stop it. And 50 to 70 years from now, we don't know how humans are going to live on the planet. We don't know. There is no science for this.

I have a three year old granddaughter. She likely is not going to be able to have kids because currently there has been a 59% reduction in sperm count in men in the last 37 years. This is healthy men. Now 59% doesn't mean anything to anyone until you realize, you go sterile at 72% reduction in sperm count. You go sterile. Well, we're 59% in 37 years. What do you think is going to happen the next 20 years? And where's this coming from? It is coming from all of these chemicals like the one I just told you about and many, many others that they're called endocrine disruptors.

What that means is that they bind onto the receptor sites for hormones.
For men, that's your testicles. And they bind on to the testicular receptor sites for testosterone and they just sit there. And they cause inflammation. Women, it's the breasts, the reproductive tract, and the brain. In guys, it's the brain also. That these chemicals just sit there. And they cause more inflammation. We are exposed to more of this stuff.

There was a policy statement that came out in the number one journal in the English language for pediatrics. It's called Pediatrics. And this was a policy statement. They came out from the Journal of Pediatrics.

Hang on, I have to plug my charger in here just to make sure we go okay. There we go.

The policy statement, now that means if you're an author, Dr. Schaffner, you published some papers and I've published some papers. And if you get an article published in pediatrics, it's like score. One of the top journals, way to go.

But this was not a paper written by a clinician or even a researcher. This was a policy statement from the Board of the American Academy of Pediatrics. And this is such an important concept. It's an overwhelming concept. But it helps to put things in perspective for people. The toxic substance control act of 1976 is the regulating legislation still governing federal guidance about chemicals. And what they said in the policy statement is that the act failed miserably to protect children and adults. It's failed.

And it is so cumbersome and so loaded that in over 40 years, they've only regulated five chemicals or classes of chemicals in 40 years. All of the chemicals that are produced. And there are thousands produced, I'm not exaggerating, every year. There's no regulation by the government. There is zero regulation. Zero.

And the amount of chemicals that are manufactured or imported into the United States every year, it breaks down to 247 pounds of chemicals per person, per day in the United States. That's five 50 pounds bags. So, if you are a family of four people, that's twenty 50 pound bags of chemicals produced every day in the United States. And we are being exposed to all of this stuff.

It's accumulating in our bodies. The Environmental Working Group tells us that every newborn child in America has over 200 toxic chemicals in their bloodstream at birth that aren't supposed to be there. Many of these are neurotoxins. So, this is a big picture of you. I'm not going to tell you what form of vitamin C to take so you feel better. And then you'd keep living your toxic life. This is a wake-up call.

I know it's what you talk about, what Dr. Klinghardt talks about, and it's
trying to educate people. But we all need to wake up. We now are in the zone that there is no technology to fix what's going on right now. There is no technology.

Christine: Yeah. And I so appreciate your passion. And really, sounding the alarm and increasing the awareness. Because patients today, I see very sick people. And it's just again, you know, this whole idea of epigenetics and how our environment is really, I think one of the things that is making people so sick. I've come to that kind of conclusion.

And how my patients have taught me, when we look at kind of the cosmic lesson here, I also think when we're sick in our body, we're kind of like this microcosm of the macrocosm with what's going on the planet. So, as you heal your body, you can't deny this interconnection with the planet. And how do we change the course?

I have a one year old, so I'm going to be helpful that it's not too late to change the course. But we have to act.

Dr. O'Bryan: Yeah. It's people like you and this Summit, The Body Electrics Summit, that hopefully is a wake-up call for all of you that are listening. So, that you then say, “Wow, that's overwhelming.”

And here's the key of how you do this. Here’s the key to success. It's the subtitle of my book. This is all in that book. It came out last September. You Can Fix Your Brain: Just One Hour a Week to the Best Memory, Productivity, and Sleep You've Ever Had.” It's not a cutesy subtitle. It's the only path to success because everybody is so overwhelmed by life. And we're all so busy in everything that we're doing that how do you change? Every Tuesday night after dinner, every Sunday morning after services, whenever it is, but every week, you're going to allocate one hour and you're going to learn a little more about how to reduce the toxicity for you and your family.

For example, you go back to my book and you look at the three websites that we give you for glass storage containers. Because when you use plastic storage containers in the kitchen, you put your leftover chicken in a Tupperware container, the next day that chicken's got phthalates in it. And so, we've always used Tupperware. And that's part of what contributes to the boulder rolling down the hill to your brain, right? “Well I've always.” “Well, you are going to stop. You are going to get glass containers.” “Well, I don’t know how to do?” “Well, one hour a week.”

There are three websites, there is MilesKimble.com, Amazon, and the other's and say, “Oh, I really like those.” And you are going to our three round ones, two square ones, and one for the pieces. You put in your credit card and you hit send. It took you an hour. You are done for the week. But that's the only way to be successful is one hour a week. And
then in six months you've got this. That's the only way to do it. Because it was too overwhelming in my clinical experience.

**Christine:** Yeah, we have to break this problem down because if you think about it all at once, you kind of become paralyzed. But I love that strategy of just, you know, one problem a week. And you know, you have the 52 problems solved by the end of the year.

So, Dr. Tom, we know that the environment has a huge impact on our physical health, our brain health. And it also, has an impact on our immune system. And you talk a lot about autoimmunity in the brain. And also, this whole idea of leaky brain. Can you explain what you mean when we're talking about these topics?

**Dr. O'Bryan:** You bet. So, the border between the bloodstream and the brain, it’s the tightest border in the body that only lets very restricted number of things get through into the brain. It's called the blood brain barrier.

I’m going to back up, put it in perspective. The first barrier is, “Mrs. Patient, your intestines are a tube. They start at the mouth, goes to the other end, winds around in the middle there.” So, when you swallow food, and if you think of a donut, you stretch a doughnut out, one big long doughnut. That's your intestines. And when you looked down the center of the donut, that's your digestive tract. So, you swallow something, it's really not in your body, it's in the tube. And it's got to go through the walls of the tube to get into the bloodstream to carry the vitamins, the minerals, and the nutrients to all of your tissues. And the layer for that is called the epithelial layer of the gut.

And you'll hear in this Summit and many others about leaky gut. And that's a very important topic about leaky gut. So, that barrier inside the tube that only let certain things get into the bloodstream, it's really small molecules. They have to be broken down small to get into the bloodstream. And when you get a leaky gut, bigger molecules get through. And that's a big problem.

But that barrier is the first barrier in the body. Now things are in the bloodstream. And there is a barrier in the lungs for the air you breathe so that toxins don't get in. There’s a barrier in your kidneys. There's a barrier in your brain. And the barrier of the brain called the blood brain barrier is the biggest restriction. It lets the fewest things through. So, when you get a leaky brain tears in the lining of that barrier of the barrier. These molecules get into the brain that are not supposed to be there. And you've got four different immune systems in the body. And the one in the brain is the most potent, it's called glial cells.

And these guys are special forces. I mean there’s standing guard, just
inside the blood brain barrier. Anything that gets through, these guys fire a bazooka to destroy any molecules to get through into the brain. Very good for us. Protects us. But when you get a leaky brain and these molecules get in again bazooka, again bazooka, again bazooka. You get all this collateral damage that starts occurring to the brain tissue. And that causes the inflammation and that starts the boulder going downhill. So, this leaky brain is really important.

So, one of the questions is how do I prevent a leaky brain? I call it B4. Capital B, number 4. Because the scientists call it a breach of the blood brain barrier, B4. So, people are very leaky gut. So, how do you prevent B4? And the way you do that is by reducing the inflammation in your lifestyle. Because there’s so many things that chemicals, the phthalates will cause a breach of the blood brain barrier. If you have a sensitivity to gluten, it'll cause a breach of the blood brain barrier. A sensitivity to different foods, dairy can do it. Just go to Google and type in Casein, that's a protein in dairy. Casein and sudden infant death syndrome. And just read the studies. You will say, “What? What?”

What can I do to reduce the inflammation causing the B4, the breach of the blood brain barrier? And the bottom line is eat foods that are healthy for you. Lots of fruits and vegetables, lots of colors. Build your microbiome. Really important to build a healthy, diverse microbiome. Reduce the electromagnetic pollution as much as you can. Never ever do this the worst, that's the worst. So, the next worst thing is do this talk on a speaker. The best is like you have there is a headset. So, that the phone is away from you.

And this is how I signed all the books you know when I'm asked to sign my books. It's always the same way. “Base hits win the ballgame.” All the little things you do that accumulatively will help you win the ballgame and have a well-functioning brain in your eighties. And for men, have well-functioning reproductive system with enough sperm so you can reproduce in your 20s and 30s. And for women to have healthy children with good developing brains. All those things that we want, it's all the base hits that you do now. That will make the difference.

**Christine:** Absolutely. And so, you have some assessments I know in your book. And some clues if we're thinking, “Okay, maybe my memory is not so good. Or maybe, I'm starting to feel not as well.” But you just don't know where to start. And I know smell is really tied into our brain health. But can you just share some assessments that people are saying, “Do I have a leaky brain? Or how do I even start looking at this?

**Dr. O'Bryan:** You bet. And it's an easy screen. It's not 100% the only one you do. But it's an easy, inexpensive screen. So, the nerves of smell, as far as I know, and I've asked a couple of neurologists and they've agreed. The nerves of smell are the only nerves in the body that go into the brain
with no screening, no interference, no barriers that they have to get past. They just go straight back into the brain, into the area of the brain called the hippocampus. The memories center of the brain. And what is all that about? I mean, why is that happening? How did your ancestors tell if something was okay to eat? They'd grab it and they'd smell it first. And then they taste it. But the first is smell, right?

And when they're walking down the trail, if they smell saber tooth tiger. They better back up really quick and go the other way. So, the sense of smell was a life-saving mechanism for our ancestors. That's why there's no screening. That's an immediate response where you recognize that smell.

I saw a study about four or five years ago, that said elders who are losing their sense of smell, have a 35% increased risk of dying within five years of something. Compared to elders that haven't lost or are losing their sense of smell. I'm like, “What? Really? That's profound.”

So, I started looking into this. Turns out it's correct. That the University of Pennsylvania has done more on this research than anybody else. And it is called UPSET, the University of Pennsylvania Smell Identification Test. And there are many papers written about this. And there's a two scent tests, with two different smells. A four scent, an eight scent, a twelve scent, and a forty-eight scent. And the twelve scent has a 97% reproducibility. It's right on the money every time.

So, I contacted them. And I said, “Is this true?” And they said, “Yes.” And I met the director, Dr. Richard Dodi. I said, “This is critically important that people know.” Because are two ways to measure the temperature and the engine of your car. In some cars the hot light comes on when the hot light comes on, you know you’re in trouble, right? You have to pull over really quick. But in other cars, there is a temperature gauge and you can see it climbing towards the red zone before it gets to the red zone. And that is called a biomarker.

So, you can see a problem developing. So, the UPSET test is a biomarker. You got a problem in the memory center of your brain. And so, you just opened this little booklet.

You know what, I've got my briefcase here. So, I can show you. Here we go. So, this is the University of Pennsylvania Smell Identification Test. And you open it up to the first page and it asks, “Is this tomato, menthol, strawberry, or licorice? And you scratch that thing with a coin or a pen. And then you circle on the blue whichever one you think it is. Then you turn the page. And the next one is it cherry, honey, lime, or whiskey. You answer. And turn the page. And you do all twelve of them. And when you have all twelve of them answered. Here's the answers.
Christine: Oh, wow.

Dr. O'Bryan: So, you score it right away to see, do I have a problem with smell? And if you score nine or more correct, you are fine. Don't worry about it. Check in another year or two. If you score less than nine, you got a problem. It's called hyposmia. And then if you've got hyposmia, and this is 97% accurate. If you've got hyposmia, then you go see a doctor, like your office.

You know, yours is one of the best offices in the world. You are in Seattle area. So, you're one of the best in the world. But you go find a doctor who can help you explore what's going on in the memory center of my brain. And if you get somebody who says, “Oh, you're fine, don't worry about it.” Nonsense.

If you go to my website, the Dr.com/smell and there are five different studies there that you can download right away. And take them to the doctor and say, “Look, read these. Read these.” It talks about the UPSET test and what it means. What hyposmia is. So, that you want a doctor that will investigate with you. And this is a biomarker. This is a temperature gauge on the dashboard. And it's an easy, inexpensive way to find out what's cooking. Or is your memory center of your brain on fire right now?

Christine: Where can they get the smell test? Can they get that at your website too?

Dr. O'Bryan: They can. It’s Dr.com/smell.

Christine: Perfect. That's a great tool. And so, simple, right?

Then are there any other biomarkers? I know that you also work with other labs. But I know people are probably taking notes and thinking about what other tests that they can run? To go and collaborate with their doctor about?

Dr. O'Bryan: I call it the 30, 30 rule. That 30 years ago, it took a 30 by 30 room at MIT, Florida ceiling computers to generate the computing power of this phone, right? We never would have guessed that. The same is true in laboratory medicine. The exact same thing. Technology has improved. And most of the tests that most doctors are using are 20 years old, 30 years old. I mean, the skin prick test for food allergies was developed in 1954, right? Seventy years ago. It's a good test. But it's not comprehensive, right?

So, there's a technology now called silicone chip tech technology. And the laboratory is Vibrant Wellness. And they have a 97 to 99% sensitivity, 98 to 100% specificity. Which means it's right on the money every time.
And their blood test, they have a test called the Neural Zoomer. It looks at eighteen different markers of inflammation in your brain. And it's right on the money every time.

Now my wife and I, we were married three years ago. And for our honeymoon we were able to spend six weeks in Costa Rica because, you know, I can work anywhere. If I've got a laptop and Internet, I can work anywhere. So, I was working. We just had such a great time. My wife always wanted to get dark, right? So, she got tanning down to a science. 20 minutes on this side. 20 minutes on the angle. 20 minutes on the back. 20 minutes on the other angle. And she was done. So, she's there suntanning by the pool. And I am in the shade reading research. I read 93 research articles on the blood brain barrier.

We both got what we were looking for. But as a result of that, a new test came out because I read all these papers and I gave the information to them. Called the Neural Zoomer Plus. And that looks at 48 markers of inflammation in your brain. The Neural Zoomer Plus, 97 to 99% sensitivity, 98 to 100% specificity, right on the money, every time. You've got one marker that is positive. You've got a problem. So, you're looking at 48 temperature gauges when you do that blood test.

Christine: That's great. And so, I think, Dr. Klinghardt listened to you take a few months ago. And we've started running that in our practice as well. And I'm still learning, but it's a great tool. And it's just amazing how we can use them for prevention and also just really get ahead before things become a big problem.

Dr. O'Bryan: Exactly. And I tell people all the time, my favorite patients are the ones that say, “I've been to Mayo Clinic and they don't know what's wrong.” And I say, “That's great.”

Christine: I know. We have a joke in the office. Dr. Klinghardt's like, “It's kind of our feeder clinic, the Mayo Clinic.” There is a place for conventional medicine. But for what we deal with every day, Dr. O'Bryan, it's just they haven't shifted their paradigm enough to really treat what we are seeing in the front line.

Dr. O'Bryan: Right. And I explain it to the patients, and I tell them this story. And I say, “So, that's great. That means you don't have a disease. Because if it were a disease, Mayo Clinic would find it. You got dysfunction.” The tests we are going to do are functional tests. Temperature gauges on the dashboard. We are not going to look for the disease because you've already been to Mayo Clinic.

And then they go, “Oh, okay.” So, we do these tests and they come back for their next visit. And you know this one very well, Dr. Schaffner. They come back and they sit down, they are nervous about the test results.
I always look at the test results and say, “Good news. You are a mess. Look at this, and this, and this.” And they are like startled.

But I say, “This is correctable. It'll take two months. This one will take six months. But this will be fixed in three weeks. We'll fix all of this stuff. This is great.” You want these temperature gauges to come back and not good. That's what you want. So, then you can say, “Oh, good because this is correctable. I can fix this. I can get rid of the inflammation in my brain.” “Yes, you can.”

So, we want the markers. You got inflammation in your brain. We want those markers so that in six months or a year, we do the test again. And I say, “Look, those markers are gone. That's why you are feeling better.” And then, “Is it okay if I go back and drink beer and eat pizza?” “No. That is what caused the problem.”

Christine: Absolutely. And so, we have smell. We have the Neural Zoomer Plus, to help us kind of get a snapshot of where our brain health is. Do you like any tests that really demonstrate toxicity or infection in the body and in the brain? Or do you feel like the inflammatory markers are a signal of that and that gets cleared up as you address the whole?

Dr. O'Bryan: Oh, no, no. I'm right with you on that. You Bet. The first test we do for most everyone is the Wheat Zoomer. Because you zoom in on the problem. The Neural Zoomer, you zoom in on the problem. But as you know, my world has been the world of wheat sensitivity and how that contributes with autoimmune diseases. And so, we do that test because it also tests for intestinal permeability, the leaky gut. And that's primary. When people are not well. Especially with chronic conditions, usually the evidence is there of a leaky gut.

And patients say, “Well, why should I do the test if you are sure it is there?” Well, let's say one of the markers should be less than ten and you come back at seventy. We do all our protocols. You are feeling better in six months or a year. You are not quite completely but you are feeling better. And we say, “Well, let's check that permeability now that you did not want to do initially because we were pretty sure it was there.” Now it comes back and says you are at twenty. But it should be less than ten.

“Twenty-four, I've got permeability. But I thought I treated that, I guess what we did didn't work.” “No, it worked really well. And you just need to stay on the program longer. But it's working really well.” That's why you do the biomarkers for the set point to get started. So, that you know what you are dealing with You're not shot gunning. So, you do the test to identify where the problem is so your doctors can then focus their attention, target specific, on what the problem is for you.
Christine: Great, great. I haven’t started using that test as regularly in my practice. And I’m really inspired right now to do that. So, I’m excited that the test exists.

So, Dr. Tom, you've shared so much information. And we are asking kind of all of our speakers, anything that you’re really doing on a personal level, I know that you’ve share so much knowledge in your book and really give a lot of practical solutions. But any tips or tools that you really practice on a regular basis to keep your energetic hygiene. And of course, I know you do so many things to keep yourself healthy. But any strategies that you do to protect your energetic body or how you use EMF safely? Just any practical tips you want to leave our audience with.

Dr. O'Bryan: You bet. And before I do that, there's one more topic I'd like to talk about. And that is the Schumann wave. Most people never heard of this. It's 7.83 megahertz. And it's the wave that surrounds the planet. And protects the planet from the radiation coming from the sun. And that wave pattern is produced by lightning. That's a primary purpose of lightning is to produce the Schumann wave, 7.83 megahertz for the planet. That's why you always feel so refreshed after a lightning storm. Hopefully no damage. But you go outside and it's like, "Wow, the air just feels really good." You are in that zone.

And most humans, we don’t have very many Schumann waves being generated in our brain because we live in concrete all the time. Or we live in automobiles and our feet are not on the earth. And you should try at least for five minutes. And that's embarrassing to say five minutes out of twenty-five hours. But at least five minutes a day, get your feet in the grass or in the dirt. Just get outside for five minutes and walk a little bit, just get grounded, if you will. That's really important really.

And in terms of protection, my wife and I, every night turn off the wireless. You don't need wireless going on when you’re sleeping. Turn off the wireless. Turn your phones on airplane mode. Shut them down or shut them off completely. You don’t need them when you’re sleeping. That's just a little baby step. That's base hits win the ballgame. You do that every night. Also, the more grounded you are, the more fruits and vegetables you eat, the more colors of the rainbow you eat, the more grounded you are, the better your bowel movements, the better your body is flowing with nature.

We tend to eat way too many carbohydrates as a percentage of our diet. So, a lot more color, six cups of vegetables, three cups of fruit a day, lots of berries. There's a whole protocol that we talk about. But in general principles, that's really important.

And if there's one thing that I guess I would leave you guys with. In England, it's called stewed apples. Here we call it applesauce, right? What
you do is you take four or five apples, always organic. Wash them, cut the seeds out of them, dice them up, put them in a pot, add water. So, if the apples are this high, add water to about a third, the depth of the apples. Sprinkle some cinnamon in there. Turn it on high, bring it to a boil, let it boil. Eight to twelve minutes, something like that. When you see a shine on the skin of the apples, turn it off. You're done.

You eat a fork full to a couple of fork fulls every day of your homemade applesauce. Because the shine on the apples when you've cooked them has released the pectin. Pectin feeds probably the most powerful hormone in your intestines, called intestinal alkaline phosphatase, IAP. Intestinal alkaline phosphatase feeds the good bacteria in your gut. It is an antibacterial. Kills the bad bacteria. Turns on the genes to heal intestinal permeability.

So, it reduces endotoxin, which is the bad guys getting through leaky gut by 74%, when you supply pectin from applesauce. It reduces cholesterol, reduces triglycerides. There are so many things that it does. This is the reason why an apple a day, keeps the doctor away. It really does. But it is the pectin in the apple that does this. and there are some other nutrients. But the pectin, who know, increases intestinal alkaline phosphatase, which does all of these beneficial things for you.

So, everybody in the family, you got kids come on kids, we're going to make our applesauce. And the kids help with it. They throw a few raisins in there, you know. And you just haven't had a couple spoon fulls, a couple of fork fulls, every day. You don't have to eat a whole bowl. If you want to, you can. But just a couple of spoon fulls a day, you are feeding and building up your IAP, which is going to protect your gut, heal your gut, and slow down a lot of the inflammation that you're being exposed to in your body.

Christine: I love that. That's such a simple strategy that has such a powerful effect. We actually have an apple tree in our yard. And so, we have all these apples that we have to do something with this summer. So, I'm going to take you up on that.

It was cute, we had our daughter's birthday party last week. And the little kids who were our neighbors were picking the apples off the tree and they were eating like three or four. So, they naturally know that their gut needs that.

So, Dr. O'Bryan, you mentioned your website already and your book. But I would love for people to learn more about how they can find you and all these wonderful resources you've really given the public and our community. So, can you just share with us what is the best way to find you?
**Dr. O'Bryan:** Thank you. It's the DR.com. Don't spell the word doctor out, just the Dr.com. And for the smell test, it's the Dr.com/smell. And I have a brain class that all of these points, and you take it at your speed. If you want to do in a week you can. If you want to take a month or two months you can. It is lifetime access. It is called the Brain Master Class. I did 71 videos, each one on a different topic like applesauce.

So, here's the recipe and why. And here's the studies that show that. And that is the Dr.com/brain-masterclass. So, you'll see these things there. I think they are good tools to help people empower people. Remember it's one hour a week and you're going to hear so many good talks on this Summit.

There are so many things you're going to want to do. The way you are successful is that you get this Summit, so you can listen to it again, and again. And every week, go spend one hour, you're going, “Oh that's right. Dr. “O'Bryan talked about applesauce.” And maybe you'll try the applesauce. You will write in your shopping list to the get the apples, some raisins, and some cinnamon. And do it with your kids or whatever you want to do. But one hour a week, because there's so much really good information you're going to be exposed to. Just be kind to yourself. Be kind and have patience.

**Christine:** Great advice. I really again, appreciate your time, your expertise, and being on the Summit today. Thank you so much. We'll have all this information in the notes of your talk. And again, thank you for being here.

**Dr. O'Bryan:** Thank you so much. It's a real pleasure.
Health Challenges in a Wireless World
Guest: Dr. Beverly Rubik

Dr. Schaffner: Welcome, everyone. I'm here with Dr Beverly Rubik. And we're going to be talking about the human energy field and health challenges of our wireless world.

Dr Beverly Rubik is the biophysicist internationally renowned for her pioneering research on the biofield and energy medicine. She's the president and founder of the Institute for Frontier Science, a non-profit laboratory in the San Francisco Bay area. She is an adjunct professor of integrative medicine at Saybrook University, as well as author of over 90 scientific papers and two books.

Welcome Dr Rubik. When we met, I just didn't think I could have this Summit without you. So, I think your work, it has been so influential to the study of energy medicine. I'm just really honored that you took the time to do this interview today. So, thank you for being here.

Dr. Rubik: Thank you, Dr Schaffner. It is my pleasure and it's an honor.

Dr. Schaffner: Thank you. Well, before we hopped on the call on, you had shared with me that you wrote a paper with Dr. Becker who wrote the book, The Body Electric. And I would just love for our audience to know a little bit about your paper with him and your interactions with him since we're really naming the Summit after his book.

Dr. Rubik: Yes. Dr. Becker was an amazing man. He was a pioneer well ahead of his time. And found amazing things such as the D differentiation at the point of a severed limb of an animal and then re-differentiation into adult tissue as that embryonic limb grew out. Looking at regeneration in the cell [inaudible 01:49] limb. He was really known for that.
Also, he pioneered problems regarding electromagnetic pollution. But in his time, he was mainly interested in power lines, and 60 hertz or 50 hertz depending on which continent you were at. And of course, there was no Wi-fi. Or this plethora of computers that we now have today. And I think Robert Becker would probably roll over in his grave if he knew what we were up against.

I worked with him writing a summarizing paper for the Office of Alternative Medicine at the U.S. National Institutes of Health back in 1993. This paper is summarized by electromagnetic medicine, the various devices. Including the unconventional devices, the so called black boxes. We didn't really know how they worked. But they seem to do something. And mapping the field for NIH. So, they might move forward with grant initiatives. And that was published in a book called, Alternative Medicine, Expanding Medical Horizons, published by the U.S. Government Printing Office in 1994.

It was a pleasure getting to know him. He was actually quite despondent about electropollution. And the fact that his work was not taken very seriously in his time. So, I have to say toward the end of his life, he was somewhat bitter.

**Dr. Schaffner:** Understandable. And hopefully with the work that we're doing in the Summit and with your work we are re-igniting his pioneering thought about looking at the bodies with electromagnetism and how we can not only look at how that can be harmful for our health. But also, how we can harness this for healing as well. I thought that was really great that you had a paper with him. And I really am glad that you shared that. And we're honoring his work today.

So, Dr. Rubik, you actually are really renowned for bringing, really biofield science into the U.S. National Institutes of Health and the National Center for Complementary and Alternative Medicine back in the 1990s. It's evolved now to the Center for Complementary and Integrative Medicine. But you really allowed this term biofield to be part of the scientific discussion. So, what do you mean when we talk about the biofield? What is the biofield?

**Dr. Rubik:** The biofield is the organizing field of the body. And it's not only within the body, such as the acupuncture, meridians, points, and the three dantians of oriental medicine. But also, emitted from the body. There is radiation as well coming from the body. And it's very low level. It's also dynamic and changing every instant as you think different thoughts or have an experience the biofield is shifting. And so, it's probably the most complex dynamical field in the universe.

It's also, organizing the physiology and the biochemistry of the body. I believe that it's hierarchical work is from the top down. Organizing and
registering the physiology and making unity out of the body. It can't be nerve impulses. They're really too slow. The biofield is at the speed of light. And that is the speed limit in the universe. And with that, the body is integrated every second.

**Dr. Schaffner:** And just out of my own curiosity, when you talk about the biofield and getting this terminology into the scientific study of it. How did you begin? I mean, did you have your own personal experience with actually your own biofield? Or how did you really become interested in this topic?

**Dr. Rubik:** When I was a little girl, I could see what I perceived as energy fields around people. And even understood something about what was going on inside them without them saying a word. I remember there was this one friend of my mother's, and she always wanted me to sit in her lap and I refused. I saw a very confused energy field around that woman. And indeed, in a short time later, she had a nervous breakdown and entered a mental hospital.

So, it's something I saw as a child. Later it was educated out of me. But then in my adult life, in my twenties, I had a ballet injury. I was an amateur dancer. And injured my knee. And in those days, they didn't have medical imaging. So, I was scheduled for surgery, exploratory surgery. Which I didn't look forward to. And I wondered what options did I have?

And someone said, “Well, there's this woman coming to Berkeley, California. She's an energy healer, a spiritual healer from Baltimore, Maryland. Why don't you go see her?” So, I did. And she placed her hands on my knees, entered into a prayerful state, and I felt a rush of energy through my body during that healing treatment. And when she was done, I stood up and I could bend my knees without pain. And I began to wonder, is this just a placebo effect? Is it going to come back? What's going on here?

So, I brought her into the laboratory. I was finishing my doctoral dissertation in those days. And I conducted some unofficial research with her on bacterial cultures that had been damaged. And low and behold, I did find a small, but positive effect, on the growth and also the motility, the swimming behavior of bacteria that had been poisoned. So, I began to think about this in terms of real energy and having a real effect, not just a placebo effect.

**Dr. Schaffner:** I know there is a lot of different tools out there these days. But what is your experience in measuring the biofield? And really kind of quantifying our biofield?

**Dr. Rubik:** Well, we use several tools. We use, for example, a type of
high voltage electric photography that's related to Kirlian photography. So, you put your finger by finger into a camera that has a high voltage about 5,000 volts. You don't feel anything. But the electrified finger then emits a corona discharge, a circle of light. And these circles of light of the ten fingers are analyzed. This is a camera from Russia. It's called Bio-Well. It's commercially available and it doesn't analyze of the energy field. So, that's one device.

We have another device that measures the electricity flowing in the acupuncture meridians. Looking at the source points, electrically looking at conductivity. It is technically called [inaudible], that's a Japanese word. There are also German versions of such a device that measures acupuncture point conductivity and assess whether a person could use a certain remedy, a homeopathic, for example. I'm using the old oriental version.

And then we measure biophotons. We look at the innate light, the natural light emitted from organisms. For example, the forehead, the palms of the hands, the sword fingers, the heart region, and the lower dantian in the belly. And most of the light coming out of the human body is actually admitted by the face and the hands. And probably is involved in bio-communication at some level. Even if it's not conscious, because we can't register those photons unless we are in a very dark room.

But we've done a lot of experiments with different energy healers showing the energy rises during healing and during certain altered states of consciousness. And then we've developed one of our own detectors, which is not commercial, but a research project in progress. We were challenged with trying to build a detector for chi for prana. For the very energy that according to ancient oriental theory is being emitted by healers. And it's also a universal life energy.

We have developed something that registers when energy healers put their hands near the detector. And this detector is completely shielded from all conventional energies, from electromagnetic, from magnetic, from electric, from acoustic, from thermal.

So, it seems that there's something beyond known energies to physics that are involved with life. And of course, people have called this the life force, bioenergy, life energy. It's been a lot of words and science before 1800 or so used the notion of a vital force. It was vitalistic science thinking that life could not be reduced to ordinary physics and chemistry.

Then organic chemistry came about and that was a death blow to vitalism. And so, we don't have a notion of vital force in contemporary science. So, my team worked in N.I.H. with the manual healing team to come up with a term that would not speak of vital force of the old
days of science. And not speak of some ethnicity, be it chi or prana, be completely new and neutral. And we came up with the term biofield.

Back in 1994, it was accepted by N.I.H. It was later made a medical subject heading in the National Library of Medicine. Which was a much more important thing before we had Scholar Google and PubMed.com. But back in those days, we didn’t have those search engines yet. So, it is a medical subject heading it U.S. National Library of Medicine.

And there subsequently a grant initiative from the National Center for Complementary Alternative Medicine around 1999. And the giving away of about four grants throughout the U.S. I was the recipient of one together with colleagues at University of Arizona. And then after these grants ended, unfortunately, there was no follow through on the part of N.I.H. or the National Center for Complementary and Alternative Medicine.

Sad to say, I don’t know of any funding agency that is continued an initiative in this area that is so important. But has been limping along because of lack of continued funding or concerted efforts.

**Dr. Schaffner:** And you know, what we're hearing as a theme of the speakers in the Summit and what your research has shown is often there is a disturbance in this biofield, our energy body, our acupuncture system, or however people are referring to it. But there's a disturbance in our biofield before it shows up in our physical body as disease. Has that been true for you? Have you been seen that theme in your research as well?

**Dr. Rubik:** Yes, I've been looking at that. And also, what happens when an energy healer treats a sick patient with, let's say a disturbed and unbalanced biofield. And generally, they improve, right away. And so, that's moving in the correct direction. If we think of one of the most important premises of Chinese philosophy is where the mind goes, the chi flows, and the blood follows.

So, this means that the mind consciousness is master of the biofield. And then the energy is moved. And finally, the flesh and blood catch up. So, if you can shift the biofield in a positive direction. Then healing the physical body will ensue. But the body is slower to change. The energy is quicker to change as a result of an intervention or conscious intention.

**Dr. Schaffner:** And so, if someone is struggling with a chronic illness who is listening or has been sick for a long time. What we are trying to do with this Summit is to have them think, maybe there is a disturbance that needs to be corrected in their biofield to really get the changes physically that we all want for the patient. And so, I think this is really important work. I have no idea why we don’t fund this research. It’s so
fascinating and exciting. I think there's so much more potential and
healing that can happen. And it can be more elegant than trying to
manipulate biochemistry. So, that is a big part of the work that we want
to get out into the world.

So, Dr. Rubik, you've obviously studied the biofield. It exists. There's
no question about that. It's measurable. It's an objective part of the
human body. What forces or what external forces are disrupting our
biofield these days? I know we talk a lot on the Summit about EMF and
electropollution. But how is that affecting our biofield?

Dr. Rubik: Well, I think we live in a very unnatural environment. You
know, we were meant to be out in nature. So, one thing is we're not
grounded. Unless you're walking bare foot on earth, have special
grounding shoes, or use those earthing sheets as they are called.
We're missing electrons. The earth is rich in electrons. And we're often
depleted in electrons because of wearing polymers and having rooms
full of positive ions that are not negatively charged. But stale air. So, this
is one way.

But then we have the plethora of fields coming from many appliances
in our environment. And most recently, the wireless communication
devices. Because they are emitting all of the time, even landlines that are
wireless. The basis of these phones, even if you are not using them, they
are emitting even more radiation than the cell phone. And of course,
the cell phone has become the major communication device worldwide.
I heard that there were 7 billion cell phones. That's almost enough for
every person on earth.

And unfortunately, children are using them. And there are real
risks, especially for children holding these cell phones close to their
developing tissue and they're developing brain. And they have very thin
skulls, so the radiation penetrates deep into the brain for a young child.

So, all of us are way over exposed to Wi-Fi, to wireless coming from cell
phones, from routers, from cell phone towers, from smart meters, and
from wireless keyboards and wireless mice hooked not hooked to our
computers but used with our computers. And there seems to be a love
affair with wireless, when it's not really necessary.

I used to have some heart palpitations. I had a wireless keyboard and
mouse. It came that way. I just wasn't thinking about it. Often you buy
a new computer, it's a whole system, and we're not running around the
house. We sit at a workstation.

So, there's no real need for a wireless mouse and a wireless keyboard.
And I was suffering with heart palpitations until I realized that was the
one wireless thing in my environment that I had not paid attention to.
So, I went and got an old fashioned wired mouse and a wired keyboard. And presto, my heart palpitations disappeared.

And some people, I know are getting heart pacemakers. Because I think if you have palpitations it can escalate to arrhythmias and pretty soon you are going to be told that you need a pacemaker. And that's what's happening in medicine nowadays. People are not thinking about the basics of things that are shifting our biofield because these frequencies are combining or influencing our biofield. And our biofield, if it's the pacemaker of our physiology and then it's being rattled by these devices from our environment. Well, it's going to take a toll eventually on our physiology and our biochemistry in multiple ways.

And that's exactly what the research on wireless radiation shows. And there's a lot of it that was done a long time ago when people looked at radio waves and they call it radio sickness. Because somehow, we forgot about these things in modern times. Now that radio waves are all over the place, we don't think that we might have radio sickness as they did in the 1940s and 1950s, when the radio was the main technology.

**Dr. Schaffner:** It is so true. That's a really common symptom when some of my patients are electrosensitive. Heart palpitations, also insomnia. But these things that sometimes seem unrelated to the average person might seem random or unrelated. There is always a reason, there is always a cause. When we have people control for their environment in their home. Again, you can't go out into the world and control the world out there. But what you can do in your home and the areas you spend the most time, we do see symptom improvements. So, we hear that a lot, Dr. Rubik.

So, you also did a study, which I think is really insightful, on how 4G impacts our blood and looking at blood under a microscope. So, I think is really important to get out in the world. Especially since we are all in the early days of 5G being more and more common. So, your research was done on 4G and what did you find?

**Dr. Rubik:** Yes. I used a 4G LTE cell phone, a single type of cell phone. And I had people between 27 and 75 years old, quite a span. There were 10 adults. I had to choose people who are eating a good diet so that the blood looked good initially before using a cell phone. They came into the study without touching any wireless devices for at least four hours. And then I took a blood test at baseline. Their blood looked pretty good in terms of the morphology of the red blood cells. They were separate, not stuck together. And there was no early clotting. Good looking blood.

Then I presented them with a cell phone turned on in the readiness mode, ready to receive a call or text. But it did not receive one. But they wore this cell phone in a backpack for 45 minutes. And I call that the
carrying condition. So, simply the phone on the body, as most people do keep their cell phones on, and they carry them this way. Because they want to hear from their loved ones any minute now. And indeed, after 4 minutes, 9 out of 10 people showed unhealthy blood changes. They showed typically with red blood cells that were now sticking together in clumps.

And especially in snake like forms that are called Rollo. The French word that means rolls, like a roll of coins. Like looking at a roll of coins on end. And so, this is a very negative effect. Because blood circulation requires that individual red blood cells, even go one by one in the tiniest micro capillaries. And they even scrunch down, they actually flatten out a little bit to fit through those micro capillaries. So, if the blood is stuck together and snake like formations, that means microcirculation everywhere in the body is compromised.

And not only did I take blood from the fingers because the fingers were holding the cell. I took blood from the toes. So, it was not specific to where they were holding the phone. It was a generalized response throughout the body. So, that was the caring condition.

And then I asked each of the participants to use the cell phone, holding it in the hand for another 45 minutes. Mimicking typical behavior in an airport. Or most people are doing this all day. But just 45 minutes of continuous use with two five minute phone calls to the head. Placing the phone, not exactly on the ear, but just an inch away. Which is considered the safe distance according to the phone manual. If you were to read your phone manual, which is somewhere tucked away deep within the palace of that cell phone, you'll see you're not supposed to move the cell phone directly on the body, it's supposed to be an inch away.

So, okay, they made two cell phone calls for five minutes each. It was part of the 45 minutes of working with the cell phone, going online, watching videos. And then I took another blood sample. And this time, most of the stuck together blood cells had disappeared. And instead, I saw misshaped blood cells. So, now the cells were spiking. They look like bottle caps. Or a word that came from hematology to describe them is called the echinocyte, the spiky red blood cell.

So, no longer are they biconcave discs. Now the total shape has changed. And again, this is not a good sign. It's not the type of cell that can easily penetrate those micro capillaries and bring circulation to all of the cells in the body. So, it's the sign of pathology. And I don't know if it is reversible. I didn't go on to study them to see how reversible this was. And it was 9 out of 10 people that showed such changes. And I took photographs and also scored them based on my experience looking at blood for about 20 years with scoring it and live blood microscopy.
So, there were a few people that did not show changes. But by and large, especially the people over 50 years old showed the worst changes.

**Dr. Schaffner:** I mean you gave a good kind of average use. But when you think about how much exposure we all have over time and how people will carry their cell phones on their bodies all day long, make multiple phone calls. So, what your findings are probably on the lesser end of an average day. So, this is really important. I don't know why, we feel like we are screaming this information and still falling on deaf ears, if you will. But I think more and more people are waking up, which is good.

But I guess, as we all know, technologies make our lives easier. We are connecting today because of technology. The information we all have access, there is a huge positive. But I think we need to look at this and really see how we can maybe think about another healthier form of technology. Have you thought about that as much like alternatives to wireless or alternatives that we can just start thinking about with your knowledge base? I know there has been light base communications and other types of alternatives to wireless. Have you thought about that at all?

**Dr. Rubik:** I certainly have. And I tried to lead a wired life as much as possible. So, actually, you can go back to old ethernet DSL in terms of using Wi-Fi at home. And by the way, it's more secure. Wireless can be hacked. Someone could sit outside your home and hack into your Wi-Fi. But wired DSL ethernet, which was the precursor to wireless is still available. So, I recommend that people to it. By the way, it's also faster because it's wired. It doesn't have to travel.

Even a cell phone can be operated via accord into the USB ports. I haven't done that, but I use what I call prudent avoidance as my mainstay to avoid exposing myself frequently to wireless. And that I think is something we all have to take into consideration because the dosage of wireless is cumulative. It's kind of like x-rays. Nobody tells you that. You go to the dentist and they put a lead cape around your throat to prevent your thyroid from being radiated when they radiate your teeth with x-rays. Yet we expose ourselves over and over again to this invisible radiation. I think it's the new smoking.

Back in the early days, 1940, 1950, smoking was glamorous. And you saw movie stars smoking, doctors and nurses recommended smoking. It was considered good for your health. Believe it or not. Of course, we know later that it caused lung disease, lung cancer, and other problems. But I think we're slowly learning that wireless is creating electro sensitivity in the population. Even people who don't think their electro sensitive have symptoms. And they go to the doctor and they get pills.
And the doctor is not asking fundamental questions about exposure to Wi-Fi, or how many hours of cell phone use do you spend a day. Because doctors don't know about these things yet. It should really be part of the medical curriculum. And I think it's entering the continuing medical education. Because I've given some courses in it myself. So, I think slowly it will permeate. But we shouldn't wait around for that. We need to get the word out. And the public needs to be proactive.

Another thing I think is that although the particular frequencies that operate our Wi-Fi, our cell phones, et cetera, are not the best frequencies for our health. I think unfortunately, we don't know what all the beneficial frequencies are. Because we haven't yet had a human energy project. We had the human genome project. And now we know where 20,000 genes or less genes than a grain of rice. But we never yet had a human energy project to elucidate what are the natural frequencies in the human biofield. What are the good frequencies that we might enrich our biofields with? And why not use that in our technology?

And there were a few cell phone apps that I've taken a look at that included some positive frequencies. And I did see some benefits in testing heart rate variability. It improved heart rate variability parameters. And it seemed to reduce what's called sympathetic dominance or that flight or fight response when we're exposed to stress. So, that seemed to be a good thing. So, I imagine that in the future we will learn what are the positive frequencies that we can enrich our wireless communication systems with and incorporate that in our technology. And boost our biofields instead of dragging them into the dust with harmful frequencies.

**Dr. Schaffner:** Absolutely. We have another speaker, Dr. Dhanani, who studies a lot of European biological medicine. And they have more devices and tools. They kind of recognize energy medicine in Europe a little bit more than they do in the U.S. One device was kind of a USB style device. That actually put off the Schumann frequency, that you could have around you while you're at your laptop. And so, this whole idea of, “Okay, how do we either cancel it out or amplify our own biofield? So, we can withstand the stress.”

Because right now, modern time, we are talking about Wi-Fi and cell phone use. But there will always be stress in the environment, right? So, how do we make our bodies more resilient to whatever stressors are out there. And I think we really underutilize this whole knowledge base on how our bodies respond to frequency medicine. So, I think it’s really important.

**Dr. Rubik:** I think another thing that people need to know. And people don't know, even highly educated people. They don't have a small meter
to measure at least 4G and 3G in their immediate environment. And to know where the hotspots are. I mean it’s amazing to me to see educated people who keep a Wi-Fi modem right next to their computers. Which is mainly a within a meter or a yard of their head. And then they wonder why they got brain cancer. And I have some colleagues like this. This is really incredible.

So, get a couple hundred dollar a meter, a Cornet is a good brand. And measure it. Know the hotspots in your area. And then move things around so that you are not spending time, certainly near your Wi-Fi modem. Put it as far as possible away from where you work and sleep. And ditto with all these cordless phones. I'm talking, not cell phones, but the so called substitute for landlines because all of them are strong emitters. They emit more strongly than cell phones.

But certainly, the greatest threat are the devices that we hold to the body and store on the body. And we've even calculated that even if they put 4G antennas outside of our doors, which I imagine will be coming with 5G. Because they're going to expand 4G antennas as well. But still the greatest exposure will come from our own devices in our homes and offices. Even calculating if that thing is within 200 feet of our home. The greatest exposure will be from the devices that we hold on our bodies and use all the time. So, we need to be proactive. And make nourishing change about our own exposure.

So, I suggest the three things. Number one, crude and avoidance whenever you can. Number two, measure it and know your hotspots. And readjust your whole working environment accordingly. And number three, look toward the future when we have protective devices that are validated by third party peer reviewed science. And these are far and few between. There a lot of devices out there. And I know people feel safe when they plant a little sticker on the back side of their phone.

And then I say, “Well, where did you get the idea that this is 100% protective? Show me? Show me the peer reviewed article.” They say, “Oh, well, it was sold online as protective. So, I guess I'm protected.” That's not good enough. And it's actually irresponsible of companies to sell such products and make people feel as if they're fully protected when probably they're not at all protected. So, buyer beware.

And we need more third party validation of these devices. So, I hope money is forthcoming from these companies that are selling these products. So, that we can know what's working for whom and when. Because I don’t believe in anything on the market, from what I've checked, is working for all people all of the time. And certainly not 100%.

**Dr. Schaffner:** That's such a good point. And, I think there is this false sense of security when you get these protective devices. As you are
making the point, distance is the ultimate protection that we know about. In case people missed it, how far off of your body should the cell phone be or the Wi-Fi router? What is the safe distance in your opinion that we should have everything away from us?

Dr. Rubik: Well, the cell phone manual says to keep it one inch from the body at all times. But if you look at a graph of the electromagnetic field versus distance, it is actually very steep, falling off with distance. So, the fields will diminish as one over the distance squared. So, that means the more distance you can get between you and those wireless devices, the safer you are. So, I say, put it at the other end of the house, your Wi-Fi modem. Or in the garage or basement. If you work at this level, then put it up higher in the room.

And then you have to be aware of about smart meters and neighbors. Where are their devices? If you're in apartments, I've heard stories where there was a Wi-Fi router on the other side of someone's bedroom. And they had problems. They didn't even know where it was coming from. But again, using a meter, they would have discovered that it was a hotspot. And they needed to move the bed. Because we can't smell this stuff, taste it, see it, et cetera. There are no sensory cues. We need to use that meter to know the hotspots. And things change over time, new antennas are going to go up, or smart meters get installed. And things aren't the same. So, we need to measure it, I'd say every six months to know.

But I would suggest in terms of the Wi-Fi router at least 20 feet would be a good guess. But I don't even own a Wi-Fi router. I have the old fashion ethernet wired router. And I won't get a wireless router. The only one I will get is one where I can turn off the wireless. And that is another thing. You can get a router and think you are turning off the wireless. But it's still blasting Wi-Fi. We discovered this looking at certain routers. Surprisingly we turned off Wi-Fi, so it wasn't communicating via wireless. But the frequencies of wireless were still coming out of it, amazing. And so, it was still dangerous. So, you have to know these things. I recommend going to wired. The ethernet DSL is safe. It's available. And stick with it. Show the Telecom wireless companies that we want wired.

And the other thing is for 5G, we could have a wired 5G. Because we could have fiber optics. And fiber optics is already part of the hardware. This is light traveling in fibers. And there's nothing wrong with that. There's no Wi-Fi component. There's nothing dangerous. It's all contained within a fiber and it is only visible light. So, why don't they install that all the way to our homes? Because it takes a little more money. We could have 5G safely installed. So, I would say demand optical fiber in your neighborhood. And workout at your local level, a Wireless City Ordinance, if you don't already have one. Get involved politically and try to get that developed of a Wired Ordinance for the
delivery of 5G that would involve fiber optics.

We should tell the industry what we want, instead of them dishing out what they want to do. It certainly should be a two way street. It hasn't been, so far. It's been very one directional. And since it's our lives and our neighborhoods, I think we should be proactive and get involved before it's too late. Before the wireless of 5G, which they are planning. It will be rolled out and that means new antennas that will have powerful moving focus beams will be sweeping through our households. And running through our bodies, disrupting our biofields and our physiology with powerful focused beams of millimeter waves beyond microwaves. So, it's a higher frequency coming with 5G. And it's expected to have more hazardous biological effects. And we don't know.

When they're going to cover the earth with 20,000 satellites as well as antennas, every 200 to a thousand feet, there's not going to be any place to go to get out of the 5G. What are you going to do if you’re electric sensitive? We need to speak out now before this happens. And get the systems that we want. We want wired fiber optical 5G. That would be the safest alternative.

And there would be no wireless component at all. We could maintain 4G for our cell phones. It works fine. I don't see the need to download movies in three seconds. That's what they're suggesting 5G will do. So, it takes five minutes, big deal. It's safe. We have to balance safety with functionality. And I don't hear that discussion either in this rollout that seems to be rushed upon us. Some competition with the Chinese here.

And I was recently in China and I can tell you the wireless surveillance there is incredible. We visited the Great Wall of China, the mountains, and we had our cornet meter with us to measure Wi-Fi. And we turned it on, and we were shocked. It was hot. We're at the Great Wall of China in the middle of nowhere. Why?

And we looked around and there were a lot of video cameras and we reasoned that these video cameras are blasting wireless images of people to satellites. Because there was nothing else around. There were no cell phone towers. So, China is way ahead of us with the surveillance and the capabilities of 4G and 5G. And I think it's making the Washington administration nervous. And they want to rush us into it because they think a lot of money is to be made on the rollout. But on the other hand, a lot of illness will be thrust upon us and we need to do this wisely. Wired 5G in my view, as much as possible.

Dr. Schaffner: I really appreciate you sharing this. And really, now is the time before it's too late, right? And I think in Mill Valley, right? I live in Seattle, but I go down to Moran to see patients. And I know that you live in the Bay Area. And believe Mill Valley was successful in at least warning
the rollout of 5G in their community. And so, I was really hopeful to see that. and it isn't just this black or white situation that we all have to agree too.

**Dr. Rubik:** Even though local communities can do that. And I commend Mill Valley and there are a few others for standing up to them. The problem is we have federal legislation and federal rulings that undermine local communities for making, let's say ordinances based on health.

So, right now, as it stands, the federal government is a control of the rollout. And they don't want local communities to make waves about health issues. That's forbidden. So, even though Mill Valley may have voted on it, unfortunately, they've been superseded by the federal government at this point.

Now, I've heard that there are certain challenges to the federal government. There are a number of lawsuits of the federal communications commission, the FCC, on these points. But I don't know the status. And you can imagine any lawsuits on this are going to take time. And meanwhile, they want to rush to put out 5G. So, I don't know what's going to happen first. A satisfying ruling in court or the rollout of 5G. We don't know what's going to happen. More and more communities that are coming out.

And I know that Brussels in Belgium have created a moratorium on 5G. They said it simply is not proven safe. And we don't want it until it's proven safe. As have some areas of Switzerland, Mill Valley, and a number of other cities across the U.S. I think Danville, California is another. And there are probably many communities that have created telecom ordinances that rule out all of these antennas in residential areas.

But then again, the blurb between residential areas and commercial areas is occurring with more and more apartments being built above commercial zones. And so, it's unclear. I mean, we can restrict it. If we do have a Wi-Fi version of 5G. So, this really concerns me and I've been active in my own community to try to talk to people about this and raise consciousness. And try to bring back the notion of the fiber optic. And say, "Let's pay extra. But let's get fiber optics in our homes. Because it's totally safe."

**Dr. Schaffner:** Absolutely. I think this is so important. And one of the most important issues. We need to really protect the health of our own bodies, our children, and our future. And I think it's a really important message to get out there. So, I really appreciate your passion. And also, education, right? This is all about education. People don't understand that not always does our government have our health in mind. And
that is sometimes a new concept for people. But it is very true in every corner we look.

**Dr. Rubik:** Well, that's right. I mean, there are so many ways in which we suffer because the government health plans are not supporting integrative health medicine, for example. We can only endure allopathic care with most of these Obamacare plans throughout the country. And that's not fair. When someone wants a softer, gentler approach with integrative health, they have to pay out of pocket for the most part. They're not allowed to attribute this to their HMO. It won't be covered or with Medicare for example. So, again our government does not have our health in its best interest.

And part of that, I think, is partially ignorance. And that's a shame. But we are educating now. So, hopefully they will also get educated and change their minds.

**Dr. Schaffner:** Yeah, absolutely. Absolutely. It’s just one person at a time, you know. That's really our mission here. Dr. Rubik, what have you found to be helpful personally to keep your biofield healthy and strong? So, you gave us some really great practical tips on how to safely use technology with the proven avoidance and distance being our friends. But are there other positive frequencies that you engage with? Or other things that you really enjoy on a personal level to keep your biofield healthy and strong?

**Dr. Rubik:** Yes. I practice meditation and Qigong. I do a specific form of Qigong, which is good for health. It's called Dianchi gong. It also means wild goose Qigong. It's the steps of a wild goose. And I actually did a study and published it many years ago looking at a group of chronically ill people before and after a single hour of this type of Qigong. And in every case their biofields improved. So, that really impressed me. This Qigong practice, this ancient practice that comes to us from ancient China, which is one of the pillars or oriental medicine. The others being acupuncture and energetic herbs. It can bring about a strong, sturdy, resilient biofield that can help you resist stress.

And another thing is meditation. That's actually part of Qigong as well. But it's again, a practice that comes to us from the east. And I have looked at people who meditate and also looked at my own biofield before and after meditation. And people who meditate daily for about two years have a very strong biofield. It seems to strengthen the biofield again, making it more resilient to stress. And the numerous stressors in our lives from financial to electromagnetic to psychological to you name it, all those that cause us stress and distress are easier to handle when your biofield is stronger and you're more resilient to stress.

So, meditation also brings some someone down to that ground state
and eliminates that kind of worry thought going through their head. By allowing thoughts pass through the mind but not hanging onto them. So, then if you’re one of those obsessive warriors ruminating on bad things to come, then you can let go of that. Also, in a 10 to 20 minute period of meditation. Which all you need to do is sit still. You don’t need any apparatus. For the Qigong you need space to move for the wild goo Qigong. So, those are two ways.

Another thing I have found very useful for pain, and I do have some arthritis at my age. Is infrared light. That’s a form of energy medicine and it’s invisible to the eye. But it is very good for dealing with inflammation and reducing pain consequently. Especially if acute injuries, but it also works on chronic things such as arthritis.

So, I go to phototherapy and in some cases I have my own little unit that I use at home. But it’s not as powerful as the one at the doctor’s office. So, phototherapy, it’s totally painless. It’s anti-inflammatory. It has no known side effects. And I hear stories from my physician who tells me that he’s reversing Alzheimer’s. He’s helping people with dementia by shining light into the brain. They are improved in a few sessions. And that is really remarkable.

So, this needs to be followed up on. I think that the energy medicines and there are many, many, many forms of it really need to be studies. Because sometimes, there is really nothing out there. I know also for diabetic neuropathy for poor circulation in the feet, that is a consequence of advanced diabetes. That phototherapy can help bring circulation into this.

And I’ve looked at the blood. The blood also improves. Those stuck together red blood cells when you shine infrared light on the skin also breaks this blood congestion up. And therefore, improves circulation and conditions like gang green of the limbs can be avoided in advanced diabetes. Or in some cases even reversed.

So, there’s so much promise in energy medicine and so many different modalities. I like Reiki. I like Ayurvedic touch for just relieving anxiety. And I know there’s studies showing preoperatively or postoperatively, it really helps with preparing someone for surgery. And then helping with pain and postsurgical issues. And speeding healing as well. So, there’s so many ways we can use energy medicine. Both as a primary medicine as well as an adjunct medicine along with conventional care.

**Dr. Schaffner:** Great tips and tools. We have a speaker, Ari Whitten, who is talking all about near infrared and red light therapy. There is a lot of great research. And a lot of great promise on that. So, if you are listening, check that out.
Wrapping up, Dr. Rubik, I'm really curious. You've had this wonderful career and really ahead of your time in sharing these concepts that we are here in almost 2020 trying to still get into the public. If you were given an unlimited research grant, what would you study?

**Dr. Rubik:** I would get a team together and we would elucidate the biofield, all of its components. We would really understand it. And we would learn what are the most beneficial frequencies that we can put onto the body to help us stay well and to heal. And we really need to do this. Especially in the environment where we have all of these really unhealthy frequencies. Even some that water absorbs, you know, like the microwave oven frequency. We're operating very close to microwave oven frequencies with a 4G.

And you know, that's not a good frequency for life. That kills the organisms. What are we doing to ourselves and to the biosphere? To the insects? Why are the bees acting so crazy? It isn't just chemicals from agrichemical. We need to think about the nasty frequencies that we've brought forth in technologies. And we need to learn what are the beneficial frequencies within our biofields and that we can utilize medically and environmentally to heal the earth as well as heal our cells.

**Dr. Schaffner:** I love that. I love that. And I know that you're going to continue to educate us and as you discover these, you'll be sending us an email so we can definitely incorporate this more into our practice and helping people heal.

Dr. Rubik, I so appreciate your time and all the wonderful information that you've shared with us today. If people want to learn more about your work and how to get in touch with you. What's the best way for them to learn about you?

**Dr. Rubik:** I have a couple of websites. One is simply my BRubik.com and FrontierSciences.org, which is my laboratory email. I welcome email.

**Dr. Schaffner:** Great. Well, thank you so much again for your time, Dr. Rubik. And I really appreciate you being on the Summit. So, thank you.

**Dr. Rubik:** Thank you very much, Dr Schaffner. It was an honor and a privilege.
Dr. Schaffner: Welcome, everyone. I'm here with Evan Brand and we're going to be talking about mycotoxins, depression, anxiety and fatigue. Evan Brand is a podcast host, certified functional medicine practitioner and host of The Evan Brand Show podcast with over 7 million downloads in county. He offers free 15-minute functional medicine phone consultations to discuss your health symptoms and goals at his site evanbrand.com.

Welcome, Evan. I know that we've known each other for a few years now and have had many conversations on the sidelines of what we're seeing in our practice, as well as what you're going through personally. And let's just dive into your personal journey and your story, because I think as we were talking before we started this call, so many people are affected by mold and mycotoxins and this has a huge effect on their physical body, their mental, emotional health. And also how they respond to energy and frequency in the form of emf, so let's just dive in.

Evan: Sure. Well, thanks for having me. And I remember messaging you on Voxer like a year ago, I was like Christine, I'm waking up dizzy, my blood pressure screwed up. I'm falling apart over here, what's going on? And you were kind of guiding me down the river here. You were like, well, this sounds like a pot situation, because I was standing up and getting super dizzy.

So we're looking at supporting adrenal and then I had these other weird things. So finally figured out it was mold. My buddy, Jack Wolfson said, “Evan, you've got mold.” And like, “There's no way, Jack. It's a brand new house, there's no way I have mold.” He goes well, you need to hire somebody, tell him you have mold. And it's their job to find it. I said, Okay.
And so I just ran some simple plate testing, and determined that I did have, in fact, a pretty big mold problem. And so this is why I was feeling so bad. Every time I would come downstairs, I work upstairs in my office all day with clients. I felt fine up there. That was a separate part of the house that didn't have the same ductwork and heating and cooling system is downstairs. So it was its own separate unit where it tested zero molds.

So I felt fine all day at work. But when I'd come downstairs and sit at the dinner table, I'd get so dizzy, about fell over. And it made no sense. But after getting the plate testing done and figuring out that the dining room and the living room and the bedrooms, all had high account of mold and mycotoxins, then I knew Oh my god, this is the answer I've been looking for.

I was pursuing parasites and treated those and got rid of H. pylori, and Candida and bacterial overgrowth and I had cavitations. You had educated me about cavitations. So I had eight of them that I got fixed. But none of these root causes or I guess, layers to the onion gave me the success that I've now seen by; number one, getting the heck out of there.

We stayed in -- my whole family; my wife, my daughter, me and our dog, we stayed in a hotel for a month to try to figure out what to do. Ended up remediating our old house, fixed it, sold it, bought a new house tested it, everything's fine. And then step two, just really heavy efforts of detoxification using binders, lymphatic support, rebounders, saunas, Epsom salt baths, float tanks, chlorella. I mean, I'm just throwing everything I can possibly tolerate at this thing to try to get better.

And so after six months of detox, I just showed you my before and after, I've still got a long way to go. And so that's the discouraging thing about medicine sometimes is that it's not an overnight fix. I probably had this mold issue in my body forever. Because when I was a kid, I remember my grandmother's basement repeatedly flooded, and they just put some fans on it.

And it took two or three weeks to dry out and I was hanging out in that basement all the time. I think what happened is, I got about five or six tick bites last year. I think the tick bites just destroyed my immune system and weakened me so that the mold just really broke the camel's back. You know, some argue vice versa, right. Some say mold breaks you, some say lime and co infections break you. I think it's all in the same bubble really.

**Dr. Schaffner:** And I really appreciate you sharing your story. Because if you're out there, and you've been suffering for a long time, and you're not seeing the symptom improvement. Mold is one of those things that
you set yourself. You have a new home, you possibly can have mold, right? So there's some times people don't think, you know, there is an incident of flooding, or they don't smell something must be in their house, that mold could probably not be a factor.

And so how did you go about, like what plates did you use? And how do you recommend testing your home? If you're struggling out there and have a chronic illness and have not gotten the results, please, please, please don't underestimate the effect of your home or your work environment or somewhere where you spend a lot of time. And where should people start with testing their environment?

Evan: Good question. So this is huge for teachers, because during the summertime, all the schools turn off the air conditioning systems or they significantly reduced the power on them to save money, because all the schools are doing budget cuts. And so I've got countless teachers that go back to school in the fall, and they gained 20 pounds. Their respiratory complaints come back, they're dizzy, they've got joint pain, they've got insomnia, and it's all because of the mold in the school.

So the cheapest and most effective way to look to see if you have a problem; look for the tip of the iceberg, is get some plates from the ImmunoLytics. They're out at Albuquerque. Guy named JW is a chemical engineer who runs it, great guy, very, very helpful. He spent countless hours on the phone with me through my crisis helping me.

The plate testing is 158 bucks for five plates. I mean, you can't afford not to do it. You scatter these plates around it, put them on the floor for an hour. If you work outside the home, you must investigate your work environment. If your children have health issues, you must investigate their school. Don't ask for permission, ask for forgiveness if you get in trouble. Put the plates on the floor, have your son or daughter, put the plate in their classroom. After an hour, you tape it up, you mail it back to the lab and you get a health score. And the lower the number the better, the less colonies the better. Now, there's always going to be some background level of normal mold.

But we're talking Penicillium that's really, really high that's producing mycotoxins; Aspergillus producing mycotoxins. Black mold doesn't really show up on plates unless you've got a really, really bad problem. But you don't have to have black mold. I had zero black mold, and I was sicker than a dog. So you know Aspergillus and Penicillium can produce plenty enough mycotoxins to destroy you. And then step two is, don't just test your environment, test your body.

So real time labs have a test, I've not personally used it. I've personally use Great Plains, and it's a urine sample. And according to the advice from our mutual friend, Neil Nathan, I took glutathione for five days to
help mobilize mold. Because if you're sick, you probably are not good at
detox. So if you're already at a disadvantage, you may spend the money
on a urine test and not show up accurately. So I recommend testing the
urine for five days, start pushing some stuff out, and then collect urine.

And that way you can at least see hopefully a more true measure. I've
not seen a single person test negative for mycotoxins, not granted. You
know, people like you and I are kind of the last ditch effort, like we're the
end of the rope practitioner. For a lot of people, they've already fired five
or 10, or 20, doctors before they get to somebody like you or me. And
so I'm probably biased in the fact when I say everybody has mold, but
based on the people I've seen, I've not seen a negative test result yet.

**Dr. Schaffner:** So the ImmunoLytics is a great lab. And that's plates
people can put around their home, or their office environment just to
close the loop because a lot of patients ask about the Erving test, or
the [inaudible 00:08:07] test. And so what is your opinion and personal
experience with that? And do you feel like that is also a test to help
people figure out if they have mold or not in their home.

**Evan:** It's another tool in the toolbox, right? So there are multiple
companies that run stool testing, but I have ones that I think are the best
and most accurate. So the problem is with like the Mycometrics that are
ERMI and [Herxmi] one, the cost. You know, you're looking at closer to
$300 per sample.

And so just based on cost alone, if you've got a tri level house. Let's say
you got a basement, a mid level and upper level of your house and you
buy one, ERMI test, and you put that in the center of your main floor,
you're going to be missing the board on the basement and the other
floor.

So if you're going to be buying multiple collection kits, where you're
collecting the dust upstairs and middle floor and basement and properly
identifying and separating; this was in the cellar, this was in the crawl
space, this was in the attic, this was in my master bedroom, then I think
the ERMI could be valuable tools, as well.

And you could test all of them. But you know a lot of people be due to
the illness that this stuff causes, most people are already strapped for
cash. And I'm not saying that the plate testing is perfect. But based on
the hundreds of people I've been able to help since I got sick, I will tell
you that it is good enough to find whether you have a problem in your
breathable air because some argue that like [Herxmi] and ERMIs are
better because you're finding things in the dust.

And you can find things that the plate testing doesn't find. But what
the plate testing finds is what you're breathing, your breathable air. So
if there’s hidden mold in a wall cavity somewhere, yes, that may still need to be fixed and addressed with the mold inspector who can look and probe your wall and take air sampling and such. But you’re breathing the air.

So if you’re symptomatic in that environment, the spores fall onto the plate, and then it grows. So if you can fix your breathable air, you’re going to be in a lot better shape. Think about people in an apartment or a condo, there’s somewhere they’re renting and they don’t own, they can’t just cut down a wall in their apartment complex in Brooklyn and see if there’s mold behind the wall.

But if we can at least test the breathable air using air sampling and plates, then we could put in really high quality air filters. We can do misting, we can do fogging with botanical oils. And we can see before and after just like I did with my house, massive reductions of mold and mycotoxins in the breathable air. So I’m not saying it’s the perfect solution, but is enough to get you better. And that’s what really matters.

Dr. Schaffner: Now, I’m glad you shared that point. My friend, Scott, always recommend the ImmunoLytics test to start with and it makes a lot of sense. And so you mentioned a couple, so people find mold; you have the option to remediate or move out of the home.

And I think a lot of people of course, when they do the test, the biggest fear is the cost of remediation and whether or not they’re going to have to move out of their home. It sounds like you remediated but you still chose to move out. And can you just speak to how you’ve been guiding patients and really, you know, this first step right of getting somebody better is to get them out of the current exposure. And so I just want to get your opinion on what people should do once they get this information.

Evan: Sure. It can be overwhelming. You look at those numbers, you see the plates, you see the pictures, and you freak out. And that’s what I did. And so then I spoke with JW. And he gave me some reassurance. He’s like, hey, look, you know, we got to find the source of water, because certain molds are going to be more evident of water.

So there’s one called mucor that you can look at. Mucor is typically found when there’s an active water problem. So depending on what your report looks like, just like with anything else with natural medicine, if you look at a certain gut bug, there’s a certain herb to help address that. If you look at Candida, there are certain nutrients to address it.

So just like with the mold, if you find certain species or genus of molds, you know, okay, this means I’ve got a water problem. This could just mean I had a previous water problem. This could mean it’s just too high
humidity. You know, so you can kind of figure out what your problem and then you go into solution. So I’m in Kentucky where just like the Pacific Northwest, we get a lot of moisture.

And so if you have humidity levels in your home above 50, or 60%, you’re going to get mold growth even without a water event. Meaning your beautiful $5 million mansion that’s never had a water leak ever. If you have 65% humidity in that place, you’ve got mold, guaranteed it’s going to grow. And so the first step may be getting dehumidifiers and getting your humidity level below 50%.

In my new house, we’ve got two. April air is the brand, two whole house April air dehumidifiers that run almost constantly because Kentucky is so humid. I mean, you really got to try hard to keep the humidity at 40%, which is where we keep it. Now people may say, well, how did our ancestors do so well? Well, they didn’t live in cardboard boxes. We live in cardboard boxes where we have paper backed dry wall, which is the perfect organic food source for mold.

And so when the Native Americans were here living in a teepee, they had plenty of ventilation to dry that out. They had the sunshine hitting on these materials to dry them out. And so now we’ve sealed up our building so tight to reduce our energy costs. But when you seal up your buildings, you don’t have as much airflow and as much ventilation. And so things are stagnant, humidity builds up. VOC from carpets and building materials builds up and it just becomes a toxic stew.

And so another thing that we’ve done, which has been very helpful, and some clients don’t have the money, or they don’t want to do this, but just flushing out what I’ve done, is to put in an ERV system. And an ERV is a fresh air system. And so we have two small holes on each side of the house, one for the upstairs, one for the downstairs. And with a click of a button, we can start to bring in outside air, assuming your outside air is fresh. If you live next to a highway, not a good idea. I live in the county where there are no highways, so sucking outside air and dilute the indoor air. And then the air purifier. So I’ve got Austin air purifiers, I’ve got molecule air purifiers, they both have their pros and cons. But I run those all the time.

You’ve heard the saying you can’t Polish a turd. Same thing with a moldy home, you can’t just buy an air purifier and everything’s going to be fine. You have to either if there are water damage materials, you have to remove those. You got to get your humidity down, and then you got to remediate. So on my old house, I spent over $15,000 out of my own pocket to remediate. And this is when I didn’t have the full education of what I was doing. I hired company to do what they call an enzyme treatment. It was a natural enzyme. It’s supposed to kill all the mold, get rid of all the mycotoxins and it was $15,000.
And I got the plate testing back and it was not very good. It was barely, barely better. And so then I spoke with JW. And he goes well, he said, the biobalancenow.com. He said, there's a fogger that you can do. It's a dry fog. It's an essential oil blend. And it works great. And it costs $2,000 for my house. And it worked five times better. And it was insanely more cost effective. And so now everything's great. And we sold the house and moved on.

And just as a preventative, we went ahead and fogged our new house before we moved in just to make sure we've got a clean slate. And so now kind of our maintenance strategies are air purifiers, dehumidifiers, fresh air systems. And then doing good, once around making sure we don't have any water leaks or anything. I freaked out the other day, we had the ERVs on. Because we had contractors over and their laundry smells were filling up the house. And I didn't want to smell dryer sheets anymore.

So I cranked on the ERVs. But I took in all the outside humid air so much that the dehumidifiers couldn't keep up. So I looked in the basement and the storage room, it was a puddle of water. And I said, “Oh my god, what's happening again.” And so luckily, I just wiped up the water with a towel. And I looked and I saw the humidity forming on the intake porch for the ERVs, and I thought, okay, I'm taking in too much fresh, humid air. I cut those off, and the problem was mitigated.

So it sounds like chaos when I say this all back to you, and it kind of living in a place that has high moisture. So that's why some people go and move to Arizona, but they still have mold in Arizona.

**Dr. Schaffner:** Yeah. And I appreciate you walking us through this because it can just seem, again, overwhelming in this big black hole of decisions. So this is a lot of practical tips and resources for people to explore. Evan, obviously, we inhale mold spores and then mold can also produce mycotoxins within the body. And so why is mold so significant? And why does it harm our physical bodies?

**Evan:** I think if I could boil it down to one simple mechanism, it would be the suppression of the immune system. You know, I tested positive really high for Mycophenolic acid. And when you look at the research on that -- I didn't know this until recently. I'm going to sound all smart saying this back to you, but I just learned this. Mycophenolic acid is what they use to suppress someone's immune system before they do organ transplants, so that the body doesn't reject the organ.

And so that tells you how powerful this Mycophenolic acid is. And so once the immune system is suppressed, I believe, that's really what the domino effect is, which allows Lyme co infections, epstein-barr viruses, mycoplasma, Cytomegalovirus, all this other stuff in the bucket. I think it
allows those things to really take control of you.

And so, you know, I popped up with a planter's wart on my foot. And I thought, why am I getting a wart on my foot? Well, my immune system is suppressed, these viruses are probably going crazy. And so I think nitric oxide is affected too. You know, I've had cold hands and cold feet for as long as I could remember, now that I'm detoxing my hands and feet are warming up. So I know that my blood flow is better. My blood pressure was messed up, and now my blood pressure is back to normal.

So it's interesting, because if you look at conventional medicine, you could go to a doctor and say, “Oh, I've got blood pressure issues. I've got anxiety, I've got heart palpitations.” You may end up with a beta-blocker; a blood pressure medication, but you're not going to get tested for mold. They're not going to recommend you investigate your work environment, because your blood pressure always goes up when you get back from your lunch break. They're not going to think like that.

So I think it's important to address the symptoms as they come. Yeah, you don't want crazy high blood pressure and have a stroke. But for me, I was not going to go on medication. I was like, no way. It's not a deficiency of drugs. What is going on? And I'm just so grateful I was able to figure this out because you and I might not be having this conversation. Who knows I could be in the hospital fighting for my life if I wouldn't have known this and escape that situation.

Dr. Schaffner: I think it's so important. And you know I had a mentor who always tells me nothing is random. There's always a reason and there's always a root cause it's just putting the pieces together to figure that out, and I'm grateful you figured this out as well. So what are some strategies that you're using to help with lower mycotoxins levels in your home? So you remove yourself from exposure but you still have the Mycophenolic acid in your body and these things that have been suppressing your immune system. So recovering from mold is really reducing the mycotoxins that you were exposed to. So what are some strategies people should think about to reduce their mycotoxin levels.

Evan: There's a ton, and probably most people won't tolerate all of these. So I'll just lay that disclaimer out now, because at first I wasn't able to tolerate sauna. I think even you and I, maybe a year or two ago, we talked about how when I did an infrared sauna. I was over stimulated for like two days straight. I literally after 130-minute session of infrared sauna I laid awake and could not sleep at all.

And so I think it was probably because I know that heavy metals could stimulate the nervous system. So maybe I mobilize heavy metals, but I think it had something to do with mold as well. And so Infrared Sauna is great because you can sweat out mycotoxins. It's been proven that okra
toxin, for example, shows up in the sweat.

There's some argument about whether infrared saunas are truly better than hot rock saunas. You know, you got to work with what you have. So if you only have access to a hot rock sauna, that's fine, like sweating is still better than not sweating. However, I personally couldn't handle a hot rock sauna. I mean, those things are hot. It's like 180-190 degrees Fahrenheit, I couldn't handle it. So luckily, if you're more sick or sensitive, an infrared sauna, you've got 120 degree 130 degrees sweating session, which is far better and more gentle. So that's helpful.

Glutathione can be helpful, but sometimes glutathione makes people feel terrible. And I'm guessing because you're just moving so much around that your detox system can't keep up. And so I think really what you have to -- I'm learning this all the hard way. Really, I think you have to start laying the groundwork with getting your gut inflammation reduced.

So making sure your diet's dialed in, maybe taking some aloe extract or zinc harnessing to try to seal up your tight junctions. My theory is that if you have a leaky gut situation, you're going to be more sick if you use glutathione. Because it makes sense that if glutathione is moving stuff around but the gut is leaky, then all the mycotoxins will just reabsorb back into the bloodstream.

So I think if you can try to do some leaky gut support, and get that in better shape before you mobilize toxins and get your lymphatic system support it, whether that's using herbs or self lymphatic massage, or rebounding. I think you're going to be in a better less sensitive place than if you just try to -- Evan said, do glutathione. I'm going to do glutathione. And then binders are really critical.

So I've really gotten good success with this toxic bind from beyond balance. I do really good with that one. And I've also got a bottle here. This is like an old fish oil bottle full of Cholestyramine. I really don't like prescriptions. But Neil Nathan, kind of called me out when I spoke with him and interviewed him for my podcast. And I told him I said, “I'm getting pretty good progress. So binders but I'm still sick.” And he goes, “Well, Evan, quit trying to prove that you can do it naturally.” He said just proved that you can get better.

Dr. Schaffner: Wise.

Evan: He's like a grandfather figure to me now after saying that. And so I said, “You know what, you're right.” So I had a friend write me a prescription for the Cholestyramine and I started taking it, and is very powerful. So I'm not 100% sold on the idea because I think natural binders are still amazing. So I'm kind of rotating. To be honest, I'm kind
of rotating Cholestyramine and natural binders like charcoal, clay, silica, chlorella and then obviously avoiding moldy building.

So you could have a perfect protocol. But if the bathtub water still pouring in the bathtub, and you got the drain open, who cares. And so if I go into building, and I see water spots on the ceiling, or if I see mold in the HVAC ducts at the bookstore, I get the heck out of there. If I go to a restaurant, and I feel weird, I get out of there.

So I think reducing the exposure is key because many people don't know that. You go to church every Sunday and spend an hour in a moldy church or you go to the gymnastics and the gymnastics building is moldy. Or you take your kids to swim lessons, but it's indoors and they don't have dehumidifier. All that moisture is making the YMCA moldy. So once you're aware of this stuff, it makes you not want to go anywhere. It makes you just want to like live outside in a tent. And some people have to do that to recover. But I would just say I'm very picky about where I go these days.

And I don't go to places that I don't have to go, like I'm not just going to go browse a shoe store with all those seas of rubber and a tire shop. I'm not going to go hang out at a tire shop and getting exposed with all the rubber chemicals. You know, I'm going to try to live in a bubble until I can get fully better and then re expose myself to see if I still react the same way.

Dr. Schaffner: And you have talked about this connection with mold and mycotoxins to multiple chemical sensitivity and increased reactivity. Can you talk a little bit about how your experience and what you see with mold making people more reactive, not just mold, but other chemicals as well.

Evan: This is the worst part about it. Like this is the part that creates the most suffering. I was not chemically sensitive at all, just a year or so ago. I'm getting better, but at my peak, I was so sensitive to smells. I had a contractor come over to my house, he had dryer sheets on his clothing, I could smell it. Five minutes after I smelled his laundry smell, my blood pressure went up 30 points.

And I would get so dizzy, I felt like I was going to fall over and couldn't drive a car. I couldn't go in whole foods for six months because I got dizzy every time I went in the building if I smelled someone's perfume, or Cologne, diesel, car exhaust, wood smoke, bug spray, sunscreen. I mean, literally anything that has a smell to it, I tell you, it's the worst thing ever to have chemical sensitivity. I'd rather have a broken arm than chemical sensitivity because you know it gets better.

But at my peak, I was wearing a mask everywhere I went. And it was
humiliating, you know, people look at you like you’re a cancer patient. I had this mask on it was called a P95. It’s by the 3AM Company, it's got a carbon layer in it. So it works amazing. It's kind of awesome. It's like walking around with an air purifier on your face. It's pretty cool. It's very effective. But I had to wear that because if I had one exposure, I'd be dizzy for two days.

And so then I come across this term of mast cell activation, which I'm convinced that's what it was. And so I began taking Cholestyramine and other nutrients to try to stabilize the mast cells. And luckily now, I'm not having any strong reactions like that. I still am terribly sensitive to chemicals. But it's not causing very extreme sickness and stomach pain and headaches and dizziness and all that. Now, if I go to Target and hang out, you know, in the Iowa, where they've got a bunch of towels with like GMO cotton and stuff, I'll react still.

But as I mentioned, I just try to be picky about my exposures. And I've just had to educate my family about, hey, look, I'm super sensitive. So if you come over, you can't wear hairspray, you can't wear fake scented lotions, you can't use air fresheners in your house, or I'm not going to come over to your house. And if I do come over to your house, I'm going to break the air freshener off the wall and throw it away. That's my crime I do in public.

So if I go to -- I mean, this is a public -- I'm doing a public service. If I go into restaurants somewhere and they've got one of those puffers you know, you go in the bathroom and it goes puff right in your face and throws the air freshener, I'll just break the thing off the wall and throw it away. I'm ruthless. I don't want anybody else to have to suffer with this. I'd rather smell somebody poop, than have to smell fake air freshener in the bathroom.

It's very hard to avoid smells in the modern world. So with chemical sensitivity, you can't just “treat chemical sensitivity.” I'm not doctor so I can use the word treat. But I'll just say you can't just address chemical sensitivity, you've got to address the root cause. And based on my suffering, I'm determined that mold fills up the toxin bucket. And then the chemical or the smell, or the fragrance just put you over the edge. So to fix that, you've got to fix the mold.

**Dr. Schaffner:** It's like you become the canary in the coal mine. It's like none of these things are healthy for humans at all. But when you become the sensitive, you have to be mindful of all the things we should be avoiding to begin with. And that's my experience too as we get the mycotoxins levels down; the resilience with the multiple chemical sensitivity improves, but it does take time.

And again, it just increases your awareness of what we should be
avoiding anyway, but it's hard. It's probably one of the most isolating and stressful and unpredictable parts of the illness. And you mentioned that you're finding with your clients, that there is an increase as well in EMF sensitivity with mycotoxins and mold; mold sensitivity and mold illness. And so what have you been finding? And how do you think EMF really -- you know, this intersection between EMF and mold? And is this also why we're seeing people to be so sensitive at this point?

Evan: Yeah. Well, your colleague, Dr. Klinghardt told me a couple years ago, he goes Evan, he said, “If mold is exposed to Wi Fi or EMF, it's going to make 600% more mycotoxins.” And I'm like, whoa. So if he's correct, that's really scary, because there's nowhere that I can think of to where there are not Wi Fi and cell towers everywhere. So that's pretty concerning. What I found, and this was really just like a fingers crossed, I hope it works experiment, was I had a client in London. This was actually just a few days ago.

So this is pretty fresh in my mind. This woman was housebound, and she had to move to the countryside where there's no Wi Fi, no cell phone towers, her husband had to work, he was chronically ill as well. And she was so sensitive that she could only speak with me on Skype for like five minutes, even though she was hardwired with internet and had no Wi Fi, even just the flicker of the screen would set her off.

And so we literally had five minute consultations. And I told her, I said, “Look, I think you've got a mold problem. Let me give you some glutathione and binders. It's too hard to do the testing across the pond, you got to pay a bunch of money to get it back to the states in time. Let's just assume you have it, and let's see if you get better.” And so I just did a follow up with her. This was six months later. That's how, you know, I'd love to talk with her more, but she can't because she's too sick.

So we did a six month follow up, a few days ago. And she goes, Evan, I'm 90% better. I mean, I got broken in tears. I said, Oh my god, she said I can go into city for the first time in years. She said I'm not going to stay at a hotel. She said that would destroy me. She said, but I've been to a couple business centers with my husband where I know they have Wi Fi, he's there working on the computer. And she can hang out with him now and get blasted with Wi Fi and doesn't have the extreme pain.

What she was having primarily were motor tics. And so when I know we need to end our consultation is when her head just starts like twitching to the side, she'll just start like don't. And if people were just listening and they can't see me, I'm basically turning my head over to my shoulder. Her whole head would spin 90 degrees, and it's uncontrollable. And so that's how I knew that I need to get her off the phone. But she said that all the symptoms across the board; fatigue, the dizziness, the joint pain, the sensitivity, she felt like someone was burning her brain.
90% better and all we did was glutathione and binders, not even any prescription binders, just charcoal, clays, combos.

**Dr. Schaffner:** That is such an amazing story. And I'm so glad that she got the results with just really simple version of the protocol. That's fascinating. So what you're saying, and kind of what we're talking about on the summit is that what's changed over the last decade is this increased EMF exposure. The cell phone, the iPhone I think first came out in 2007.

And we're now trying to educate people and try to wake up to find alternatives to 5G coming to all of our cities. And so this increased exposure and Wi Fi and cell phones is making the natural molds or even the water damage molds that you might be exposed to in your home; that much more virulent, and that much more mycotoxins producing. So then your cup is full way faster, and you become way more reactive, way more sensitive and way more sick, because that's what you're finding, just to recap.

**Evan:** Yeah, that sounds pretty accurate. It's scary to say that because it sounds like there's no safe place to live. And I'm just a canary, like, all of us listening are probably canaries because they're seeking this information out. It's kind of a curse and a blessing in the same token. But it really concerns me, because, you know, I'm a guy who takes really good care of himself. I practice everything I preach.

And so I go to bed on time, I have good relationships. I mitigate stress, I take adaptogenic herbs, I detox myself. I do everything that I think I could do in my power, and I still got this sick. And so I really do fear for the next 10, 20, 30 years, the world that my two daughters have to grow up in. Because I just don't know if we're going to make a change big enough to stop what I'm already seeing, which is like my clients in Australia that have had 5G roll out. You know, they're losing hair in clumps, and they can't sleep anymore, and they're having panic attacks all day.

So I think while the urban rollout happens, I think the countryside is still the best place to live. I think Elon Musk and Jeff Bezos have good ideas about helping the world but I am concerned that we're not going to do any long term human trials or any testing on the 5G satellites. And so if the whole planet is getting beamed with 5G, I think the only sustainable solution would be to build yourself a bunker basically. Kind of like in the old days where in Kentucky at least people had sellers because of you know, each store your vegetables and stuff, but also it'd be a good tornado shelter.

So my thought is, and I talked with Dr. Mercola a little bit about this; this idea of creating kind of a Faraday cage that you can at least sleep in
to where hopefully, your daytime exposures can be at least somewhat mitigated enough for you to stay functioning, as long as you get your good eight to 10 hours of sleep in an EMF free zone.

So many argue that’s not enough. But what else are you going to do besides like, walk around in silver all day? I don't know.

**Dr. Schaffner:** I am glad you know, it’s a very big challenge and a big problem. And as we probably both know that this is going to take time, and we might have a little bit of a worsening before the planet wakes up. And so I’m in agreement this can feel completely overwhelming. And our sleep location, I think, is the thing that we can have the most impact and control over and that can give us that break.

And that is restorative time for our brains to detoxify, our body to recharge and heal. And so if you’re listening to this and completely overwhelmed, think about what you can do for your sleeping location. So what are some strategies -- and you live in the country. But what are some strategies that you do for your own bedroom to keep your bedroom safe?

**Evan:** In our old house, I would turn off the breaker every single night. But I started testing my heart rate variability to determine my nervous system health, and I didn’t notice any improvement cutting off the breaker. At this new house, I haven’t been cutting off the breaker. But we do have a whole house dirty electricity filter running.

And I measured using Dave sensors micro surge meter, and I’ve confirmed that we’ve reduced the dirty electricity, which is a high frequency noise that comes from the plugs in your wall outlets. We've reduced that by hundreds of points. And so I don’t think we’re at a place where we need to cut the breakers. I could experiment with it again. There are kill switches that you can do to press a button and kill the breaker.

I just haven’t seen much benefit. And I looked at the data with the heart rate variability and I found it was a pain to go to the breaker box every day and flip it. And there are really high magnetic fields by the breaker box. So at there to flip the switch, you’re getting a hit there. So we have an Austin air purifier in the bedroom. We use the HealthMate plus, which has the ZO light carbon, charcoal, HEPA blend something like that where it’s filtering out everything. And so we have no VOCs in the home anyway, but you still want to filter the air because if you’re breathing in toxins that are going to stimulate your nervous system and you won’t sleep as well.

We don’t have any neighbors right now. There’s a house being built over there. And hopefully that guy doesn’t use a bunch of lights, because I’m
going to be mad at him. But for many reasons, like light pollution, which is a growing problem, because we can't see the stars anymore. So we have no light pollution, which is good. So we don't use any lights at night. No neighbors that are blasting us with lights.

So do blackout curtains if you have to. I do feel that people miss out on the sunrise, they'll coming in their window. I love that. It's the best part of my day. So if you have blackout curtains because your neighbors blast you with light, you need like a switch to open those blackout curtains when the sun comes up. I don't have all the solutions, but I'm just thinking. Also we are detoxing. I mean, my sleep was terrible when I was very toxic. I don't know how anyone's proven this but I've heard mold impairs melatonin production.

I don't supplement melatonin. I'm sure I could. But the more I take binders the better my sleep gets. That's pretty interesting correlation. Binders improve your sleep. Most people say do valerians root, and Chamomile, and skullcap, and passion flower, and motherwort and Ashwagandha, those are all great strategies you can do for your sleep as well. But for me just detoxing has improved. And then I would just say, you know, the boring stuff that everybody else is going to say; block blue light. Wear your blue blockers, don't use your phone at night, don't scroll on Instagram five minutes before you switch off the light. Don't get into any big arguments, you know, like settle the score before bed.

Hopefully you're in a good relationship where arguments, are few and far between. But don't try to like debate finances and debate the next move that you're going to make in your business at 9pm. And you're going to try to go to bed at 9:30. You know, try to focus your conversations and everything on calming and relaxing in the evening.

So luckily, I've got a three year old and I've got a 12 week old, and so she loves being read to. So my oldest daughter's name is summer. So the best part of my evening is I get to read books with summer. I mean, there's nothing more relaxing than reading I'm a bunny, other bedtime stories. I'm not thinking about mycotoxins and 5G cell towers down the road, I'm thinking about bunnies.

So I think at a certain point, you just have to stop worrying about all this stuff. You do as much as you can. And then ultimately, you just have to just give in and just live in the moment and say; this is a reality that we're faced with, I'm going to do the best I can, but I'm not going to be overwhelmed anymore. I'm not going to be afraid anymore. I'm just going to live my life because you only get one life. So let's make it the best we can. And if you have that mindset, hopefully you'll be able to settle down and rest.

**Dr. Schaffner:** I love those tips. I think that's a great tip too with the
binders at night. There’s this whole idea of Corona biology with that, you know, we have different organs active at different times of the day. Our circadian rhythm and the gallbladder and the liver are active at night and phase II detoxification as well.

And so I’ve seen that as well. And I think that’s a really great tip to support sleep, thinking about it from this other perspective. So Evan, you gave us so much information really, really solutions oriented. And I really appreciate this interview and your time, is there anything that you want to leave our audience with as we wrap up today?

**Evan:** Hopefully, I’ve given a few words of wisdom and encouragement, don’t give up. This is a long journey. As I told you in the beginning, I mean, I just showed you my retest six months later, with me trying really, really hard to get better. And I’ve still got a long way to go. So you know, I’ve been working on myself for over 10 years now.

I’ve been doing stool testing and organic acids testing and fixing parasite infections and testing and working on Lyme and co infections. I’ve been in the trenches for a long time. And I’m still not at the finish line. So I guess my advice is get rid of the finish line, it doesn’t exist, it’s an illusion, just assume that there’s different levels of health that you can achieve. And try to get to the next checkpoint, don’t assume like, my life will be great when blink, because then you may be 80 years old and your life still sucks.

So try to celebrate the small wins, like I’m less dizzy and I don’t have blood pressure issues than I used to. I’m so happy and grateful just to be able to say that. If you lose five to 10 pounds, but your goal was 50 be happy with the five or 10 you’ve already lost. If your goal was to get rid of panic attacks completely and you went from panic attacks every day to once a month, celebrate that. If your child was on the autism spectrum, and you got him off the autism spectrum, celebrate that. If you took A-tech questionnaire for your kid and he was very symptomatic and now his A-tech score is better, celebrate that. If you tested for mold, and you didn’t have any hallelujah, good.

I think we were in such a culture of instant gratification and success and envy and jealousy of other people that we look out there to find contentment and happiness, but you have to find it within yourself. And you know, I struggled with depression anxiety for so much of my life that I can tell you from personal experience that, if you’re not happy with yourself and in your own body, there’s nothing out there that’s going to make you happy.

And I’ll tell you, I told you before we hit record, as soon as I take binders, I feel happy for no reason. So my lifelong depression that took me through college and everything. It wasn’t an antidepressant deficiency,
it was probably a toxin overload. Make sure you get to the root cause. If you haven’t found the answer yet, find a new practitioner; if it’s Christine, if it’s me. I mean, I don’t care who it is, as long as they’re passionate and they can help you get to the root cause.

So if you’re not getting to where you want, there’s probably a rock that hasn’t been turned over yet. So don’t just double down on treating your thyroid or your adrenal. It may not be bad, it may be a part of the puzzle. But there may be something bigger, like my sleep issue was a secondary issue to my primary mold issue. My joint pain was a secondary issue to my primary mold issue. Your chronic fatigue, I’ve seen that as well like my energy boost after I take binders. Chronic fatigue could be a secondary issue due to a primary viral issue. So try to work on primary issues, don’t focus so much on secondary and third and fourth and fifth level issue.

**Dr. Schaffner:** I love that, Evan. So many great tips and what a great attitude that you have being on the front lines with your patients and in the trenches with yourself. And I think that’s a really wonderful word of wisdom to end on. And so, Evan, how can people find out more about you and your work? And if they want to see you as a client, how can people find you?

**Evan:** evanbrand.com is my website, that’s the hub. I’ve got all the information about working with me. I’m just virtual so Skype, FaceTime, phone. You know, I don’t have a brick and mortar, which is actually a good thing for many reasons for people because they don’t have to wait in an office for an hour. And then you’re reading a boring magazine. You just sit at your house, and I’ll call you.

So in the podcast is there too. I’ve got over 300 episodes on there. It’s free. It’s every single week. It’s talks just like this. So if you have an issue, start listening to the podcast and you’ll get a ton of free information there. And if that’s not good enough, and you need further help, then feel free to reach out and I can help you get to the bottom of what’s going on.

**Dr. Schaffner:** Well, thank you so much, Evan, for your time, and we really appreciate your contribution on the summit. So thank you.

**Evan:** Thanks for having me.
4 Ways to Charge Up Energy
Guest: Jonathan Landsman

Christine: Welcome, everyone. I’m here with Jonathan Landsman, and we’re going to be talking about four ways to charge up your energy. For over 30 years, Jonathan Landsman has been in the health and fitness industry and is the host of naturalhealth365.com, one of the most popular natural health websites in the world. Natural Health 365 offers a free newsletter, podcasts, and videos, which reveal the very best information in science and natural health solutions. Throughout his career on the internet, Jonathan has created over 500 online programs with over 300 of the brightest minds in natural health and science.

He's the creator of the three best-selling online educational programs, including the Holistic Oral Health Summit, Alzheimer’s and Dementia Summit, and the Immune Defense Summit. To learn more and become part of this community, please visit naturalhealth365.com. Well, welcome, Jonathan, I'm really excited to do this interview. I know that we've connected over the years, and you just put so much great information out into the world. So, thank you for being here.

Jonathan: Yeah, it’s my pleasure. Great to be here. A really important topic because without energy, there’s no life.

Christine: Yeah, absolutely. And so we’re going to talk about really four key parts of how we can charge up your energy. You’ve done a lot of education about this topic, and I feel very strongly about this too. But there’s a lot of our health that starts in the mouth and cleaning up our mouth is vital to our energy body and our physical body as well. Can you just give us the rundown of how we should clean up our mouth?

Jonathan: I appreciate you giving me the opportunity. We get so much of a focus on digestive health, how digestion is such a big deal when it comes to the immune system and our overall wellbeing; and how it’s a second brain down there in the gut. But a lot of people are not thinking
yet enough. Although it has been changing in the last few years since my summit on oral health and the dangers of modern dentistry and what that does to people's overall energy level; increasing their risk of disease. But not enough focus yet, conventionally, and even in integrative medicine, on this whole idea of what is going on inside your mouth.

What kind of dental work have you done? What kind of infections are inside your mouth? And mind you, this is the kind of stuff that I'm talking about that doesn't necessarily cause any pain at all. So it's a hard thing to communicate to people, right? Like, “Do you realize that there's something wrong in your mouth that's putting you at greater risk for the low energy you may be feeling, but even more importantly, the kind of diseases that nobody wants in the future?” And most people are saying, “But I'm fine.”

So, when we look at these four things, mercury based silver fillings, infected root canal treated teeth, gum disease, and cavitations, all four of these, again, the problem being, don't really give most people pain. Millions and millions of people are getting this stuff done. And it's uninformed consent, that's what's got me so jacked up. With conventional dentistry, when you go into the office, and you have a little toothache, and you get it filled... I had them personally, 14 dental amalgams. You get this mercury, half the filling, for most of these conventional fillings, is filled with mercury, which is neurotoxic. The rest is all kinds of other junk like nickel.

None of this stuff is biologically important. Conventional dentistry just treats it as it's no big deal, just stuffed it in the mouth. I had 14 of these amalgams in the bottom right and left; upper right and left. Years ago, I had them taken out. I can never explain to you in this interview, how good it felt on that last visit, emotionally and mentally, to have invested the time, the money, and the incredible effort it took before the procedures, and during the procedures to stay relaxed. And afterwards as well, all of my lifestyle steps, I cannot tell you enough, how great it felt to get that mercury out of my mouth; thinking about my future health.

My dad passed away from Alzheimer's disease, and dementia is on the rise like crazy. And more and more young people are experiencing brain fog, memory issues, they're not concentrating enough on anything, and they're struggling.

A big part of this is mercury toxicity. And again, I know I'm going off on this a lot but no, it's not just from the piece of fish that you had once or twice a week. And this warning, this lame warning that you hear, “Only pregnant women should really stay away from tuna until they have their baby.” And then, “Nah, don't worry about it all.”

I mean, there's just this pervasive attitude that, “Uh, yeah, mercury. Yes, it's in the fillings.” Here's another kicker about mercury fillings. This blew my mind only a week ago because I do a huge amount of interviews just like you, and working on an event coming up very soon. But in these
conversations, I was doing a little pre-interview work. And I went on to the FDA website, the United States Food and Drug Administration website, about mercury in these fillings. And years ago, they never said that mercury came out of these fillings, pervasively. If you speak to any kid coming out of dental school, most of them are taught, “Just put the fillings in. It's nothing at all. The mercury is in that filling. It's nice and hard. It never leeches out.”

Of course, it makes no logical sense that if they take that out of the mouth, they have to treat it like its nuclear waste, and they can't just throw it away in the garbage because it's so dangerous to the environment. But somehow, magically, through the years, they were saying mercury would never get released from the filling. “There's nothing to worry about.”

Well, guess what? News flash, anybody can go to the FDA website now, and they flat out admit to people in their language that low levels of mercury vapors do get emitted from these fillings all the time. When you're brushing, when you're eating hot and cold; all this stuff agitating it. Forget about that. Or if you get them worked on by a dentist with a high speed drill, then it's really spitting out.

But all the time they're admitting it. And then the very next sentence, of course, you can imagine what they're saying, “Oh, still not a problem.” So here it is, like 100 years, “Don't worry about it.” Now they've moved. What a radical move. “Oh, it does come out a little bit. Don't worry about it at all.” And then what are we going to do? Wait another 20, 30, 40 years before it's finally, “Um, this stuff should have never been put in the mouth,”? And how hard is it to think, mercury vapors, mixing with saliva, juices going into the gut. Hello, that's where gut problems are.

And it's so much truer for the infected root canal treated teeth we'll talk about for a moment, and gum disease and cavitations, which are bone infections. So much of this doesn't stay local in the mouth. The vapors are going up into the brain, mercury, these infections, the bacteria. And the waste products that are spitting out from these infected areas in the mouth, from gum disease that in many cases is undetected in so many people.

They don't have the right dentist, they have no idea they're walking around with it. Infected root canal treated teeth, I'm here to tell you with all hundreds of integrative health care providers I've interviewed, years and years, with hundreds and hundreds of programs I've produced, and everything I've personally witnessed with my wife especially, and all the other physicians who talked about this at great length; there is no doubt, 100% of the root canal treated teeth are infected.

And here's the kicker; over time, more and more infected. More and more stress on the immune system. The body is not stupid. All of this is recognized by the body. It tries to wall it off. It triggers the immune system to constantly be working. Look, the immune system is important
and we want it to work to defend us from cancer cells and you name it that might be floating around in our body. But when our mouth is so messed up, with all the metals messing with our energy, and our immune system, and the infections from root canal treated teeth, from gum disease, or bleeding gums... if anybody's got bleeding gums, when they brush and they spit out in the sink, and they see a little blood, guess what? You've got gum disease, please take care of it.

Or cavitations, which come, generally speaking... I am generalizing here, but say pulling a wisdom tooth or pulling out a tooth improperly or even properly. Eventually, over time, a bone infection can happen in there. The body tries to wall it off. And this is a constant strain on your systems.

So all of this toxicity as well is going into our bloodstream, the digestive tract, we mentioned, the bloodstream; the lymphatics, this is a constant strain on our energy levels, and it's real subtle. We're going to go into step two and three and four, which I'd love to talk about with you, in terms of things that we can do to increase our energy. But I think the message here is very clear. You cannot do this alone, you must reach out to a well-qualified, biological dentist. Go to the International Academy of Oral Medicine and Toxicology; iaomt.org. It's a great resource.

Find someone, I drove an hour and a half away, back and forth; three hours of driving, it was well worth it. I was in the best hands up in New York when I was there, and now I'm in Florida. But in New York, I was in the best hands. It was the most seamless procedures, all four that were done on me; four different visits to get the mercury out. To clean up my mouth. There was no issue at all. But you have to have a well-qualified, biological dentist who understands and appreciates where you're coming from. Prepare your body beforehand, make sure your digestive system is working well, you've got a bowel movement every day.

I could go on and on for an hour about this. How to make sure you're okay before? Get the procedures done properly. And then afterwards, a lot of good detoxification and I'm sure you're into it all the time, that's really important to keep everything calm. Keep all the toxins coming out of you because even after you extract to get rid of these things, there's toxins in you. And this will be a tremendous burden lifted off the body. And there is no way that you wouldn't experience a greater sense of energy. You know what I'm saying?

Christine: Absolutely. And thank you so much for going through that in such great detail. That's one of the first steps that Dr. Klinghardt and I often do with a patient that comes to see us. And it still amazes me, Jonathan, how overlooked this is. A lot of patients come to us after seeing 20 to 30 doctors, really great doctors, but sometimes they forget to even look in the mouth; and that I feel like, is step one. Especially if we're going to effectively detoxify somebody, we have to start in the mouth. So, Jonathan has a lot of information on his website, and he did a summit all about this.
So if this is a new concept for you, please, please become educated and see how you can take the next steps for your health. So, Jonathan, we have step two. So, you mentioned the importance of eating high vibrational foods. Many people know about organic food and many people who are listening to this have even heard about GMOs and all of that. So, what do you mean by eating high vibrational foods?

Jonathan: Yeah, I say it that way because I like to just let people know that, look, everything is vibrations, right? We walk into a room, we don’t like somebody. We don’t even know who that person is, what their name is, we can feel the vibrations coming off people. Food, supplements; the water we drink, in the air. There's frequency vibrations, there's vibrations in our whole body; every cell is vibrating. I think everybody watching us, they get that.

So, eating high vibrational foods is really important. And I appreciate what you said before about giving me the opportunity to talk about the first step being, cleaning up the mouth. Because even if you are eating organic food... and don’t get me wrong, I think it’s great, organic as much as possible.

Stay away from the chemicals. I don’t think you need an expert to talk to people about that; that's a no brainer. Go to the farmers markets, what great vibrations there; the people that you’ll learn from, all of their expertise. What a healthy lifestyle, so much better for your energy to be around people like that; high vibrational people. But if you don’t clean up the mouth, and you’re eating all this healthy stuff, you still have all those poisons pouring in. So that's why it was step one.

Step two with high vibrational foods. I feel like, for me, the message is, of course, eat as healthy as you can. And we know that's important, all the colors, organic fruits and vegetables; great. But the reality is, a lot of people out there, way more people are suffering with energy issues, their brains are not working right. They can’t even read two or three pages of a book without nodding off. They feel exhausted at work.

And they attribute that just to, “It's a long day.” I put in a long day, and again, I’m not bragging. I mean, I'm up at five, 4:00 to 5:30 in the morning, every single morning. It’s just normal for me. And then I go all day with interviews and all the work that I have to do, and I’m pretty much finished in the early evening. So we're looking at minimum 12, but more like 13, 14 hours is no problem for me.

But it used to be much more of a strain until I started introducing every single morning, a really simple routine of these green powders. Now, people hear about this; mixing it in with water. But I cannot stress how important this is because you’re getting a massive dose early in the morning. This is the greatest way to break-fast, if you will, breakfast. You've gone through the night, all early morning, you've been asleep. You’re losing water by breathing, maybe there's sweat in the bed; you’re slightly dehydrated. That's a no brainer for a lot of people. This is key to
start your day every morning with high vibrational, anti-inflammatory type lifestyle, started off right away with a really good quality greens drink.

And again, we don't want to get into brands but I just encourage you to find something that is mineral rich. And its foods and supplements, right? So even if it's not the powders, the foods that we're talking about here, mineral rich, our sea vegetables. Over 30 years ago I was introduced to the macrobiotic way of life.

Now, I don't follow it so strictly anymore, with the brown rice and the beans and everything but really, it was much more about talking about the energies of food. And how grounding, how calming, how energizing, in a good way, not a coffee, you know, overstimulated way; and all of these ways that are positive, by eating foods that all possess a certain energy.

Mineral rich, arame, wakame, all your sea vegetables; your seaweeds. We call it sea vegetables, I guess, because seaweed doesn't sound so good, right? But you can get those in ground, powdered form. And that's what I do because practically speaking, how many people are having miso soup, like I did for years when I was in a macrobiotic only lifestyle? But I really have a lot of respect for it because it was talking about in the morning, the importance of a miso soup, fermented miso.

Fermented foods, we hear all the time how important that is for the gut. Well, great. Miso paste and making a simple soup with some onion in there, and some floating wakame. So, wakame, arame, hezeki; all of these, kelp, really good as well. Nori, a lot of people know Nori, toasted Nori, you can make rolls out of that. So again, mineral rich food is so important. So many people, too many people, are mineral deficient.

Medicinal mushrooms. Reishi, chaga, shiitake, turkey tail, quadriceps, things like this; so important. Again, all of this is in my powder every single day, for well over a decade. I'm kind of thinking for a second, it's probably more like 15 plus years, I've been doing this every single morning.

And it really is a phenomenal way to start the day, in terms of ensuring that the things that we're all exposed to, we can't avoid it; that could perhaps promote inflammation, which will kill our energy, we want to have these things in our life to give that buffer. That little bit of that way of protecting us, all our cells, from this harm that can come from the outside.

I mean, geoengineering, we know all about that. Aluminum falling from the sky. All the chemicals that we might be exposed to in water and foods when we go out to eat or something. So it's clear that this is important to do. Greens, greens, greens, third aspect. So, mineral rich, medicinal mushrooms, and greens; so important. Not just your kale, collard greens, Swiss chard, these kind of leafy greens, but the barley grass, the wheat grass. How many people love to have wheatgrass juice?
I don't really know. Not that many.

**Christine:** Maybe only you and me.

**Jonathan:** Yeah, honestly, I don't like wheatgrass juice either. I get it. But that's not something I'm going to practically do every single day. And again, dried form, in that powder, mix it in with water, you're getting these things. The barley grasses, the wheatgrasses, people get it, right? And chlorella, spirulina; things like this, get those things into you. They're very protective on the inside of your body. So that when those toxins come in, they will go to those spots, and they will be escorted out of the body. Especially if we're talking about something like chlorella.

Another thing, as part of this whole mix, is herbs; not enough people eating enough herbs at all. And everything, garlic, ginger, peppermint, turmeric, rosemary; this is just to name a few. All of these herbs are so health protective as well.

And again, I keep hitting back to the main point of today's conversation. If you want high energy, you must have low, low, low inflammation in the body. And just the opposite, if you're struggling with your energy level, your brain function, your nervous system doesn't just feel really on fire in the best way possible, and you don't have that high energy... and let's face it; that mood as well. That happy mood of wanting to help and ready to take on the world.

If you don't have that, there is something wrong with your energy. And you must be thinking about it being, “Wow, I've got some inflammation going on here. Where is it coming from? What foods? What drinks? What dirty mouth issues do I have?” The toxic metals, the infections, Lyme disease, Epstein Barr; the list goes on and on. “There could be a lot of other infections that are in my body that I need to deal with. And when I neutralize them, wow, then all of a sudden, my energy's feeling better. What's going on here?”

So, obviously, eating organic, we mentioned, is very important, but whether it its plant, or the animal food eaters out there, I think it’s really important to speak for a moment, not to the vegans so much, but why organic and clean, real food is so important. Because talk about a toxicity exposure, the animals are tortured. You want to talk about on a vibrational level, eating food from animals that were tortured their whole life. Well, don't kid yourself, fear was running through their body all the time. The chemicals that were released, and that food that you're eating; that is absolutely going to affect you. If that seems way out there for you, then look, the antibiotics, the hormones; all the chemicals that are used in conventional farming practices to raise these animal foods, the toxicity is enormous. That goes into your body. It's constantly making you more pro-inflammatory, it encourages inflammation, and it's absolutely going to break down your cell function. It's going to cause you to feel more low energy, depressed; all of these things. So
it is very important, don't think of organic as some sort of vanity thing, only for people that have a little bit of money. It absolutely is the best investment. If you've got to take that money from something else and put it into the food, you will never be sorry a day you're alive. That's my thing on high vibrational foods.

**Christine:** Now, that's excellent, Jonathan, and so important. And as you said, all these stressors that we're all up against in modern life. The best, I feel, strategy is to kind of live a lifestyle of detoxification and minerals. And all of these really super foods that you just shared are key to having a healthy lifestyle to combat the stress. So I think, really great points. I'm curious, do you do a lot of broccoli sprouts as well? Is that something that you enjoy as well?

**Jonathan:** Sure. Broccoli sprouts, alfalfa sprouts. Again, those young sprouts, yeah, you're looking at that higher vibrational, younger plant that has so much more nutrition, you cannot go wrong. But again, like I say, you've got to be honest with yourself, “Can I get it all from the foods? Am I going to the farmer's market? And am I going to be very disciplined? Am I going to ingest all of this every day, in a food way? Do I need that help with the ground powders, the smoothies?” The juices that you'll do, where you can start throwing in these things on an everyday basis. My point is simple, whatever works for you, whatever makes it easy, get busy and start doing it today or tomorrow.

**Christine:** Absolutely, I make a smoothie every day for that reason, because that's just what works for my lifestyle. And there's so many great products nowadays to help you do this, and integrate that into your routine. So, Jonathan, step three is exercise. So, let us know your take on exercise and how to incorporate exercise in our life.

**Jonathan:** So we've got millions and millions of people out there. Obviously, I'm not talking to the health nut out there. I don't know if they've even listened to me this far along because they're like, “Ah, I know everything,” right? Okay.

But I get it and that's fine. I've got a lot of respect for the health nuts out there. I've been accused of being a health nut for a long time, over 30 years in the health and fitness industry. My master's studies are in exercise physiology. I've worked with a lot of high performance athletes. This is a very big deal for me. I went to the Olympic Training Center in Marquette, Michigan, for racquetball, which was my greatest love, in terms of sport.

I've done all kinds of stuff, marathon running, half marathons, five K's, 10K, road racing, up the wazoo; 70, 80 miles a week, and doing all of that kind of stuff. And triathlons, I played around with that for a little while as well. So I love exercise. But there are millions and millions of people that are simply not doing it. In fact, it was a joke in the health and fitness industry, you have like a whatever, 10, 15% of the American population, US population are in health clubs, right? And when I was running health
clubs, it was like, “Big deal.” If you opened up a big gym, it was like you weren’t getting more people, of the percentage of the 10% that were exercising, some of them moved over from one gym to another and all of a sudden your membership went up. And wow, your gym was such a success.

But the problem is, 85, 90% of the people is still not getting touched by this. And I think a lot of it has to do with a lot of myths out there, misnomers about “No pain, no gain”. It’s all nonsense. Look, millions of people have hypertension, and they’re taking drugs.

And they don’t fully appreciate, they most certainly have never experienced, how exercise can help lower blood pressure that’s way too high; that can actually get you off those medications. And of course, eating better too, and changing some of the lifestyle habits. But man, you can get off those medications that are draining you of energy.

Millions and millions of people out there are suffering with low levels of depression, the kind of depression, men are super quiet out there. Men are men, right? And again, it’s not to be sexist, it’s just reality. I’m talking honestly, even about myself. If men don’t feel well, they get real quiet. They don’t talk about it.

So, there’s millions of people that are depressed in one way or another. And don’t understand, never experienced how exercise can just completely lift your mood in a whole different way. And that could be, for many people, the trigger that they need, so that they can get into the higher vibrational foods.

Because, again, for some people exercise is the perfect place to start, because they don’t have enough energy. And so, are we just talking about, “What’s the matter with you? Get out there and do a triathlon,”? “If you don’t hear my message, then you’re just stupid. You gotta go out there and do a marathon,” or, “You’ve got to lift an enormous amount of weight, and you’re just gonna have to deal with the muscle soreness for days and days, because you destroyed your body.”

This is obviously not what I’m encouraging people to do. In fact, as an exercise physiologist, and training high performance athletes, the hardest thing to do for anybody, across the board, whether they were out of shape or at a very high level, was oftentimes, I was detecting how the people needed to back off.

Now again, a high performance runner, doing a seven minute mile could give most people a heart attack; they wouldn’t even be able to do one mile that way. But to tell a high performance runner, who’s usually knocking out five and a half, 6, 10 miles that they need to be structured and disciplined, To take it easier with exercise so that your energy can go up, and so that you can perform at a higher level.

So that your brain function will be sharper. So you’ll just feel like you’re on your game. “You need to back off and take it easier with exercise and let your energy come up,” was a really tough sell for a lot of people.
The main point I'd like to make is that you need energy to exercise. There's a big misnomer, “Oh, you exercise to have energy.” Now don't get me wrong, it's a little counterintuitive. Even if I just get up from sitting around a lot, I'm moving around, I feel like I have more energy.

So, wow, I took a walk for five or 10 minutes, which is really what I'm encouraging people to do more on a daily basis, you know, deep breathing for some people so depleted in energy, just breathing in through the nose and out through the mouth. And doing that for a few minutes. For someone who can't get out of bed, it might be incredible for enhancing your energy.

These are very important things that should be done to increase your energy. And it's just important to do those things and not overdo it. And again, exercise is just one of those things that everyone realizes is important. For those science minded, there's Harvard Medical School, there's Mayo Clinic; all of these different organizations have said how important it is. But it's just important to realize that it has to be a bit easier, especially when talking to people that have low energy. So, the deep breathing we covered, walking 5, 10 minutes a day; that could really be a great start; do it as many days as you can. Don't beat yourself up if you're not doing it because feeling terrible about yourself is not good for your energy at all.

So be positive about this, the main point of this game is to find something that you enjoy, that makes you feel like your energy goes up. Again, going back to high performance athletes, it's a whole different animal. If you can perform at a high level, and you're really, really sore and tired, there's a building up until you're stronger, for the next time that you're going to have a strong bout of exercise, we get it.

But for most people in low energy, if you go to exercise, it's important that it's easy to overdo it because you're so de-conditioned. When you exercise, there should be a level of, “Ooh, I feel better when I'm done.” And it's a sustained feeling for hours. You don't exercise and then have systemic body aches and pains and you feel exhausted that you can't do anything else. That's a pure sign that you're over exercising.

And let me tell you, too many people are doing that. They're holding on to gym equipment, their posture is horrible. They're pushing themselves to the max. They think sweating bullets and doing all that is great. And they feel wonderful that they've conquered the world at that moment. But the reality is, quietly inside, they know they're tearing up their bodies, their knees, their shoulders; their elbows. They don't really have great energy throughout the whole day, they're exhausted at the end of the day. The whole exercise routine has to change.

And I will tell you another manipulation of the body, which is maybe not so much exercise related. But for people with low energy, I'm really getting into this whole upper cervical spine stuff. Wow, mind blowing. My head was a little crooked. And that's a joke within my family, “Get
your head on straight,” and that’s what my wife tells me now. My head’s never been on straight, literally. And so fixing that and getting the spine more right, now this is good activity for you to do. Walk yourself over to a good, well qualified, upper cervical chiropractor, who can really help release impingements that are going on in your spine, which are absolutely cutting down on your ability to have good energy.

So I hope I’m not going on too long. I know we’ve got a lot to cover. But that’s pretty much my take on exercise, get busy and do something that is very comfortable, on a regular basis. And the result should be enhanced energy. If it’s not happening for you, it’s time to change your routine; that simple.

Christine: No, I love that Jonathan, and we kind of have to reverse our mindset on the whole, no pain, no gain concept. That’s just not practical. And many people who are listening are probably struggling with a chronic illness and just doing what you can each day, and I love walking because walking is just so good for your circulation and your lymphatic system. And I really am happy you touched on the chiropractic work. I think that’s really important.

And when you think about the position of your cervical spine and how that helps with blood flow in and out of your brain. And that, of course gives you more energy. So, thanks for touching on that. And so, Jonathan, we have our last point, the fourth point that you have in our conversation today. About how nature is really probably underappreciated. About how we can get the benefits for enhancing our energy, from nature. So, let us know a little bit more about that.

Jonathan: I think it’s just a short, personal thing I can talk about. You already said it beautifully. It is where I’m coming from today. I think it’s underappreciated. I’ve got to tell you, a lot of people who I personally know that are suffering with energy issues, say, “Nature? That’s boring.” Like they literally say that; I can’t tell you how many times I’ve heard that. Where they’re just not into it. So, I like to say it in a sense that it’s underappreciated. Because yes, okay, fine, nature’s nice, it makes you feel good. But why? I think it’s really important that people understand why something like that feels so good.

The Japanese understood it, as far as bathing. If anyone’s gone to the Amazon, or they’ve gone into really dense trees, let’s say in a park somewhere, that this idea of spending... and I mean, look, five minutes is not going to really do it. For a lot of people, super stressed out, depression issues, really low in energy, they need to get away from what’s draining them like crazy. We’re going to talk about a major warning at the end, which is very much related to this. But getting into nature, to do that 10 minute walk, maybe this is a little different, and people don’t have the energy, at least getting into nature and spending a good 40, 45 minutes to an hour.

I can tell you from personal experience that with all the computers,
the screens, the high technology, dealing with all the people that work with us at Natural Health 365, in and out all the time, the messages; the emails, getting away from all of this, and getting into nature, an hour an hour and a half in a day, has a profound effect on my overall energy level. Mentally, emotionally, there's no way I can describe to you how good that feels. And it's not just when I'm there, its hours and hours, and hours later. And the key is to just follow that up with several times a week.

Whether it's at a park that you can go to, if you're not close enough, maybe you're close to a beach, get to a beach as well, beach walking; park walking. I know that you talked about grounding, you've had experts on to talk about how grounding yourself to the earth is really good for your overall energy. Absolutely. But I want to highlight the importance of just being in that atmosphere, the frequency vibrations of all those trees. Hello, it's real. That's why you feel so good when you go away on a vacation. Camping, if people can relate to that. You've gone away from the big city, with all the wires and all the stress and all the commotion, and the crowds.

But you've immersed yourself in amongst so many of the trees and the air quality, and the vibrations that come off of those trees and the leaves, and the wind. Just everything about that literally lifts up your energy. This is what I feel so many people are missing. I mean, I came from New York City atmosphere and I can tell you without a shadow of a doubt, if you've never visited there, that's like the epitome of looking at people who are getting the life sucked out of them.

When they live there day in and day out or work there for hours and hours, cell phones and the commotion and the action, and very little nature around; it is energy draining. So plug yourself into that. And it's a really great thing to do, as part of your overall, comprehensive changes that you'll be making to improve your energy level. Well worth it.

**Christine:** And maybe a tip is, daily walks in nature is a great way to do your exercise and get the benefits of nature. But I think it's so important. And so underappreciated, and probably undervalued right now. So, great tips. So, Jonathan, you've done a lot of educating your community about 5G and EMFs. And I'd love to just hear really your message to the people who are listening, so they can best be educated about this topic.

**Jonathan:** I think in a nutshell, it's really simple to understand that this information has been out for a long time, sort of like poor oral health or bad dental work really killing you, literally very slowly. This whole idea of electromagnetic frequencies that are in bad wiring in our house, the cell phones, the cordless phones, those deck phones; they're even worse than cell phones, in many cases. A lot of this stuff's going on. You mentioned 5G, that's coming down the pipe; down the line, it's coming really fast. You're looking at well over 20,000 satellites will be launched by different companies that are vying for this space.
It is trillions and trillions of dollars that they're looking at, in terms of revenue that they're going to get, once this entire network of satellites are launched into space, launching down upon all of us, around the entire Earth; all this radiation.

And don't kid yourself, this is pure, high and low frequency, pulsed radiation that's coming down and surrounding all of us. Because it's not just the satellites that we're talking about. We're talking about the fact that when it comes to moving away from 3 and 4G technology, which we'll use for cell phone use and all, now we're going 5G, and we're looking at having to have all these cell towers in place, like every 500 feet or so, in all these major cities.

And we're already seeing this rolled out in some of the cities in the United States and throughout the world. And when it's happening, people are reporting tremendous ill effects. Head pain that they don't like at all. And the list goes on and on, nose bleeding, sleep disturbances, which is already enough. So, all of this is happening at a much higher level when people are being bombarded with this 5G radiation. So for me, the warning is clear, you have to do everything you can to distance yourself. The problem being with 5G, there is no escaping this.

So we are going to have to look into the technologies that I have been able to experience in my office here and at home; that really gives like a vortex, an ionic vortex of protection around you. So that when that 5G or that microwave radiation comes into play, it's actually interacting with that ionic sphere, if you will, and then it never ends up hitting your body and the water within your cells. Everything we're talking about here is cell damage. When we're looking at the toxins in our mouth, we're not exercising enough, we're not moving our body enough, our lymph system is not moving; all of this is a constant wear and tear on our cells.

But nothing is more threatening on our cellular health than microwave radiation. So we really need to start getting in touch with and bringing this technology into our home and office. Because in all honesty, in a practical way, I don't think there's any way we're going to be able to stop this 5G technology. Yes, it's worth the effort, if you're up to it, to do the protesting at city hall meetings and let your town people know that run the governments there, you don't want it in your city. But those satellites are up in space. And they're coming by the hundreds, every year, in the near future. And so I just feel like this is a very important topic that we're going to hear a lot more about in the near future, for sure.

Christine: No, thank you for sharing that, Jonathan. What technology are you referring to, to help mitigate the stress that none of us are going to be free from, especially with 5G coming to more cities? What's the technology that you're mentioning?

Jonathan: Yeah, it's a key technology, there are devices that you can get on a person that you can have carry around with you. Smaller devices you can have near you, only several feet away, and they have home
devices that are a bit more expensive. I have that in my home as well. And that's covering the entire home. And I can tell you personally, look, do I have migraines? Have I been nose bleeding at night, noticing blood on the pillow? Systemic body pains? Am I coming from a place like that? No. But I can tell you, I was that concerned about microwave radiation, from all the interviews and everything I've studied and researched on the topic; that I said, "I'm all in."

Because like I've said before, there's no way you're going to know any of this, unless you experience it yourself. So I've invested in this technology. I have it around. And I can tell you that the home unit is designed to help with sleep. Back to what I was saying before, if you asked me a year ago, "Hey, how's your sleep, Jonathan?" "Pretty good. I sleep well, my energy is good." I have been sleeping so much deeper. And there's no way to know that until you feel it. But it's basically what I'm doing now.

I got it to my daughter is well, because again, she's in her 20s, and she's in the health field. But she doesn't appreciate this, I'm not going to wait for her to catch up to what mommy and daddy know. So we got her units for her apartment. She's up in New York in an apartment area. Hello, you've got above floors, below floors, side to side, people on wireless devices and cell phones, and all these hot spots. I mean, hot spots, they're cooking us to death. There is a way of protecting yourself. And I encourage everybody to get into this as soon as possible.

Christine: Thanks for that tip because I do think it can get a little bit paralyzing when we hear about all of this. So, how can we combat the stress? And all the tips that you've just shared, those four points, are critical to also just making sure that our physical and our energetic bodies are strong, to withstand these cumulative exposures that none of us really can avoid anymore.

So, great tips. And, Jonathan, thank you so much for your time. There was a lot of great, actionable information in this lecture today. And again, if people want to learn more about Jonathan's work, he has and really awesome website and newsletter that I get every day. Natural Health 365, please check that out. And any other things that you want to leave us with? Any other places where we can find you?

Jonathan: No, you just nailed it. Go to naturalhealth365.com; please do that. On the homepage, you'll see my somewhat okay looking face. With my hands, saying, "Hey, sign up. First name; email address."

You'll get great gifts and they really are high quality gifts, when you sign up to be a part of our community. It's no cost at all. You can unsubscribe anytime you want.

But it's just a great community of high vibrational people that are really into learning the most about natural health and science. So go to naturalhealth365.com. And love to have you be a part of our community. And thanks again for giving me the chance to talk like this. I appreciate it.
Impact of Cell Phone Frequencies on Health
Guest: Nicolas Pineault

Christine: Hi, everyone, I'm here with Nick Pineault. And we're going to talk about how chaotic frequencies from your cell phone impact your health. Nick, the EMF guy, Pineault, is the number one bestselling author of The Non-Tinfoil Guide to EMFs, and an advocate for safe technologies. Through his unconventional approach, blending humor, science, and common sense, he's becoming a leading voice on the topic of electromagnetic pollution, and how it affects our health.

He's also launched the Electrosmog RX, online professional level EMF course, in collaboration with Dr. Dietrich Klinghardt, with a goal of educating health professionals worldwide, on how to address EMF related symptoms and minimize their patients’ EMF exposure. So welcome, Nick, I'm really excited to have this conversation. I know we've been connecting over the years and collaborating. And we're really grateful that you've put out this information more and more to practitioners and to the public. And I just really appreciate all the work that you're doing to raise awareness.

Nick: Well, thank you. Thanks for having me, and for having shown your continued support to this work. I mean, I learned so much from you guys and from what you're doing at Sophia education. So, thank you, really.

Christine: Oh, well, thank you. In the summit, a lot of speakers are talking about EMF and of course, the awareness is increased, but we want to not lose anyone in the summit too. This is still a fairly new topic. It can be overwhelming. People hear physics and fields, and kind of sometimes shut down. But we really want to just make this information accessible today. And I know that you do a great job about that. So why don’t you just tell us in simple terms, really, what EMFs are?

Nick: Sure. Well, EMF stands for electromagnetic fields or
electromagnetic frequencies. In the end, what I'm referring to is really the new EMFs that have been introduced in the last decades, especially the wireless stuff. So cell phones, cell towers, smart meters; anything that can be connected wirelessly to a Wi Fi router or to a cell antenna is emitting these EMFs. And in nature, you have EMFs everywhere, so it's not a brand new thing, EMF. There's an entire spectrum of things that could be called an EMF.

The sun, for example, emits many of these different types of frequencies, multiple of them are the colors that you can see; visible life is in fact, an EMF. But we know that there are the good sides of that and the bad sides of that. So, too much blue light at night, for example, kind of disrupts your circadian rhythm and your sleep. Red light therapy does exist for healing, for example. We also know that certain of these EMFs emitted by the sun, are invisible, and yet we know that they have an effect on the human body; for example, UV radiation.

You know that if you go in the sun just enough, you turn pink, and then you get away or you put sunscreen on, then you have the ability to produce vitamin D, which is great for your immune system, among other things. It's literally almost using everything your body is doing. So it's a critical vitamin to have, it's more like a hormone for your body that you're producing. And we also know that if you stay in the sun past when you turn pink, and then you turn like a lobster, then you get burned, and you get DNA damage. Then probably premature aging of your skin and probably increase your cancer risk.

So also, when it comes to EMFs, there's a dose response that is seen. The big problem with EMFs from your phone, for example or from your computer, or from cell phone towers, is really that the way they've been engineered is they were supposed to be safe, based on the science we had at the time; and that's even debatable. But now we definitely know that these safety guidelines that have been put in place in the 1990s, when almost no one used a cell phone, they're deprecated and they're really not protecting us against these possible health effects.

**Christine:** So our exposure is increasing every year. I always like to reflect, I think I got my first iPhone in 2007. So just to think that in a relatively short amount of time how much our exposure has increased. And then it sounds like the regulatory agencies and the policies that have been created, have not matched. Really, we don't have the adequate safety guidelines to match our current exposure. Is that what's happening?

**Nick:** This is exactly what's happening. We're in a very difficult and bizarre situation that affects the entire society, where everyone loves their phone, and yet no one wants to see cell phone towers erected near their homes. So it's kind of a bizarre dilemma that people have. They want the phone, but they want safety too. And for the moment, the phone evolves way quicker than our ability as a society to fund these independent studies about the possible health effects. So we're
really rolling forward, for example, with the new 5G fifth generation technology; that in this case, we're rolling out an entire new technology with new frequencies.

New EMFs that literally have never been seen before, except in certain military applications or in those scanners that you get in airports; the millimeter wave scanners. So now we're going to use the same millimeter waves everywhere. But there's literally not one single biological study which shows that it's safe; that it's safe in cells or for bacteria that we know are so important, the gut microbiota biome. Or in rats or in humans, right? We don't have these tests.

So now we're kind of running blind, is the way it was put in front of congressmen, when one senator in particular started asking questions to the industry lately. And he was pressing on and pressing on. If I remember correctly, it was senator Blumenthal. And he asked the industry, saying, “Well, are you telling me that you're rolling this new technology without a single study to back its safety?” And the answer was, “Uh, well, yes.” So he concluded, we're kind of running blind here. We don't know what the effects are.

And what I can tell you is that what we know and what is especially concerning, is the long term effects that we do know happen in our scene, even with older technologies. There's the NTP study that came out last year, from the National Toxicology Program, and the taxpayers in the US paid around $30 million to finance this study over the years. It was really an incredible study that has been performed on thousands of rats. And that's the golden standard of finding if something is a carcinogen or not. And the conclusion was, there is clear evidence of an increase in many tumor types in rats, when you expose them to EMFs over a lifetime.

The equivalent of talking, if I recall correctly, was 30 minutes per day over 36 years, on a human equivalent, which is honestly not a lot. But the thing that I want to mention very quickly, because it does get a little bit confusing, all these studies, is that what they studied, and they found a cancer effect, is 2G and 3G technology. Well, your phone right now uses either 4G or 5G. So what happens is really what you mentioned, is that, well, by the time we study 5G, we're going to be at what, 11 G's?

So we have a major problem that now, when we roll out new technologies, we need to follow what's called the precautionary principle. And we're really past that really, because they're rolling it out without studies. The same thing that we apply for pharmaceutical drugs, for example, no one in their right mind would take a drug or something that is completely untested, when it comes to efficacy or safety. So the same needs to be applied to the signals. So that's the policy side of things, but just to explain why it's possible that all these things around you that you don't think twice about their safety, they're in fact, not safe.

Christine: It's such a good point. Dr. Beverly Rubik is actually on the
summit and she talks about how she studied 4G technology, on how it makes the blood clump in a real low pattern and effects the red blood cells of circulation. And her similar study was also about a very modest and very probably underestimated amount of time than we actually use these technologies in our life. I know, we're kind of in this interesting place now. Then also, most of the listeners probably have heard about 5G, but again, if this is a new term or if people are wondering, “What does even 5G mean? Why should we be concerned?” can you just tell us what actually the fifth generation technology is and what it does?

**Nick:** Sure. So you have all these technologies that are already there, and you’re being exposed to them already. Whether you live in the countryside or a city; the city is generally worse. But the truth is, if you have cell phone coverage of some sort, you’re getting exposed to some levels of these EMFs, and then TV waves and radio waves. So each time we go to a new generation, it kind of piles up. Imagine the noise level that you cannot hear but it's getting noisier and noisier, and more stressful to your biology. And this is what's happening.

We have 2G, 3G; 4G, and now we add 5G. 5G is a different animal in itself. First, there's the concern that these new frequencies that they're going to use, are millimeter waves, and are much higher in frequency. For example, your Wi Fi router doesn't go up more than about six gigahertz. With 5G, we might go above 60 gigahertz. So there's the concern of new frequencies, where they have not been studied properly; and the past frequencies, we do know that there's a problem. So why really are we introducing even more complex mixes, which will make the science even more difficult to prove after the fact?

So that's even something that will make epidemiologists really scratch their heads. And also when it comes to 5G, it is a different technology in the way its built. So instead of having a few antennas here and there that are emitting, let's say, to the people here at about, like 90 degrees or 120 degrees angle, you have directional antennas, those small cell antennas that are put at each 3 to 12 homes in residential areas and pretty much every block in downtown areas. So here in Montreal, I saw the news in Le Journal de Montreal, one of the major newspapers here in Quebec, Canada, and they said we would go from 1,200 4G antennas, to about 60,000 5G antennas.

So in most cities, we're talking about an increase of 50 times or sometimes more, more or less, but it's a huge increase in the number of antennas. The problem with these antennas, first, no one wants them. Everyone wants a cell phone, no one wants these antennas. It's really because on a societal standpoint, you can choose to turn off your cell phone; hit airplane mode, we're going to talk about the actionable tips to reduce your exposure, you can do that.

But what can you really do about the cell phone tower? Is another story, it's way more difficult to protect yourself against something where you don't have a switch for it. So the number of people who are living
in close proximity to these antennas will rise up. And in many, many scientific studies, we see an increase in a lot of different symptoms and illnesses, and bodily disruptions, the closer people live to a cell phone tower.

**Christine:** And this 5G technology is getting rolled out. It's already in some US cities, I think.

**Nick:** Yes.

**Christine:** So, these are already using this technology. You mentioned the 60 gigahertz, I believe, frequency. There's a lot of kind of unanswered... from my research, they haven't really disclosed either the frequency band that they're going to be using for 5G or do you have more information about that? I'm curious.

**Nick:** There's an engineer from Poland, [Pavo Wishowski], who's really one of my, let's say, European informants, in my work as an author on EMFs. So, I'm really trying to gather information from people who... actually, Pavo was working as an electrical engineer for years, for the Polish military and secret services. So he knows how these machines work, way more than I do, and he follows the news. And the industry actually, depending on the country, has chosen their band of spectrums. So, let's say you have AT&T and Verizon, and here in Canada, you would have Rogers and Videotron, and Telus, for example. And each one of these companies has certain frequencies that they're allowed to emit or to put their signals, their solar users, on. So it's really bizarre, because we're going to have different frequencies in different cities, depending on who's the main provider and how the systems are installed. So, we might even see different effects. So it's really a mix of different things. It's the lower frequencies and then there's also the higher frequencies.

What's particular about 5G is that in order to cram more data on the same frequency, engineers are now doing things with a signal that have never been seen before in nature. And that was a case with previous technologies but now it gets even more complicated. And the more you turn around and you engineer a signal, it becomes even more foreign to your electric body. We can get into that if you want. But this is, the more you go very far from nature, the more biological effects, negative biological effects that we see in science, generally.

**Christine:** Absolutely. So we're just kind of in this really uncharted territory. And it seems to be happening, whether people are speaking out or not, unfortunately; and that's why we really want to increase awareness, for sure. Just for the listeners too, I know, Dr. Martin Paul, I know that you know his work well too, and he's really trying to go to Washington and caution people. But I don't know how effective he's been, if people are really listening. So Nick, we've talked a little bit about 5G and then these other technologies we're exposed to.

And we also touched on, you know, we know that EMF can have a carcinogenic effect and increase tumor formation. We know that, from
Beverly educating me, it can affect circulation, blood flow; our red blood cells. What are some other health impacts, in your research? Why should we be concerned about EMF and it affecting our physical body?

**Nick:** Well, EMFs are an overall stressor. The really simple way to put it is that your cells and your body is working on electricity, and I'm sure that's a point that is going to be made throughout this summit. Well, one example I gave in my book, *The Non-Tinfoil Guide to EMFs*, in 2017, it said, “The brain has the same electrical charge as...” or basically, your brain could charge an iPhone 5 in 68 hours. I don't know if you did this experiment with a little light and a couple of potatoes, way back in school; I did that in primary school.

So basically, your brain has a lot of electricity, there's no denying that our muscles contract, using electricity. Bone growth is based on electricity too. And we can actually use the right EMFs, with the right dosage and frequencies, to stimulate bone spur. The skin acts as a battery to heal itself. I find that so fascinating. So EMFs, when you introduce foreign voltage in the air, that's electricity. We're filling our environments with low level electricity, and also at a certain frequency, and it activates certain parts of the cell that should not be activated.

And in this case, we're talking about the calcium channels and the work of Dr. Martin Paul, from the Washington State University. To put it simply, the cell has various channels and on these channels, you have sensors. These sensors respond to electricity. Normally, they respond to electricity coming from some outer part of the body telling them to open or close. So that's normal function. But now we introduce all this Wi Fi and these cell towers, and the cell gets confused. This channel stays open, the calcium is allowed to flow in, and that's not something natural; having a lot of calcium inside the cell.

There should be a gradient allowed outside the cell and a little calcium inside the cell. Now it becomes a lot of calcium inside the cell and this leads to oxidative damage and a lot of stress for the cell. So we can think about a reduction in energy production, and a lot of other consequences that I don't think we're going to get into because it does get really geeky. But in the end what people feel... and a lot of people are not initially aware of it until they reduce their exposure, and then realize how much has been affecting them.

The main five symptoms is probably sleep disturbance. So you cannot sleep, and you toss and turn or you simply don't have a great quality of sleep, when it comes to deep sleep and REM. Fatigue, which goes hand in hand with, of course, you haven't slept and so you feel very groggy in the morning. You have depression; anxiety, and then there's also symptoms of the nervous system. Some people report tingling, some other people, its bizarre sensations, even burning sensations on the skin. So there's also an activation of the mast cells, for example.

But what is hard for people to grasp is that well, because it affects you
on a cell level, it can literally affect any body system. So for some people it’s brain fog. For some people, it could be literally skin rashes, in which case it’s a little bit more visible. But if it’s just overall fatigue, you can blame it on a thousand different things that you’re doing. But a lot of people, simply the act of turning out their cell phone at night or hitting this airplane mode button, that’s something I say in my book, “Could it be that you can hit the button and feel better?”

Well, for some people, even if there are 1,000 different sources of EMFs, just the act of doing that at night, they already sleep better. So, imagine if they do multiple things. So that’s really the main effect, is your cumulative exposure and how it lowers how everything is functioning in your body. It is a body stress that, let’s say, you can consider it as another toxin. It’s not like we need more pesticides in our life. We don’t need more EMFs either, and they both create biological stress.

**Christine:** That’s a great explanation. And yeah, with our practice of medicine, we absolutely talk about electrosmog and electro pollution as a toxin in the body. Yeah, it’s affecting the cell at a fundamental communication level, which can lead up to so many symptoms. So, when people hear this information, they can get easily overwhelmed. We really want to empower people. And of course we can’t control the external environment out in the world. We can do our best to be mindful of where we’re living, and all of these things. But we have the impact to really make our home as safe as possible within the resources we have. And so can you walk us through, really, what are the EMF exposures at home people need to be mindful of; and really some steps that people can take to limit their exposure in their home?

**Nick:** Well, the first thing is really your personal devices. If you have a cell phone, which you probably do or a computer, which you definitely do, because you’re listening today, is keeping personal devices at least one foot from your body. So a lot of people use a cell phone in the ear or even speakerphone, but they have literally their mouth inside, almost eating the phone. So one foot distance will drop off radiation 80%. So that’s good news.

You can minimize the risk if you use wired earbuds, especially a type of earbud that’s called the air tube headset. I actually have one right here that I’ve just received from a company. So basically, you have just air going through the tubes. And this way, the signal from your cell phone doesn’t go into the wire and in your ear. Speaker phone or creating distance is still very good but the best scenario is air tube headset; let’s put it this way. So creating distance.

And the same goes if you have a tablet. Some people would say, “Oh no, I don’t use my cell phone. Don’t worry about it, Nick.” Well, they have the tablet and they have it right next to their gut, right next to their face, because they’re really reading up close, maybe they need glasses or they keep it on their body. The same for a laptop, a lot of people are using it on the lap. So the same one foot distance rule can be applied to every
personal device. And right there, you drop off your radiation exposure tremendously, especially the very long term risks.

And the risks I have to mention on fertility. We know that human cells are affected, but especially, sperm is greatly affected. And this is so mainstream now that you have a few researchers from the most prestigious universities in the US that are saying, “Well, if you want to keep your fertility you should probably keep your cell phone outside your pocket. And either hit the airplane mode if you carry it on your body or just keep it in a bag,” for example.

So this precaution though, when you buy a cell phone, it’s not told anywhere. In California they have a few warnings when you purchase a cell phone. And that’s the right ordinance launched by Dr. Joel Moskowitz and a lot of people, but the CTIA from the industry is trying to fight this. It’s been trying to fight this for years. And thankfully, the Supreme Court, so far as upheld this ordinance. But users like you, you might be surprised, like, “Oh my God, a cell phone in my pocket can really reduce my sperm quality and my fertility, possibly my testosterone production?”

And if you’re a woman, these same risks to fertility do exist for your ovaries and reproductive organs. Yes, the answer is yes. Unfortunately, we cannot at the moment because the official story from the government is that there is no effect. So the CTIA is saying, “Well, we should follow this. We should say the same thing.” The reality is that the more we know, the more it looks like it disrupts fertility.

So I went on a tangent here, but let me go back to the devices. The one device, after personal devices, I think, is the Wi Fi router. Essentially, if you’re afraid of a cell phone tower and you’re concerned about the radiation, sure that’s an issue, but we do have miniature cell phone towers inside our homes and that’s called a Wi Fi router. Or a cordless phone base station. So especially these two or even a baby monitor, they should be moved away from the occupants as much as possible. And then make sure that they’re turned off when not in use.

So it means your Wi Fi router, you’re in the middle of the day, you do nothing, you’re not on the internet, you can literally unplug it. And that’s not something people are aware of but you do reduce your cumulative exposure and this is key. I opted myself, when I became a dad, like 14 months ago, to not have Wi Fi at home. So, my top recommendations would be that. I know some people listening to this, it might be a stretch. The reality is that I wanted to eliminate these risks, especially because my son, Elliot, would have been playing right next to the Wi Fi router in the living room.

So it all comes back to also, where is this router? And can you really move it away? We’re in a relatively small condo, so we didn’t really have the option. It’s either the bedrooms or the living room where he’s at. So what is the lesser of two evils? I couldn’t tell. But I just decided, you know
what? We’re going to have Ethernet cables. And your computer can still be wired in with an Ethernet cable. And there are converters or dongles that are available for any computer type. So it’s still feasible.

And if you own your place, you can have these wires go into walls. And for a couple hundred dollars, you have an electrician wire the entire place, and then you’re done with it. Especially if you have a workstation such as I do in my bedroom, where I’m not moving my computer around, it just stays in one place. So why are you on Wi Fi, right? There’s no real use to it, and even the Wi Fi here in this room would have been very slow. And even this call would have gotten choppy; that was a big frustration. So there is something to be said for a wired connection; it is faster and more stable. So double bonus here. And of course you eliminate the radiation.

So the Wi Fi router, if you decide to have one at home, you need to turn it off at night. We do not need a wife or router to be open in the middle of the night, there’s no use for it. It can even encourage occupants to kind of check the internet, if they go to the bathroom at 3:00 AM, right? It’s just a bad habit. So make sure that it’s turned off. And you can do so by plugging it into a [Christmas lifetime], for example, is a trick I gave in my book. So that’s very simple. You can set it and forget it. So you have more restorative sleeps over the amount of time that you decide.

Christine: Yeah, those are all excellent tips. Sleep is such a healing and restorative time, so I always like to remind people, what can we do to make their sleeping location as safe as possible? Because that’s really when the body and the brain heals and repairs. So those are excellent tips, Nick, and really important information that I’m so happy that we’re getting the word out.

As we wrap up, you’re doing a great job with collaboration with us, of educating practitioners about EMF and how to really bring this conversation into medical offices and into the treatment room. And I just wanted to give you an opportunity to share a little bit about that work. And since you’ve launched, some of the feedback and things that you’ve seen, as physicians and practitioners are educating their patients more.

Nick: Well, it's been an amazing journey. I started this undertaking, connecting with you guys at Sophia education, and interviewing Dr. Klinghardt. And taking this information and creating a professional level course in collaboration with other international scientists and collaborators; EMF mitigation specialists. And we really launched something where health coaches or nutritionists, anyone would have holistic approach, we have MDs in there, naturopathic doctors, as well. A lot of people have taken it, over a thousand people worldwide now.

And the feedback has been tremendous because for these practitioners, they’re looking for a very thorough review of the science. Really, they want the whole version. They want a balanced review as to what is said on EMFs. How can we protect ourselves? And really, this interview was
really scratching the surface, compared to the course. The course is about 12 to 14 hours of education.

So it is a tutorial course. It’s not a certification yet, but it is probably one of the best courses that exists. It's the only one on the internet right now, available that has this level of education. While staying relatively short, it's not 100 hours yet; so it's still consumable for professionals that are very busy. So it's called Electrosmog RX, and the URL is just electrosmogr.com.

**Christine:** You've done a really excellent job putting that information together.

**Nick:** Thank you.

**Christine:** So, we're grateful and so happy that you're doing that. Nick, how can people find out more about you and your work, and any other information you would like to share?

**Nick:** You can find me at theemfguy.com, quite simply. There's a link to my Facebook and YouTube. There's a link for my newsletter. If you really want to stay up to date, that's the way to do it. But I have to mention, if you are curious about this interview, and you said, “Oh my God, there might be something to it. I want to learn more,” I could only mention a few tricks in my book, *The Non-Tinfoil Guide to EMFs*, it's still extremely valid. It's still one, I think, of the most practical guides available anywhere, when it comes to electromagnetic radiation and what to do about it. And it's found on really, Amazon everywhere or through our website, theemfguy.com. You're going to be able to find it.

**Christine:** Great. Well, thank you so much, Nick, for doing this interview. And again, for all the work that you're doing to educate all of us. It's so nice seeing you here virtually today.

**Nick:** Thanks for having me. It was a pleasure.
Christine: Welcome, everyone. I’m here with Dr. Daniel Pompa, and we’re going to be talking about healing overwhelmed cells with fasting and detox. Dr. Daniel Pompa is a respected leader in the health and wellness space. Educating practitioners and the public on the therapeutic application of fasting, the ketogenic diet, ancestral based health approaches, cellular healing, and detoxification. Although trained as a chiropractor, his authority is rooted in his own battle, having overcome neurotoxic illness and heavy metal poisoning; using his own unique cellular detoxification strategies.

Dr. Pompa’s journey back to health continued to lead him to a voracious passion to research and learning beyond what is often readily understood. Well, Dr. Pompa, I'm really glad to interview you today. I've heard so much about your work and I just know that we're going to cover a lot of really important topics about empowering people to heal. So, welcome.

Dr. Pompa: Yeah, I love these topics.

Christine: I know, I know. And I know this is going to be a power half hour here. I've known about your work for a number of years now. And I was recently at a conference where you shared a personal story. And it highlights really the mission of this summit, about thinking beyond biochemistry and this whole other realm of healing that we don't maybe always have the science to explain. But the realm of energy and physics and prayer, and intention. So, can you share your personal story about your son recently, and how he really had a miraculous recovery?

Dr. Pompa: Yeah, coming up on six weeks now; man, time flies when you’re not having fun and when you’re having fun. And in this case, we weren’t having fun. He decided to go cliff jumping, and it was a 60 foot drop, and he jumped where he couldn’t see over completely. And about
10 feet off the water, there was another out cliff and he didn't know it was there. So after dropping 50 feet, he hit that; first with his heels and broke his calcaneus, and then square on his butt, which fractured his spine at T10, T11.

This type of fracture, chance fracture, everything broke across, like horizontally; shattered the vertebra, 75% end in paralysis. When you look at that drop, I mean, he should have been dead and should have been paralyzed and he was neither. But they wanted to do an anterior surgery on him because the spine was kinked.

And they basically said, “Look, this is unstable, these vertebrae are floating in there.” So, after doing some research, we opted out. Daniel really didn't want hardware in his spine the rest of his life because they literally put a cage in and take out the vertebra completely, and then put bone in the cage; but you have that hardware for life.

And doing some research, I didn't like that option that at all, even though Daniel was kind of emotionally, being 21, going, “Ah, ah, no way.” And the guy is like, “Okay, well, you're going to be in bed, without the surgery, for 12 to 15 weeks,” and his response to that was, “Okay. That's it?” “Well, even then, we don't know if that's going to heal and you'll never get rid of that kink in your spine.”

Fast forward, we did a post X-ray at like two and a half weeks, just to see, with a brace, if it was even healing at all, and able to support any weight, even with a brace. We did the X-ray, and the kink came out, which not only did he support his own weight, but the impossible happened. The kink was gone and the doctors were just flabbergasted because they said, even with a posterior surgery that kink wouldn't come out. It was out.

Now look, I mean, I was doing a lot of amazing things to him daily, and this really regimented protocol, but I'm telling you, nothing that I was doing would have got the kink out. I mean, the doctor was like, “You can’t brace it out, posterior surgery it out. We have to go in, put this cage in there,” and it was gone. So we had tens of thousands of people praying because of my Facebook lives that I was doing.

And honestly, I acknowledged that in one of the lives, I have to say, I said, “Look, I have confidence that God is going to heal my son.” And the reason was, is about four years before that, his brother hit a tree, skiing, and shattered his spleen. He was life flighted off the ski slopes, and the spleen was in so many pieces, they don't even do surgery. Well, fast forward, six months later when they do a re-scan, the doctor came out with a look on his face and I said, “Is everything okay?” And he said, “Yeah. He has a spleen.” And of course, I said, “Did you look at the right x-ray?”

You know, being a doctor, I was literally going like, “I've checked three times, same artefacts.” And I said, “Well, is it functioning?” He said, “Fully.” I said, “How is that possible?” He said, “It... it's not. I've never
seen this before.” And then my wife chimed in, “Well, I'll tell you how it's possible, we had thousands of people praying,” and we did it. And so I went into this one with a little more confidence, “You know, we have all these people praying, God's going to heal my son.” And anyway, so that's the story. So I have great respect for obviously the body's ability to heal itself, even when it's the impossible, as said.

Christine: And I really appreciate you sharing your story and also offering help for people who might be listening who are struggling out there. And that's a big mission of this summit. We have Lynne McTaggart, who's a journalist, who has been seeing these types of miracles with her work all over the world as well. So it's just this power beyond us, when we open ourselves to these other healing energies. That we allow them in to heal, with a very specific intent that miracles can happen, whatever your belief system is.

So, I'm just so happy your sons are okay and what an empowering story. So, thank you for sharing that. So, Dr. Pompa, kind of shifting gears a little bit, you are a leader in the field of detoxification and heavy metal detoxification. It's such an important topic, we see a lot of patients at Sophia Health Institute in Seattle, where people have been struggling for many, many years. And they're struggling because of our toxic environment. So, I think, we're all called to live a lifestyle of detox to really survive in this modern world that we're in. You have some really profound strategies that you found because of your own journey as well. Can you share what you learned?

Dr. Pompa: Yeah, and you can tell, my life's from pain to purpose. I mean, that's our mantra. My wife and I are switching that though, we're going from purpose to promise.

Christine: I like that. Get out the pain, right?

Dr. Pompa: Yeah, get out the pain.

Christine: Yeah, you've had enough.

Dr. Pompa: I really believe that God has a promise for everybody and a purpose. So, we're moving into His promise in this time of our life. But yeah, I mean everything I teach really came out of my own story. I was very sick at one point. Like most people if you'd asked me a week before I got sick, you know, am I healthy? Oh, extremely healthy but my bucket was filling and it overflowed when I got a couple of silver fillings removed. And it just sent my mercury bucket overflowing but I would prefer to call it a stress bucket because the body doesn't know the difference of physical, chemical, and emotional stress; and it fills that bucket to one day overflow.

“Oh, I'm doing great. I'm doing great,” vroom! And that's my life story, that's when my story started. Fatigue, like most people. Brain fog and then it went to inability to sleep, insomnia, panic attacks; anxiety; dread. I mean, I started becoming allergic to every food, like most people. Chasing that, “What's going on?” “It's this food. It's that food.”
And in it, I realized at one point, I was chasing my thyroid, my adrenals, downstream; hormones dysregulated. Then I saw that it's upstream, further than that.

And I realized something's going on with my pituitary hypothalamus that controls all of these things, you know, it's a back mechanism, if you will. But I just didn't know what was wrong. And every time I would try to address these areas, yeah, some things would get a little better; but I was getting worse. And then finding out later that it was mercury. And I was working with a really bright endocrinologist and he said, “Dan, I think you have mercury toxicity.” I'm like, “I thought so as well,” because about a year or so before, I found Mad Hatter's disease. Those were people who were making felt hats, they were using mercury and they all had these symptoms.

I was a Mad Hatter. I had all the same symptoms. And I did a blood test and it came out negative, so I thought that wasn't it. And he said, “That was the wrong test. Do this.” I challenged it and then there it was. So of course I asked the question, “Where do you think I got it?” and sure enough, it turned out that I did but I never really correlated it.

So a lot of the work that I do now is really, how do you get this out of your body correctly, and specifically your brain? And that's what I teach now. It's called cellular detox because most detox is downstream. Colon cleanses, liver cleanses, whatever it is, and there's nothing wrong with any of those. But unless you actually up regulate the cells’ function for detox, you're not going to get well, lasting. The cells are meant to detox, day in and day out, you have to up regulate that and that's what I teach doctors around the world now; the strategies.

And when you upregulate that, you have to use real binders and real chelators. And that's another place that people fail. They're using things like cilantro or chlorella, and they work great in a petri dish. But when you put them in the human body, they're weak binders, they're not really strong. So we upregulate cell function, we use real binders at the cell, to make sure that the toxins move away from the cell and out of the body.

Then I use another one in the gut that doesn't leave the gut. It just sits there as a catcher’s mitt, so you don’t reabsorb toxins from the gut, called auto intoxication. So that process, I developed some years ago, and we’ve just expanded it and developed it. And that's what I call cellular detox, but it leads to what I call brain phase. Essentially, that's how I got my life back, by getting the stuff out of my brain.

Christine: I'm so happy that your journey had the silver lining that you can share what you've learned and help others. So, we absolutely look at the health of our patients’ brains all the time and that's one of the hardest areas to access and detox. I'm always talking about the lymphatic system and how our brains naturally detoxify at bedtime, but I'm real curious about your approach. How do you get the toxins
that enter our brain, so mercury, aluminum, and other heavy metals...? And then also, often they're paired with chronic viral infections or other pathogens can also get into the brain. So, what is your strategy to get these things out of our brains?

**Dr. Pompa:** Yeah, you know, it's funny you said that, and that's so true. And I think I've heard Dr. Klinghardt talk about that, as well as myself, I've been saying that. And I just experienced it with myself. When I would start pulling heavy metals out, I would notice my Candida and Epstein Barr virus, these things are very opportunistic, start to come out. And there's this weird synergy where they can protect themselves from the immune system, in and around the metals; these viruses and things. So you're right about that.

But yes, I have to give Dr. Cutler... he's not with us anymore... credit because he was really the one that showed us that alpha lipoic acid, not even the R version, but the old S version, if you will, which is another subject, but is an amazing binder for the inorganic mercury and some of these brain toxins. It's a fat soluble chelator. It's a true chelator. It has two sulphur and hydrogen groups, which we call field groups, on it. And it has an ability to grab onto this inorganic mercury, but it doesn't do a great job of moving it all the way out of the body, ironically enough.

So we utilize that, taken correctly, to cross the blood brain barrier, but then we match it with something else called CytoDetox™, which we were talking offline about, which is a super strong binder. It turns out some very tiny particles that cross the blood brain barrier, but it doesn't go as deep as the ALA. But it makes for this really powerful combination together.

That it helps also with that redistribution that when you're using ALA to move stuff out of the brain, it would redistribute. The CytoDetox™ prevents that and it helps it move it all the way out of the body. Then we use that other binder in the gut to move it further out. So that combination of using the ALA correctly, with a set of detoxes, has just been a godsend for us.

**Christine:** What do people have to be concerned about, if they're thinking, “Oh, gosh, this is me. I have a mouth full of amalgams that I've recently gotten out,”? Or, “I live on the planet,” you know, right now we're just overloaded and overwhelmed by toxic metals. What do you feel people need to be concerned of if they want to use a strategy like ALA?

**Dr. Pompa:** Look, they need to be concerned too. Don't run and just get your amalgams out, right? Remember that sent my bucket overflowing. I mean, I was accumulating mercury in my brain for many years. I also wore contact lenses. 70s, 80s, and early 90s, it had mercury in the saline, former thimerosal. So, no doubt I was accumulating this stuff and getting the amalgams out sent my bucket overflowing. But the bottom line is, we prepare someone ahead of that, and then going to a correct biological dentist who protects you during it.
And then listen, many people have gotten amalgams out, but the problem is, is they vaporize that mercury across the blood brain barrier. It turns to inorganic mercury and there it's stuck for life, unless you actually get it out through a proper protocol. So that's a big, big deal; is that you have to be careful here, and then you have to get it out of here. And you can't just take random ALA. People that take alpha lipoic acid in a certain dose, and they react; they don't realize it because they're just kind of stirring up mercury.

So, I don't even just move people right into a brain phase. We do a prep phase before we even start any detox. Getting the cell ready, getting the downstream detox pathways ready. Then we do it as a body phase, where our goal is just to clear the easy to get stuff. To set up a concentration gradient from the brain and nerve tissue, higher concentration there, to a lower concentration in the body. So by clearing the body, we set up that high to low concentration gradient.

People forget that step, but it's very important. And then it allows the body to continue to move from higher to lower concentrations. Scientists get that but doctors don't. And also when we do the detox, it's always phased. Whether it's three days on, four days off or four on, 10 off; because again, those breaks set up that concentration gradient once again. And in all detox, it's nature's cycle. A woman's cycle is a detox cycle, right? Its cycle in nature. The environment cleans itself via cycles.

So, detox is always cycled, but the cycles are different for everybody. What works for you may be different than me. So we kind of teach the person how to really understand what cycle is working and what isn't, and when to lengthen or shorten them. And even when doses of certain chelators or binders to use. It's different for everybody, so I want people to hear that. Work with a coach. That's why I teach doctors around the country this. And if you go to my website, there's a coaching service there but you have to be coached because it is so different per person.

Christine: That's a great point and I, in my experience too, metals can come out in waves. And so just making sure that you're dosing appropriately when you're having those symptoms. It sounds like you have a really effective strategy and I'm happy you're doing this work.

Dr. Pompa: And to your point of these other problems, when you start pulling the metals out, pathogens start to show. You have to understand that relationship. I think Klinghardt and myself both feel that you really don't get rid of most chronic Lyme until you deal with the heavy metals; because again, there's a weird synergy. For years, I tested positive for Lyme. My candida, I could not get rid of my candida until I let go of my heavy metals down to a certain point. Then magically, my body dealt with the candida and I could make that argument for many pathogens. So there's a synergy there that again, a coach that understands cellular detox, gets that.

Christine: Yeah, absolutely. We see that all the time. And if someone's
hearing this right now, and you have these chronic microbial issues; if you’re not addressing the heavy metal piece, you’re limited in how well. And you’re probably not feeling well in your protocols either. So I think it’s hugely overlooked and there’s more and more great doctors understanding this, which is awesome, but I think this is an often overlooked piece.

So, Dr. Pompa, while we’re talking about cellular detoxes, I mean, I believe that heavy metals and environmental toxins can affect the human energy field and our energy body, and affect us on that level as well. And you do a lot of work with fasting and how fasting can improve something called autophagy, which I’d love for you to explain, because that might be a new word for some people who are listening. But how do you incorporate fasting to improve autophagy and how that can really help our bodies be more healthy?

**Dr. Pompa:** You know, I was trained in fasting in the 90s when it wasn’t cool at all, actually. It was something I was so passionate about because fasting really anchors into our innate intelligence like nothing else. I mean, we’re just putting complete reliance on the body’s innate ability to heal itself and that’s what fascinated me about fasting. Now there is this word, autophagy, which we didn’t understand back then. All we knew is fasting; you see these absolute amazing miracles that happen.

Autophagy is a word that means your body’s getting rid of the trash, the rubbish; the bad cells. The 2016 Nobel Prize was won by a Japanese gentleman, who via autophagy, really brought the understanding of autophagy to the scientific community. And it’s neat because during a fasting state, the body will not go for the good tissue, it goes for the bad, to get its energy that it needs, right? I mean, it needs energy. People are like, “How do you have energy? How do you have nutrition during a fast?”

Well, the body gets it from its bad tissue, the bad cells; it’s that smart. Years ago, the criticism that we would hear about fasting is, “Oh, fasting lowers your immune system.” Well, they made that judgment or that hypothesis because we’d see a massive drop in white blood cells during fasting and even for some time after.

Well, we know now what’s happening. It’s autophagy. Meaning that we see this drop in white blood cells because the body’s getting rid of all of these white blood cells, but it’s getting rid of the hyperactive ones. The ones that are driving autoimmune; allergies, food intolerances, hyperactive white blood cells, they’re living too long; misbehaving.

When the body needs the energy and the amino acids, it’s literally eating up these bad hyperactive immune cells. And that’s why we see this drop. Here’s the best part, the best news of all is the body so intelligent, that it replaces each one with a brand new one via stem cells. So it raises up its stem cells and recreates these more naive, if you will, not overactive immune cells. So that’s why we see this massive change in these hyper
immunity reactions, whether it's autoimmune or just food intolerances. So what I teach my docs is, the real way to fix a bad gut isn't giving more bacteria. It's part of the process, but very limited in how you can actually fix people. But fasting and fasting strategies via autophagy and stem cell production, that's the real way to fix the gut. The body fixes it, the body can turn off auto immune. So fasting is part of what I teach, with the cellular detox. And you put these two things together, magic happens.

**Christine:** With the kind of recent approval, there's more stem cell therapies being available and exosomes and this and that. And while that may be good for some people, fasting is the least expensive treatment that anyone can offer and it stimulates our own stem cells. So, I think that's a really important point that people might not understand. How about, how long do you recommend people to fast for usually? I know it's probably very individual, but when you're fasting, like how often are you fasting these days?

**Dr. Pompa:** Well, I mean, you know, for years before it was in vogue, I intermittently fasted daily. So, I typically eat in a very small four hour window in my day, but I don't do that every day. One or two days a week I feast, like purposely more, and that's important. In my book, a shameless plot, Beyond Fasting, it's a book that people can get, I talk about my diet variation. Feast famine cycle, and why it's really important, feast days where we more, is important as fast days. So there's some days where I don't eat at all. Some days where I just eat one meal, and many days where I eat in a small window.

So that's fasting, I do it daily, but extended fast is probably more of what you're actually asking. And it was funny because clinically, because I've done this for so long, we found magic in five day fasts. Where in just three days, people are adapting and they don't feel well and there's all this change. By day four they kind of breakthrough.

So we always felt like, let's just give them one more day, with that breakthrough. And we didn't know what was happening but magic happened. And we also noted that most people tolerated more frequent, shorter fasts than often longer fasts. There was more complication. Although many people benefit from longer fasts.

So I talk about that in my book; but multiple five day fasts seem to be a niche. Well, Valter Longo now, and others, have shown that five days is magically something that science shows is a really good number because day four, you seem to get this max autophagy that happens; and day five, you seem to get this max stem cell thing that's happening. In my book, I talk about a way to measure whether you're in max autophagy, when you're hitting max autophagy, and we can kind of guide your fast a little further. We look at ketone versus glucose levels. So anyways, but yeah, five days seems to be a really hot spot.

**Christine:** I think it's important that the science is catching up for this kind of really ancient tradition. So yeah, it's been around for a long time.
Then shifting gears, so you’re a proponent of the ketogenic diet. So that's the diet that you feel supports cellular detox the best. Is that what you found, more the ketogenic diet?

**Dr. Pompa:** Very different actually. I sometimes don’t get invited back to low carb events because my philosophy is actually diet variation. I’m a believer in ketosis, but I’m not a believer you stay in ketosis. I have scientific reasons for that and I cited them in my book; I have a chapter on diet variation. But I’m a believer that when we look at ancient cultures, they were forced in and out of dietary changes constantly. And now we understand that these dietary changes, again, it’s another strategy to force adaptation, the body to adapt. And when the body adapts, there’s a hormone optimization that takes place; your microbiome changes.

So I believe that the curse of modern diet is we’re able to stay on the same diet, you know, and I think science is showing that that’s not good. When we look at cultures, they were always changing diet. Whether it was environmental changes, lack of food changes; food just changes. And we didn't realize that there was a massive benefit to that and that our DNA is set up for that change. So, we force these changes on people. We do diet variation, as I mentioned, weekly. We do it monthly, and we even do it seasonally. So those strategies are very different and I highlight that in my book.

**Christine:** Yeah, I know. I’m always telling my patients, health is resilience and I think this metabolic flexibility and resilience makes a lot of sense to me. So no, I am so glad you wrote about it. I’m going to have to get your book.

**Dr. Pompa:** It’s funny, like today though, people line up in their camps, don't they? We have the vegans, your vegetarians, your paleo; your keto. If you interviewed every one of those people who were like, “This diet changed my life,” I believe that it did. But was it the diet or was it the dietary change? Oftentimes, it's the change. I mean, if you come off of a standard American diet, every diet is better.

Every one of those diets are better. But I really believe the magic is in the change. And I can make arguments that staying in any of those diets too long, leads to disease. Genetically, it may take longer for some people in certain diets. But I believe that magic is in the variation and all of those diets can be really useful in healing, when used correctly and varied.

**Christine:** And that gives people probably a lot of more mental flexibility too. So I think sometimes when people are too rigid, that can affect their psychology and create a lot of anxiety as they're trying to navigate through choices all day long and be perfect. So I think that gives people a lot more room to breathe, right?

**Dr. Pompa:** Absolutely. I mean, I purposely have these high carb days, sometimes weeks, and one of the things we've discovered is... ladies, listen up, for those who have struggled fasting or with low carb diets,
five days, at least five days before your cycle, is a critical time to go high, healthy carbs. A lot of hormone conversions need high glucose and insulin to make the conversions. Like thyroid hormone, you need insulin to make those conversions.

So, higher carbs actually helps you and that seems to help women the rest of the month. Again, diet variation is just that. It could be this five days of high carb and then low carb. Then oftentimes, we match it with five days of even a partial fast, where we break calories down to maybe 500 a day, protein below 20. We do that for five days a month and we do high carb for five days a month. So there's a lot of strategies.

**Christine:** I'm going to try that. A lot of my patients tend to have increased symptoms right before their cycle, just because of all the things that they're stressed with. And so that could be a... you know, we look of course at hormones and everything but I haven't tried that yet. That seems interesting.

**Dr. Pompa:** Yeah because there's so many hormones that really need insulin to make conversions. If you look at it, I would think that most women would say, “You know, that's when I do the worst on my diet. I have so many cravings.” You reach for the white bread necessarily or the Snickers bar or whatever it is. But reaching for healthy high carbohydrates can be a really helpful strategy.

**Christine:** Great tips. Well, I know that you have a quite a busy day and I'm so grateful that we connected to do this interview for this summit. Where can people find out more about your work and all the great things you shared with us today?

**Dr. Pompa:** Just go to my website, drpompa.com. And my social media, I have a big Facebook following; and Fasting for Purpose group on Facebook. You can find it from drpompa.com.

**Christine:** Great. Well, thank you so much for your time today, Dr. Pompa. It was really fun to get to know you.

**Dr. Pompa:** Thank you.
Dr. Klinghardt: Welcome everybody. Sitting in front of us is the infamous Professor Pollack. And Dr. Pollack and I have known each other for quite some time now. So I’m going to take the privilege to call you Gerry, is that okay?

Dr. Gerald Pollack: It’s okay, Dr. Klinghardt. Yes, of course. Totally.

Dr. Klinghardt: So this summit is looking at the human condition in an extended way. So most of us medical doctors are trained to look at the physical body as a mix of mechanics and biochemistry. We are viewed sort of like, we have a scaffolding of bones, and fascia, and muscles. But within that there’s a whole bunch of biochemical reactions that is pretty much where our medicine stops.

And it's through reading your work and trying to understand it and through many others who've gone before you, the physician who wrote that book *The Body Electric*. Many of us realize that the chemical reactions in the body are actually orchestrated by an electrical system that sits on top of it. Just like the car wouldn't run just putting gasoline in it. It actually needs an electric system to fire up the battery.

And so we’re looking at the electric system. Of course, the idea of this summit is to see by understanding it better can we squeeze out some pearls, and how to direct research, and how to direct ideas of how to treat people better.

We know that acupuncture is really a treatment on the electrical level. And we know that the use of microcurrent, and magnetic fields, and light all go there. And personally, have been totally stunned by your discovery of the exclusions on water, and the implications that it may make on
human health, and well-being. And so I really just want to open this up for us to freely talk about your discovery, and the implications, and thoughts you may have along with this. And I won't interrupt you very much.

**Dr. Gerald Pollack:** Okay, thanks. I guess we meant this to be a discussion, not a lecture. But just responding your opening remarks.

I think the electrical aspects are actually not at all peripheral but central to everything that happens in the body. That resides in the water. And what most people don't realize, but we learn from our experiments that the water actually inside the body is actually responsible for bearing charge. People don't think about that because we all think about water as being H2O.

But in fact, what we've discovered is that what happens inside the body is not so different from what happens in photosynthesis. So photosynthesis the light comes. Step one in the photosynthetic process is breaking the water molecule into H+ and OH-. And then there are many steps after that through which the plant gets its energy and also some unicellular organisms.

Well, what we discovered is the same thing happens inside the human body. That the water molecules, the water that we consume, much of that water gets broken into H+ and OH-. And the OH- gather together to form that zone that you mentioned. Called the exclusion zone. And that's the kind of water that kills our cells. That largely kills our cells.

So the idea that you mentioned the idea of electricity or electrical charge is absolutely central to what happens inside the cell because the cell is negatively charged.

Experiments now have demonstrated in the past. Just stick an electrode into a cell, and you can detect a negative charge. And the cell biologists have concluded even 60 years ago that the reason for this negative charge has something to do with the membrane around the cell. That pumps and channels, which regulate the flows of different ions and you wind up with negative charge inside the cell.

But in fact, what we've discovered is that the reason the cell is negatively charged has nothing to do with the membrane. Because gels for example which closely resemble the inside of the cell, no membrane and they have the same electrical charge. Negatively charged by 80 to 100 millivolts.

And where that comes from, where that negative charge comes from we think of the water itself. Because as I mentioned, the water gets broken into negative and positive. And those negatives which form a
matrix which can easily fill the cell. They surround every protein, every macro-molecule, and probably even various ions inside the cell.

So the electrical nature of the cell is absolutely critical for everything the cell does. Because these negatively charged water molecules, if you allow them to just sit there, they participate centrally in basically everything that the cell does. Every major task that the cell performs.

And the way this happens, this is the subject of my 2001 book called *Cells, Gels and the Engines of Life*. Is what happens is in the resting state, when the cell is not performing what it's designed to perform – like in a muscle cell for example when the muscle's relaxed, the water is essentially the water that I spoke of EZ or 4\textsuperscript{th} Phase water. But it's negatively charged sitting inside the cell.

But when the cell is called to action, like when the frog wants to catch the fly, the muscles begin contracting. And as the muscles contract the trigger for the contraction we found is the de-structuring of the water that is negatively charged water. EZ water or structured water. Or 4\textsuperscript{th} Phase water converts, transitions into ordinary water.

So the first thing that happens is the electrical potential goes from a big negative towards zero. Because ordinary water has essentially no charge. We call that the action potential. And that transition of the water is the transition for a phase change inside the cell that triggers the actual action of the particular cell. And in the muscle cell that would be a contraction. In a secretory cell that would be secretion, the nerve cell that would be communication, etc.

So yeah, the point you introduced that electricity is central to everything the cell does beyond simply chemical reactions and physical manipulations. That's the feature of cell biology that's been missing from the textbooks, and missing from people's understanding.

**Dr. Klinghardt:** Okay. Let me ask you a quick question. So when I studied medicine or physiology, my professor in physiology was a very famous professor, Professor Fleckenstein. He was the one who has claimed to have discovered the sodium-potassium channel, which was absolutely necessary to restore the 70 millivolts membrane potential. And he was upset for the rest of his life that he didn't get the Nobel Prize for it. That somebody else got the Nobel Prize for it. Is the sodium-potassium channel actually needed?

**Dr. Gerald Pollack:** No. I think you're talking about probably the sodium-potassium pump.

**Dr. Klinghardt:** Yeah. The pump.
Dr. Gerald Pollack: The pump which was discovered many, many years ago. So the guy who actually tackled that problem was Gilbert Ling. And Gilbert Ling is a kind of mentor to me although we met only a few times in my lifetime.

But his work we found to be really important and almost astounding. And most of the work, and part of his work dealt with the structure of the water. And it had a big influence on me because he said that the water inside the cell is organized. It's not like water in a glass. And that's what inspired me to get going on studying this kind of water.

But also, he challenged the idea of what was at first called the sodium pump. He said the sodium pump is impossible. Why is it impossible? Because the amount of energy that would be required to power the pump is a huge fraction of the cell's energy.

What he did to test this challenge to the idea of what was then the sodium pump, is the poisoned the cell. And he used a cocktail of poisons that would really make sure that he pulled the plug on the pump. And after he did that, he found nothing much happened. The effects of the pump, the separation of ions were pretty much the same as if he hadn't poisoned the cell. And that effect persisted for up to eight hours after he administered the poison.

So he said, this doesn't make any sense. And the cell has no energy. And despite the lack of energy, it's able to do what the pump is said to do. So it can't be that there's a pump. It must be some other mechanism that's responsible for the separation of ions.

So a year later someone wrote an article suggesting that there was a challenge to Gilbert Ling's idea. But the challenge was never published. And since then, although Gilbert Ling, now at age 100, still has this on his website. GilbertLing.org, he talks about sodium pump or the sodium-potassium pump which given the most generous of assumptions to the other side. The difference of required energies are a factor of 30.

You can calculate how much energy is required to pump the pump. And his poisoning of the cell reduced the amount of energy sufficiently towards zero. It was impossible.

But now, Dietrich, this is the interesting part. It's not just the sodium pump, but there are according to one of my students; who's in that field more than 1,000 pumps. They all need energy. If there's not enough energy for the cell to power the sodium pump, how is it possible for the cell to power all of those other pumps. So in order do to this pumping the cell needs more energy than it could possibly muster. So something is wrong with this.
**Dr. Klinghardt:** Yeah. So let me just summarize this for the listener. Because you know I studied medicine 44 years ago, I finished medical school. And pretty much every year when there's a new discovery in the cell and the biochemistry of the cell that cannot be explained by biochemical principles, a new pump or new channel is postulated. If you've got now 1,000's of postulated pumps and 1,000's of postulated channels which probably would not even fit on the cell wall.

**Dr. Gerald Pollack:** Right.

**Dr. Klinghardt:** In order for medicine to avoid talking about physics. By staying in the paradigm of anatomy, you know these visible channels like [inaudible], they are sitting in the cell wall, most of which have never been seen. There's more and more elaborate drawings of how they look like. Things that have never been seen based on somebody's theory.

And I just wanted to make sure that people understand that there is medicine at this level that you're working on is the wild west. Where still expert opinions and theories are superseding the actual findings.

And my experience just as an observer is whenever it goes in the area of physics, conventional medicine or research gets very uncomfortable. And tries to avoid it and comes up with some theory within biochemistry that, to some degree explains the phenomenon that they see. But when you actually take it apart like Gilbert Ling did, it cannot explain it. And you have to move to physics, which you have done. And very few others have done.

Another question. What would be the effect of the EZ water if people in interested in the DNA, and then on the proteins in the cell? Could you describe like something sort of when people have a lot of EZ water in the cell how that may differ from having very little of the action on the DNA and on the proteins?

**Dr. Gerald Pollack:** Yeah. Let's take the protein, for example. So it's well-establish, and I think actually even true in this case. That the action of the cell occurs mostly by a folding of the proteins, and so a protein may go from for example like this – it folds to do the work. So in a muscle cell, for example, the contraction of the muscle occurs when the acting and myosin proteins undergo a configurational change or a folding from a state that looks like this to a state that looks like this.

But the normal environment around the protein is water. And the water that surrounds the protein is EZ water. So when the protein folds, it normally folds within an environment of EZ water, which is essence part of the protein because it sticks to the protein. You really can't separate the protein from the water, the EZ water that immediately surrounds it.
So what happens is that when the protein is ready to act, for example, when the muscle is ready to contract – what happens is this EZ water melts into ordinary water. And allows this so-called phase transition of protein folding. And then at the end of the contraction the protein restores its initial position, and the EZ water builds up again.

So the problem is if you don't have enough of the EZ water or let's say as an extreme example there's no EZ water surrounding the protein. This is dehydration; effectively, the protein is in an environment that's foreign to it. It wants to fold, but it doesn't have the necessary water that surrounds it. Which is the familiar state. And so it misfolds, or can't fold or whatever. And therefore that leads to a pathology.

So one way of reversing the pathology is to get more EZ water to restore the amount of water or to rehydrate from the dehydration, which is the absence of the EZ water.

So yeah, your question about what happens when either the genetic information or the proteins, whatever, don't have the EZ water, basically the system doesn't work anymore. Or it works in a compromised way. Or in the extreme, it doesn't work at all. So this is maybe one aspect of pathology, not the only aspect, obviously.

You're the guy who knows all about the pathologies. But the water, just to reiterate is far more central than modern biology or biochemistry will admit. So modern biochemistry says that the water, it's like bathtubs that bathes the more important molecules of life.

In a cell biology book the pictures of various kinds of cells, they don't even include the water. Even though two-thirds of the volume is water. And as you know that two-thirds volume, if you do a molecular count, if you line up all of the molecules in a particular organ, like a muscle, for example, more than 99 out of 100 molecules are water molecules. And to ignore 99 out of 100 molecules thinking that those molecules play no role strikes me as well, I don't know whether the right word is preposterous or another word is arrogant. I'm not sure. But maybe those words apply.

Dr. Klinghardt: I have a question that probably a lot of people would have. I use a lot of muscle testing, so I'm interested in muscle physiology. I've tried to work through your beautiful book you wrote in the '90s on muscle physiology, which requires a lot of brainpower to read. But my question that I've wanted to ask you for a long time is when muscle contraction is induced by EZ water degrading to normal water who gives it the impulse? How does the impulse for the water to command the water to change its configuration? Where does that come from? How does that get from the brain to the muscle?
Dr. Gerald Pollack: Yeah. So the trigger can be a simple electrical impulse. As for example coming from a nerve. That’s certainly one way to do it. Neurotransmitters can be involved.

But the transition we know from experiments on EZ water, you can induce the transition simply by sticking an electrode in. And if you apply a positive charge, it will initiate the transition from the EZ water, with its negative charge, back to ordinary, to bulk water. So how the body does it maybe is a bit unsettled. But there are multiple ways that you can induce this kind of transition.

The people who study phase transitions in general, like polymer gel phase transitions. Understand that initiating these transitions can occur so many different ways. Either a change of temperature, a change of ions, and electrical impulse. And all of these, or by introducing chemicals. And all of these mechanisms are available to the muscle to initiate the contraction.

So you can initiate it in vivo, the in vivo mechanism as I said, I think it probably involves an electrical impulse. It may also involve a neurotransmitter. But doing it outside the body, doing it invitro in the laboratory, so many different ways can trigger this kind of transition of the water from the EZ water to ordinary water.

Dr. Klinghardt: I remember the original wonderful observation by Luigi Galvanni. Like the Italians, too, he had slaughtered a couple of frogs to eat them. And the thighs of the frogs were hanging out on the laundry line. Because he was a single guy, so he would hang them up with laundry pins. And there was a thunderstorm coming with lightening. And there was an electric charge in the air. And the legs of the frog who was dead for a whole day started twitching as if they were alive.

And it was the original discovery of electricity, you know was actually done, if you look at now on the EZ water changing its state in the presence of an electric field.

Dr. Gerald Pollack: That’s really, really observation. I knew about Galvanni. But yeah, the story of that reminds me of the definition of life and corresponding the definition of death. What happens? And Gilbert Ling suggested from his experiments that death is when the structured water disappears. That’s the distinction between life and death. In structured water, what we call EZ or 4th Phase water.

You know I think that’s an attenable, possibly decent definition. Nobody has a definition, an agreed-upon definition of life, or the transition between life and death. And if Gilbert’s definition makes sense; it totally makes sense to me because you need the EZ water for life. Without EZ water, as I mentioned a few moments ago, function is absent.
You know never know whether you've got the right definition or the wrong definition because there's no gold standard on which to compare. But this is one idea, one distinction between the two. So I thought of that as you mentioned Galvanni and his interesting experiments.

**Dr. Klinghardt:** I haven't eaten a lot of frogs in my life. But I think that stuck with me, not so much because of the electricity, but the idea that somebody would actually dissect a frog and eat it was stuck in my mind.

**Dr. Gerald Pollack:** Well, if you're hungry and you don't have a companion to prepare for you, it's an obvious solution.

**Dr. Klinghardt:** I have a question that was triggered by one of the lectures I heard from you. I had a yoga teacher; he was a Chinese kind of chi gong master. And I witnessed an experiment where people have dug like a hole in the ground, put him in the ground. Covered him with earth for one week, he was underneath without oxygen. Then they uncovered him, and within a few minutes he was fully back to life.

And no monitors were attached to him. He had no heartbeat during that time. But you actually gave us the solution to how that is possible with the blood flow, what makes the blood circulate other than the pumping action of the heart.

Would you talk a little bit about that, because I think people need to hear that? Because when we get to the therapy part people will be so inspired and looking in their own direction for other solutions than what they have.

**Dr. Gerald Pollack:** Yeah. I'm happy to discuss that. I mean, I'll start with the bottom line. And the bottom line is that we discovered that there is what we might call an auxiliary pump that exists in the cardiovascular system beyond the heart.

I began my career doing a computer model of the pressure and flow, and circulation. And I thought I guess I felt pretty arrogant thinking that I knew all of the answers. Until I went to my to see my friend Vladimir Viakov. Who is a professor at Moscow University. He's a professor of biochemistry.

And we're good friends. When I went to see him, he said, “You've got to meet the guy next door in the next laboratory.” So I meet the guy in the next laboratory, and he tells me, “There's a big problem in the cardiovascular system.”

I ask him with my nose up in the air because I thought I knew pretty much what there was to know about the system. He says, “There's a big problem, and the problem is this,” he said, “The problem is that
the capillaries in the cardiovascular system in people,” not like you and me, but healthy, young adults, “The diameter of the capillaries could be down to three or four micrometers. But the red blood cells that have to pass through them are six or seven micrometers.” He said, his translation from Russian was not so good, but a plumbing problem.

It’s sort of like a problem in your toilet. You know sometimes a toilet will get stopped, and in order to clear the toilet, you need to use a plunger. And to use a plunger it requires a lot of your energy. So you know, you push and push, and eventually it clears.

So he says, “The problem is the same in the capillaries because these big galumphing red blood cells need somehow to pass through. And how are they going to pass through?”

So he indicated that what has to happen is that the red cells have to get squeezed in order to pass through. And anybody can look at the video, we have them, and I show them in various presentations. Anybody can look and see they actually do get squeezed in order to get through.

So this guy calculated, he calculated how much pressure the heart would need to exert in order to push those red blood cells through the capillaries. And I don't know if his calculation was correct or not. He said, roughly one million times.

So the heart would need to develop a pressure of – I mean that's really high pressure – a million times what it generates. And so obviously it can't do that, so there must be another energy source that's responsible for driving the blood through those capillaries.

And I immediately thought of a laboratory observation that we had where we take a tube made of some hydrophilic or water-loving material, we've used many of them. It's a tube sitting in the water, like a hose, but a couple of millimeters in diameter. And one of my students was doing the experiment, and he came running into my office to tell me about this amazing finding. And I was sitting; I remember I was sitting with someone in my office and this student barged in. He thought it was really important. I thought it was even more important than he did if correct.

And it was correct. He said that he put the tube in the water and the flow went right through the tube, and it kept going indefinitely. And I was thinking this is amazing because usually you need pressure to drive flow through a tube. Just like the ventricle pushes the blood through the large arteries, but there was no pressure here. No pressure difference between the input – between one end of the tube and the other end. Yet the flow was occurring.
And so for me, this was amazing. We had already established that energy was absorbed by water. What actually converts ordinary water to EZ water with a separated charge is light. Especially infrared light.

So we knew a lot about this phenomenon. And when the Russian guy told me you can get flow, or there's a big problem, you need some axillary mechanism of flow to do the job. I'm thinking about what we found in the laboratory.

And so we did follow-up experiments. The first thing we did was to check the literature. And we found that actually multiple groups over the past hundred years or so have found that when the heart stops beating you still get flow.

Now for me this was amazing. And it relates to the story that you just told because there is some other mechanism that must be driving the flow if the heart is not operating. So we had some precedent for thinking that you can indeed get flow, that supplements the flow produced by the left ventricle.

And we did experiments. So this is just recently, and we're about to submit the manuscript for publication. And what my student Jeng Li found, he used a chick embryo, a three-day-old chick embryo. You can just lop off the top of the eggshell and you can see the embryo exposed. So he could see the heart which was beating. He could see all of the vessels. He could image the vessels to measure the flow.

So the first thing he did was to sacrifice the chick by putting potassium chloride in the heart, and the heart stopped. So what he observed confirmed what lots of other people have observed, but people don't know it. That there still is flow even if you stop the heart. He found that the flow continued.

And then the acid test of whether our mechanism was really applying and causing the flow was added infrared light. And he found that the flow increased by three times or more. And when he turned off the infrared light it went have to the baseline.

So the bottom line is that from these experiments and from the theory that I mentioned with the Russian guy, it appears that our cardiovascular is driven not only by the heart but also by a secondary mechanism. And that secondary mechanism is producing flow through the high resistance capillaries.

And we don't know how much, what fraction of the cardiovascular energy lies in that secondary mechanism. It may be trivial, or it may be substantial. We're not sure. Our evidence shows that it exists.
So the guy who are describing and his ability to stay alive though buried even without oxygen could lie in this feature.

**Dr. Klinghardt:** Yeah. I wanted to maybe for the public listening to this talk sort of make sure that you understand the importance of it. That every chronic illness has been linked to a lack of capillary flow in certain parts of the brain, chronic fatigue. Or in the liver in its inability to detox or lack of capillary flow in the kidneys linked to also inability to detox, and therefore, the body becomes increasingly toxic.

And your observation has led many of us to use various forms of infrared light devices. To increase capillary flow. You know we have one instrument from Amazon that’s less than $20. We can deliver about four to five watts of infrared energy to the system at least two or three inches deep into the system. Basically, this observation of yours has led to a revolution of medicine in finding more and more practical simple tools that are available.

There is also something I’d like to say from my German upbringing. I had another mentor before, who was Dr. Fritz Albert Pop, who was the leader for many years in photobiology. The effect of light in our biology. And he showed very clearly through his published papers that our DNA is actually able to store light and to emit light.

And so we’ve been on an interesting journey there with what you’ve found and the whole huge increasing number of people that study the physics of light. We’ve been finding really unbelievable networks of light in the body.

Like basically we have this fiberoptic system of light, and the tool, and inside the nerves. And I’m sure one day we find the reason the light is there is to increase exclusion zone water.

**Dr. Gerald Pollack:** I think that’s a possibility. But it’s not only to increase the EZ water but also to provide information.

So the information is something that is not in water. It’s not something that’s widely discussed in most medical circles. From the point of view from the people investigating water, they know that this is real. That the water inside our bodies can store information. Not only information from internal sources but also from external sources.

So the surface of the DNA may confer information to the adjacent water. And perhaps by the mechanism that you just mentioned. But also you can get information from outside.

The reason this is possible is that this kind of water, the molecules are not bouncing around a gazillion times per second, and they are not
randomly oriented. Just like ordinary water. They're structured. It's a three-dimensional array of atoms that are organized into this seemingly solid configuration. And that's just like your computer memory. Your computer memory, just like silicon molecules organize that way or atoms. And each atom can take on two different states corresponding to zero and one.

Well the same thing should apply to the EZ water because you've got oxygens and hydrogens sitting in that three-dimensional array. Now it turns out that each oxygen atom has five different oxidation states, -2, -1, 0, +1, +2. And so, it means that at least in theory the water, the EZ water that surrounds the DNA and surrounds the proteins and such has an enormous capacity to store information.

A side point is that one wonders whether it's possible in the future that EZ water might actually replace silicon as the preferred mechanism of energy storage.

**Dr. Klinghardt:** Let me ask you an important question there. Is it a safe assumption, the more EZ water, the more our system is able to store memory?

**Dr. Gerald Pollack:** I don't know the answer to that. But I would say it makes sense to me. That it's sort of like increasing the storage inside your computer. A larger storage capacity.

**Dr. Klinghardt:** And an equal question, would you postulate, I know you're professor, so you're not allowed to say something unless it's totally proven and confirmed by others. But would speculate that the equation, the more EZ water we have in us, the healthier we are? Is that a reasonable assumption?

**Dr. Gerald Pollack:** Absolutely. I do think it's reasonable. And I think that's why certain commonly practiced procedures improve health. First of all, drinking water. So the drinking water is the raw material for building EZ water. So you need to drink water to build the EZ water. Okay. That part is self-evident.

Another one is sunshine. So it turns out that the sunshine, roughly half of the energy coming from the sun even after it passes through the atmosphere is in the infrared region. And we found from experiments, that it's infrared that really is so effective in building EZ water.

The other wavelengths can do it too. But infrared is the most effective. So I living in Seattle in the wintertime when it's gloomy and grey, some of us like you, escape to warmer climates. But the rest of us ...
Dr. Gerald Pollack: Like England, right. Yeah, right, I know that. But when the sun pops out we feel good. And so, we might feel good for various psychological reasons.

Another reason why we feel good might simply be that we’re getting that infrared energy. It’s absorbed by the body. It builds EZ water. That could be one reason.

So it happens not only in our muscles, and nerves, and kidneys, and liver, but also in our brains. And so we feel better. We move into or transition into the default condition, which is feeling good, not feeling bad.

And the extreme of that, the third one, is the sauna. And so, you get into a sauna. And I've had the experience as have so many people and you come out 20/30 minutes later, and you feel refreshed and renewed.

Why is that? Again, the accepted mechanism is not so clear. But it's heat, and heat is equivalent to infrared. So your body is bathed in huge amounts of infrared energy. And that infrared energy is absorbed by all over your naked body.

And that should, according to our experiments should build EZ water. And since EZ water is critical for function, you function better. So if your muscles are aching and partially nonfunctional, and your muscles receive that kind of energy they should be restored to their normal condition. So that's another one.

Another is various remedies that have come from ancient times from the Chinese culture, from Ayurveda culture, like turmeric and holy basil. Even aspirin from the bark of the willow tree. These various plants or plant substances have been known for years to be really good for health. Not just for one particular organ, but throughout your body.

We wondered since their effect is so pervasive over the body either there are many different mechanisms for each one of them. Or there's one mechanism that applies throughout the body. And we thought about water because water is everywhere.

So we tested seven or eight different substances. The ones I mentioned plus coconut water, coconut oil, CBD, experiments are not quite done – we were stopped by the authorities. Well, we finally got a license, and the studies will continue.

Every one of them showed the same thing. At the low concentrations that you would expect in the body, they all expanded the amount of EZ water. So we come out of that with the thought that the reason that these substances are so effective is that they build EZ water. And why
they are effective in so many organs throughout the body is that the water is everywhere. So that’s another.

And by the way, we tested also – in the paper we published – we tested glyphosate from Roundup. And we found pretty much what we expected. It diminishes EZ water at any concentration. It shows no increase whatsoever, even at low, low concentrations. EZ water diminishes.

Which raises the question of whether it’s possible that other poisons beyond glyphosate also might exert their effect through dehydration. Through diminution of the amount of EZ water. We don’t know that. But this is a speculation based on no evidence yet.

I don’t like to expose the young students who work with these poisons, because of the possible exposure. So I’ve been reluctant to have these experiments done. So finally, a sixth one. I’ve gone through five. Is earthing or grounding. So you connect yourself to the earth. And there are lots of biophysical studies showing that health improves when you do that. So why is that? Well, once again, sometimes I feel like the guy whose only tool is a hammer. And everything looks like a nail because of that.

So obviously we tend to focus on EZ water rather than other types of mechanisms. So what I learned about ten years ago, which shocked me to no end. Was that the Earth was negatively charged. The shocking was not a pun; it was a Russian guy. A very clever guy. And was in my lab for six months, and just before he was about to leave he started talking about the Earth’s electric field.

And I said, “Andre, you mean the magnetic field, don’t you?” He said, “No. I mean the electric field.” What are you talking about, Andre? I mean my first degree was in electrical engineering nobody ever told me that the Earth was negatively charged. We thought you plug into the wall, and the third terminal is zero; it’s neutral; it’s connecting to a vast sea of neutrality.

He said, what you learned is wrong. They never taught you. In Russia, every middle school student knows that – thank you very much, Andre – every middle school student knows that the Earth is negatively charged. And up there in the ionosphere is a positive charge. So you have between the positive and negative you have an electric field, and the electric field lines run perpendicular to the surface of the Earth.

I didn’t believe him. I thought he must have been on some kind of drug. But the next day, someone brought me the lectures of the great physicist, Richard Feynman, the Nobel physicist who many people see as the Einstein as the second half of the last century. And the
student opened to Volume 2, Chapter 9, of his lectures. And there it was the Earth’s electric field and negative charge. So we’ve been poorly educated. But here in the U.S., it’s almost completely unknown, yet the evidence for it is very clear.

**Dr. Klinghardt:** I just wanted to make a remark. Nikola Tesla, built already around the turn of the century, around 1900 a huge tower where he wanted to use the electrical differential between the surface of the Earth and the other. And that experiment was not supported by the upcoming electric energy. It was sabotaged and greatly discouraged. And we sort know a little bit of the story. But there was at least one immigrant to America that knew about this. And that has been pretty much silenced for the last 120 years.

**Dr. Gerald Pollack:** Silenced, yes. But I deal with some of these people. There’s a Tesla Tech Society. And many people are beginning to appreciate the genius of Nikola Tesla. Even the car named after Tesla. So yeah. He’s a premier guy.

Just to conclude. Because I’ve know you’ve got other stuff. To conclude if you connect yourself to the Earth, you’re connecting yourself to an almost infinite reservoir of electrons of negative charge in the Earth. And we know from our experiments that if you add negative charge to water, you get EZ water. So I can imagine what happens is either those negative charges, the electrons flow from the Earth into the body. Or the positive charges from the body will flow in the negative Earth. The result is the same. You have more negative charge in your body, and you have more EZ water.

So those are roughly a half dozen expedients that seem, I guess promote health. Maybe based on a build-up of EZ water.

**Dr. Klinghardt:** So not so hidden in the last 15 minutes you gave us a lot of issues to explore for the health of our patients. I just have maybe one more question. How about sugar and how about exercise? Do you have any ideas as to what they may do to our EZ water?

**Dr. Gerald Pollack:** Well, yeah. Well, exercise is not something that I’ve given a whole lot of thought to. But I should, and can. But sugar, so it’s known from, actually from the time of, I think Louis Pasteur, you put sugar in water, and the sugar becomes crystalizes. If you stick a string in you get a hard crystal, a sugar crystal.

So we interpret that as what’s going on is that the sugar is actually creating EZ water. And EZ water is very viscous. And so if the sugar gets into your blood, your blood needs to flow obviously. It needs to be – it can’t be viscous like EZ water. So we presumed that the flowing blood contains ordinary water, not EZ water, although inside the red blood cell
that may be a different story. So you don't want your blood to thicken in that way. So you just want to avoid the creation of this kind of gel-like substance. And therefore if you can eliminate the sugar from your blood, at least according to the theory that we developed your blood should flow more smoothly.

And so you know obviously better than I do the effects of diabetes. So the insulin tries to get rid of the sugar to make sure that the blood is not so thick and tries to transfer the sugar to the tissues. If the blood becomes too thick it can't flow any longer into the tissues. And when the flow stops the tissue becomes pathological. Well you know the consequences of diabetes.

So yeah, in terms of sugar, it's not a good deal to have sugar in your blood in high concentrations at any time.

**Dr. Klinghardt:** Okay. Gerry, just give us some concluding words. Oh, yeah, I did have that question. How about the WIFI environment? Do we know already what the electric fields and man-made electric pulse fields, what they may be doing to the EZ water in us? Do we have any idea?

**Dr. Gerald Pollack:** It was the suggestion of some brilliant guys whose initials are D.K. Who suggested to us that we look into to see the effects of routers, a router on EZ water. A student is now working on the project. We only have preliminary results. We don't final results. The preliminary results seem to show that the EZ water diminishes. But I don't want to hang my hat on that result, because the results are not yet in completely. So we're working on it. I've read many of the same papers you have. And I'm worried about the future.

**Dr. Klinghardt:** So Gerry, since this mostly going to be practitioners and some effective patients listening to this, could you just give us some concluding words. We'll be pretty sure about what the consequences are in terms of lifestyle changes. What should people incorporate into their daily activity? Sleeping location? Just if you could sum that up, some of the things that we're pretty sure about that result from this wonderful and amazing research.

**Dr. Gerald Pollack:** Dietrich, you put me on the spot. So in terms of clinical medicine I guess I would say that anything that can be done to build EZ water should be good for health. I listed half dozen expedients that I think are very simple, and that seems from all I've heard to be quite effective.

I didn't mention. Just one last one is juicing. Which basically we're squeezing the inside of the plant cell and drinking it to replace your own EZ water. That's another one that many practitioners seem to think is very effective for people.
So all of those various expedients I think should be really high on the list. Because from my point of view, water is so absolutely central and critical to everybody's health. Far, far more than anything that we might have learned in our education. You said it's a kind of coming revolution. I think so. I think that we need to focus more on that water. And the role of water and function. We already know quite a lot about it. We need to know more.

So to anybody who's doing research, my words are suggesting that the serious importance of looking into the effects of water. Especially, EZ water on health. We started; there's a lot more to do.

Dr. Klinghardt: Well, thank you, professor. We know each other but I hardly ever get a chance to talk to you on this level.

Dr. Gerald Pollack: Yeah. I know we're both too busy. And that's too bad. Thank you very much.

Dr. Klinghardt: Thank you, Gerry. And greetings at home.

Dr. Gerald Pollack: Thank you very much.

Dr. Klinghardt: I hope we see each other shortly.

Dr. Gerald Pollack: Yes, we will take care.

Dr. Klinghardt: Yeah. Bye.
Molecular Hydrogen Water
Guest: Kelly Halderman

Christine Schaffner ND: Welcome everyone. I'm so excited to interview today. Dr. Kelly Halderman. And we're going to talk about molecular hydrogen water.

Dr. Kelly is a clinician, researcher, nutraceutical formulator, and science advisor with a background in family practice medicine. Naturopathy, nutrition, and detoxification. She's personal beat chronic Lyme Disease and cancer. And we're so excited to share her knowledge with you all today.

So welcome, Dr. Kelly.

Dr. Kelly Halderman: Thanks, Christine. Thanks so much for having me.

Christine Schaffner ND: Absolutely. And my thought I before we would dive in; we're really wanting to educate people on this topic about hydrogen water with all circulating ideas about water. It gets very confusing. A very simple topic can become very complex.

I thought before we dove into the topic of hydrogen water, you can just share a little bit about your personal health story and you really became so passionate about this.

Dr. Kelly Halderman: Sure. Absolutely. So back in 2010, I was practicing medicine. And I started to come down with really strange symptoms out of the blue. Migraines and foot drop. And I was told it was stress. And that I was just stressed out. And I needed to just destress.

But it actually ended up being a diagnosis of Multiple Sclerosis. So I was
given a bunch of pills and a pat on the back telling me to get my affairs in order and go spend time with my children.

I wasn't even 30 years old yet. And that was not the road I was going to take. So I had to take a step back and start learning about natural medicine. About things that I could use on my body that would help restore whatever, the terrain that kind of took me down.

So it led to an eventual diagnosis of Lyme Disease. And that was something that definitely took time, but I have beat that. And on a consistent basis, I do a lot of things; I do a lot of biohacking to stay healthy.

And hydrogen water is one of the things that I used on my journey to get my health back. And it was something that I knew that it was natural. It wasn't another pharmaceutical that I was putting into my body. I felt that it was really getting at the root cause, and that's kind of really where this all started several years ago.

And I started with using a water device that made alkaline water. And not knowing about the amazing effects of hydrogen water I knew that when I was drinking the alkaline water at first I was feeling really good. And then after a while. I'm like, “I'm not getting the same effects.” And now, fast forward, I understand the mechanism.

We're going to go into that. What's the difference between alkaline water and hydrogen water. But as far as my story goes is I'm passionate about it because it absolutely changed my life.

Christine Schaffner ND: Well, thank you for sharing that. And you're obviously walking your walk. And this is just a story of inspiration. And if you're out there struggling I just wanted you to hear that you can get better and this is what this summit's all about.

And so let's just take a step back and really what it hydrogen water. Water is obviously H2O, two hydrogens, and one oxygen. And we're describing this other water as hydrogen water. So if you could just really share with us what that is?

Dr. Kelly Halderman: So there's several isotopes of hydrogen. So hydrogen is the number element on the periodic table because it's tiny. And one of those isotopes is deuterium, and we are kind of hearing a lot about deuterium, and you're going to talk about this in this summit. And I'm going to tune in to that. I think it's really interesting.

But what we're talking about today is we're talking about molecular hydrogen, otherwise known as diatomic hydrogen or H2 gas. So we're talking about what happens in your body when you have that H2 gas in
there. What kind of physiological effects can happen?

Well, because it's so small, it can go everywhere in your body. It can go through the blood-brain barrier, into tissues, vessels, organs, it's amazing that it has free rein in your body. And it can really help us, Christine, because it reduces oxidative stress and inflammation.

There was a paper in 2007 out of the prestigious journal of *Nature Science* that literally blew some of our minds as practitioners. Because it was saying that, and I'm going to read it, it says, “Hydrogen acts as a therapeutic antioxidant by selectively reducing cytotoxic oxygen radicals.”

Well, if you think about the theory of natural medicine, that inflammation, and oxidative stress are the big reasons why we have disease. It's just that our bodies are full of all of these oxidants and they are causing expressions.

It could be hypertension; it could be cancer, all kinds of things. So molecular hydrogen can do is it can actually help modulate, it can selectively modulate that response. That oxidative stress.

And to get a little geeky on you, so for our listeners, one of the biggest damaging free radicals in our body is called the hydroxyl radical. Just think of this nasty free radical that's just going around and just eating at your cells. Eating at your cells and it's just causing all kinds of chaos.

Well, what these researchers have found and there's over 200 published papers since this paper. And we can talk a little bit about them. What it does is it will actually quench that that hydroxyl radical. So if you think of the root cause of disease being all of this inflammation, molecular hydrogen will go in as a gas, and it can actually quench that.

It actually upregulates this pathway called your nerve two pathway. So the nerve two pathway is our master antioxidant pathway. So if you're having an upregulation of that what will happen is that the nerve two is actually transcription factor. It'll go down the neuro to tell your DNA to start making, producing more of your antioxidants. Such as glutathione and catalase.

So you have that response, and you will actually see that response from the hydrogen gas weeks later. It will happen weeks later. So if I have some hydrogen water, which I have right here, and if I drink some it will have that response. But it's very selective because I really, I get a little nervous when people are pouring in antioxidants.

Pouring them in because what happens is that you create a prooxidant, like Vitamin C. You've created something that your body now has to take
care of. Yes, you did some good. Yes, you gave the antioxidant, and it did quench some of those free radicals. But now your body has something to deal with.

That is not the case with molecular hydrogen. Molecular hydrogen will cause that selective cascade, and it will actually be protective weeks down the road. That's why I really love it, and we all need to be more hydrated.

I think a study came out of Harvard saying that 56 percent of us are chronically dehydrated. So there are other ways to get molecular hydrogen ways in your body. There's devices where you can, inner nasal. But I feel like we need water. So having it in that water is one of the best things that I think that the delivery system of this molecular hydrogen.

Christine Schaffner ND: It seems like a very elegant solution to really address things on a foundational level. And you bring up so many points. I'm sure everyone's really curious about, okay, “How do we access and get this molecular hydrogen in our bodies?” And you talked about water. There's some other devices. There's some supplements.

So maybe just sharing the practical application of how do we actually access and can incorporate this into our daily lives.

Dr. Kelly Halderman: Sure. And that's absolutely what we need. We need action, and we need it now. And we need it to be easy. And that's where I started to do my research, my homework on molecular hydrogen.

I saw that paper, and I went, “Wow. I've got to figure this out.” And there's a lot of companies; there's a lot of bad information that will say, “The more potent, the parts per million, the better.” But that's really just not the case. So I just want our listeners to be careful for a supplement company or like a machine that's going to deliver higher parts per million. Because quite frankly the only we only need .3 to .5 for a physiological effect.

So I tried to find the lowest cost and the two things that I will use with my clients, I'll use tablets. So you can buy molecular hydrogen tablets, and you can drop them into a water bottle, and they'll dissolve, and you'll have a nice convenient way to have hydrogen water.

And that is sold by Professional Health Products, and also by Synergy Science. And also you can buy a machine. When I was looking at machines, I also wanted to have one that was a filter, because there's some nasty stuff in our water. So I'm really a fan of the echo. That's the one I personally use. It's reasonably priced.
My whole entire family drinks this water. The positive effects, even my three-year-old, I feel like he does better when he's drinking it. So it's anti-inflammatory, anti-allergy, and all of the studies backing it. So we use the echo because it filters out glyphosate, it filters out heavy metals.

There's studies on the website which will link to on my website where you can look, and they’ve done, Synergy Science owns echo, and they’ve done the testing. So for me having that – taking out the chlorine, taking out the fluoride with an extra filter, taking out the glyphosate, the heavy metals. That's a two for one, right?.

You’re getting nice healthy water. But if that's something you can't afford. The pills, the tablets are very reasonably priced. And you're going to have the same mechanism of action from those.

Christine Schaffner ND: I'm glad you brought up the filtration. Because I was wondering that actually with the systems that are out there, they're actually filtering the water before adding the molecular hydrogen and it's great now that companies are actually looking at glyphosate removal. We were always looking at, of course, fluoride, and chlorine, and all of these other toxic things that end up in our water. But no we're just inundated with glyphosate. So I'm really glad that they're checking for glyphosate too, I didn't know that.

And with the pill option, is one pill enough or, I guess, it's all individual with how sick somebody is and how much inflammation. We are talking to a lot of different people in the summit, but my specialty and I know your specialty is related to people who have complex chronic illnesses.

So for an average chronic illness patient, how many hydrogen tablets do you feel that they need to have in their routine to make this really effective?

Dr. Kelly Halderman: I would say on average, it's one to three. No more than three. And we're going off of how they're doing, how they're feeling. There's really no negative reactions. I just know that the molecular hydrogen it exerts its effects by setting a cascade off. So you don't really need to be drinking it all day long. It's already sending the message. It's telling the body what it needs to do. So probably on average two, and then people kind of tapper off. Or they love it, or they are like, “I immediately get brain boost.”

And I will tell you that the molecular hydrogen will stimulate ghrelin secretion. So when we think of ghrelin we think of leptin, and we think of satiety, and we think of the ghrelin is the hunger hormone. But actually, if anyone out there has fasted and that's one of my favorite biohacking's, fasting. Is that when you're fasting your body will stimulate ghrelin to try and get you to eat.
But what happens is that evolutionarily you get ghrelin making you locked on focused, and you're a good hunter. You're going to find that food. So for the summit today I'm fasting because my brain will have all of this ghrelin running around and I'm locked on.

So the molecular hydrogen stimulates the ghrelin, and the ghrelin is causing positive effects in your brain. So I literally get brain latency and a lifting of brain fog day, I'll take extra molecular hydrogen.

And there's studies, Christine, in Parkinson's patients. And that was in the journal of *Nutrition and Research*, 2018. And it did a study on the effects of hydrogenated water with people with Parkinson's.

So when I'm talking about the water that has molecular hydrogen in it, it is studied. I was blown away. I was researching just for today. And I was wondering if they had any effects in the literature on diabetes. And sure enough there's a randomized placebo-controlled trial that had hydrogen water lower blood glucose and lipids.

And I think it was a 56 normalization of an oral glucose tolerance test. Just with water. Just with 900 milliliters of water per day, and that's it. They didn't do anything else. I thought that was extraordinary.

**Christine Schaffner ND:** Thank you so much for bringing that to late. And I appreciate how you tie in not only your personal experience and your clinical experience but really looking at the research.

And know that we're well aware that, what is it, 17 years by the time something studied that it gets clinically applied. And so you're obviously on the cutting edge of this. And sometimes, diet is not enough. Of course, we're going to advocate for diet and lifestyle. But when we're dealing with all of the stress that we're all up against, that we need these other tools. So I'm really fascinated.

Some of my patients who are very good at their diet and lifestyle still have; their lipids are high, their blood glucose is high. And it's unexplainable by just diet alone. I think this is a really good tie in to bring that to light. So thank you.

**Dr. Kelly Halderman:** Yeah. Absolutely. It is. What's really interesting, and I forgot to mention this is that we're actually born with a hydrogen generating machinery, and it's called our gut flora.

The problem these days is our guts are a mess. I know that one of the reasons why I'm 110 percent recovered, why I was able to have a baby after going through everything I went through is that I recovered my gut function.
I know that, and we all know that as practitioners. How we live in this toxic world? We have glyphosate in our water. But the molecular hydrogen, there's a study, actually helps to regenerate that microflora reestablish our own hydrogen productive. So I think that's so cool. Yes, it's great. Yes, it's something that's working. And guess what our body makes it. But we're impaired.

We're impaired in how much we can make it. So if you have inflammation, you have to on a daily basis, look at the gut function. And this is beyond just probiotics and prebiotics. This is using something else. And again, in the form of water. It's too good to be true sometimes. But it's one of the mainstays of my practice.

Christine Schaffner ND: No, that's a great point. And you know there's a lot of obviously a lot of talk about SIBO and small intestinal bacterial overgrowth, and we know that when you don't have the right type of bacteria in the right place that they can produce gases. Methane, hydrogen sulfite and things that are very disruptive to the body. So that makes sense when you have a balanced microbiome that it's making this molecular hydrogen. That's a great point. Just a curiosity, bringing it back to practical application. So we know for like a chronically ill patient potentially one to three tablets if they're going to buy a supplement.

And then if you have this in your home and you're using a filter, this device in the home, can you drink this water all day? Or do you limit yourself to a number of glasses to drink?

Dr. Kelly Halderman: I just drink it all day. I just fill up my canteens, and I'll just take it with me. So you do not have to limit it at all.

Christine Schaffner ND: Great. Great. And then just you mentioned in the beginning again, because the goal of this conversation is not only to highlight molecular hydrogen water but also just to educate people. There's so much information about water and people get really confused about what to drink, and what not to drink.

But you mentioned alkaline water. And alkaline water has been a trend for a while, and a lot of people come and ask me about alkaline water. So what is the difference between alkaline water and hydrogen water? And any insights on that?

Dr. Kelly Halderman: So the first thing I will say is that the water that is coming out of a device that's going to be making molecular hydrogen doesn't change the pH. And so studies were done. Because we know that alkaline was helping people, and think some scientists asked, "Well, why?" And so they found that the alkaline when you were making it you were actually generating molecular hydrogen.
It was part of it. But what happens is the filters, the electrodes that zap the water they get covered in minerals. And after they get covered in minerals, the hydrogen that is produced can't be dissolved into the water. And that's physics things that I won't get into.

But you're making it, but you can't get it dissolved. And I feel like that science that I read totally coincided with my personal story. Of I felt like my alkaline water was helping then all of a sudden I was like, “Wait a minute, it's not really helping anymore.”

What happened, and I think I wasn't producing the molecular hydrogen wasn't in there anymore. And so I could take a glass of regular water and put baking soda in it, and it's alkaline. But it doesn't have the molecular hydrogen.

So I would say from the research I have done that the effects are there for the alkaline water. But you're getting it because you're consuming hydrogen water. That's my opinion.

Christine Schaffner ND: Great. No, thank you for clarifying that.

And then you also mentioned that you're up to speed, and also thinking about this whole idea of deuterium and deuterium depleted water. Dr. Boris, Dr. Klinghardt did an interview, if you want to dive more deeply into the science because the science is complex, you can listen to that interview.

Just from your perspective or anything we should know also about potentially how molecular hydrogen maybe is accomplishing the same thing or in a different way. But this whole idea of deuterium depleted water.

Dr. Kelly Halderman: Sure. So I'm not going to get into the science because I think that needs a long period of time. But heavy water slows down your mitochondria. It's just hanging it. You can just imagine dead weights your mitochondria.

And so we want to get it out. And so there's a lot of different ways. Drinking deuterium depleted water can help. There's are lots of different foods that are high in deuterium.

When I was living in Florida, I decided I wanted to test my water. Because when I moved down there I thought, “I don't feel good.” And water is so important to me. And that was one of the first things that I test.

And low and behold the deuterium levels, because deuterium is naturally occurring, but in some places, it's higher than others. It was off the charts. So what I did was I actually, I did an experiment. Because
I’m a nerd and I love experiments. I had the before water before it went through the echo machine, deuterium level. And then the after, and it actually took some of the deuterium out. I thought that was kind of neat.

Now I don’t live in Florida for a couple of reasons. And it was moldy. And lots of stuff. I think that deuterium in and of itself is something I’m really excited to learn about, to know more about. That the machine that I use actually takes some out was neat too.

Christine Schaffner ND: Yeah. That’s a great insight. And again, people can learn more with Dr. Klinghardt and Dr. Boris. It’s a complex issue. But it’s kind of a sign of our times where we’re getting exposed to more deuterium, and then our own natural deuterium mechanisms are being overwhelmed, and so we are getting these higher tissue level concentrations of deuterium in that’s affecting our mitochondria. And that’s affecting our ability to create metabolic water, and it’s a whole conversation.

So, Kelly, I had interviewed you on my podcast prior, and we talked a lot about phase 2.5 detoxification. And I know that’s been a huge part of your work and your education. Can you tie in how molecular hydrogen and phase 2.5 detoxification tie into together? Because I really want to make sure people understand that.

Dr. Kelly Halderman: Absolutely. So just to review phase 2.5 detoxification is how we’re getting our toxins from our liver into the bile flow. So that’s our natural detoxification.

It also couples with how you make your bile. And then your phosphocholine levels. So those three things are how you get 2.5 working. You get your inherent detoxification system working without really pushing anything. One of the things that shuts down this beautiful system we have is inflammation. So if you’re body is inflamed, if you have a lot of oxidative stress what’s going to happen is that that natural process is going to be shut down.

So we’re looking for things. Obviously do lifestyle, right? I mean, we look into things that are really hurting ourselves in terms of inflammation. But really the molecular hydrogen it will decrease that inflammation and then free up your body to do some more detoxification. It’s a nice natural detoxification.

Of course, that’s one of the things that I like to use. I love in my practice to really get people thinking of everyday strategies that are easy for them to lessen inflammation. Not pour in antioxidants. That’s just not the way to do it. I will use some sulforaphane, of course. But I’ve really seen a lot of good results on lessening toxic load just by opening up that pathway.
Christine Schaffner ND: Yeah. No, thank you for sharing that. We use a lot of sulforaphane and broccoli sprouts as well. I think that’s a great tool.

As humans we tend to overdo it, right? Too much of a good idea. So this antioxidant idea, while there’s a place also from an immune standpoint and chronic infection standpoint. We need some oxidative stress in our bodies too. So it’s just this fine line and this balance which you’re talking about. And that’s why every time I hear you talk, I get more excited about molecular hydrogen. And realize I need to implement this more in my patients and in my life.

It’s this more elegant way that the body can be more in charge of regulating that rather than, again, what Kelly’s talking about. When you’re overdoing it with all of these antioxidant products or antioxidant IV’s. And there’s a cost to that. Where you might feel better in the short term, it’s going to be more stressful in your body in the long term. So it’s coming back to this idea of balance, right?

Dr. Kelly Halderman: Right. Absolutely. And I will mention that another feature on the echo machine is that it actually can deliver frequencies in the water. It’s called synergy resonance technology. And you can actually program your water to have frequencies for any organ. For Lyme, you name it, parasites. And actually you’ll have your water which just for the listeners, the half-life is at five hours for the molecular hydrogen to stay in your water.

So if you’re really sealing it up tight for ten days, you can still have some hydrogen in there. But I think it’s better to just drink it fresh. I just think it is.

But the frequencies is something that I just started using. I just think that’s so neat. I really do. One of the things that I used when I had Lyme disease was a lot of frequency therapy. And I came from the medical world, all of the pharmaceuticals and all of the other stuff is hokey pokey. But guess what? Guess what got me better? Using a lot of frequency. So I was really drawn to that.

I’m just starting to use it, and I’m really liking what I’m seeing. And that’s just an added feature on the molecular hydrogen, you’re hydrating, and then you can deliver frequencies of your choice. There’s like a menu on my phone, and I just send it to my machine, and the machine will have those frequencies. It’s kind of neat.

Christine Schaffner ND: I really appreciate you sharing that. And a big goal for this summit is for Dr. Klinghardt and I just to open up the conversation about all of these other modalities that are out there. A lot of alternative medical providers are all using them in practice. And we
just want people to be informed of all of these tools. And we have Dr. McMakin with frequency, specific microcurrent. Talking about frequency medicine as well. But this is a great point and as Kelly mentioned, this was a big part of her healing.

And so when she's talking about adding frequencies to the water it's a way to deliver - there's this whole conversation on frequencies, we can use frequencies to balance the body and different organ systems. And we can use them to actually treat infections and toxicity. It's a balancing act.

What other ways did you use frequency medicine in your own healing? So you didn't have the echo machine, I'm assuming until recently. So how did you use frequency medicine in your healing journey?

**Dr. Kelly Halderman:** Sure. So I used FSM on my gut. I used lasers, so low-level lasers therapy, which is very highly studied in the literature with a frequency delivering abilities. I use them on my brain every day. I use those. I used rife; I used rife footbath. I used BEMER. BEMER is one of my favorite tools.

Really, frequency medicine completely changed my life. And I have very opened eyes to things that I think I would never have had if I never had been diagnosed with MS. So it was a gift to be able to experience that and to be a voice, and be a researcher, and be a scientist for people who are suffering and need applications. Need tools today. Need tools that can help them. And I really believe that molecular hydrogen is a superstar.

**Christine Schaffner ND:** Thank you for sharing all of that. And more of these tools are becoming more accessible. That you can have, depending upon, of course, your resources and your access to these things, in a perfect world I would love all of my patients to have these home devices, whatever they can afford. But even one.

But if you can have this kind of home healing center for people that will move the needle. Part of my goal for bringing this information to light is like with any industry; the more people are aware, the more that it's out there. The more products that show up. The price goes down. And this becomes all the more accessible. And so I really appreciate you sharing that.

Kelly, I could talk to you all day long. I feel I always get so inspired when I talk to you. And so is there anything else that you want to share about either molecular hydrogen, or your experience with frequency, or vibrational, or energy medicine? Is there anything that we haven't covered?
**Dr. Kelly Halderman:** I think we covered all of the points I wanted to make. Especially my personal story. It’s one thing for someone to talk about something when they’ve never experienced it. But I literally, I would be dead without some of the therapies that I used that have to do with frequencies. And this molecular hydrogen water has catapulted my health. And again, I’m a scientist at heart. I want to see the science, and it’s there.

It is there. Again, if you look up Parkinson’s, Alzheimer’s, there’s cancer studies with molecular hydrogen. It’s just a good tool. I’m just grateful for you sharing this information for all the other things you and Dr. Klinghardt are doing, Christine.

**Christine Schaffner ND:** Thank you, Kelly. So where can people find out more about your work, if you’re seeing patients still? I know you do a lot of educating other doctors and practitioners. But where can people learn more about you?

**Dr. Kelly Halderman:** All right. So everything, it’s a one-stop-shop. My website is drkellyhalderman. I am going to have a link on there to the echo machine that I’ve been talking about where you can get a discount. The owner has extended that to us because he feels it’s just something that every household should have because how many people can you help with one water machine. You can have your neighbors come over and get some water from you too. That will be on my website. Everything about where I speak, how to get in touch with me if you’re a doctor, or if you’re a potential patient. Everything’s on that website.

**Christine Schaffner ND:** Well, thank you so much for sharing your knowledge and expertise, and just continuing to be so passionate about what you do. We really all appreciate it.

**Dr. Kelly Halderman:** Thank you, Christine, you too.
Dr. Klinghardt: I know you have a whole host of publications that have done work in cancer, pancreatic cancer. And what we’re interested today, of course, is the different aspects of bio physics. And I’m begging you to keep it simple. Because I realized some of the things I’ve read upon you that you are operating on a very, very high level of physics. And this is not a beginner’s kind of thing. And I’m very honored to be able to do this with you. So let’s jump straight in.

So I got totally excited about the deuterium depleted water, not when I first heard about it. So there’s another New Age thing coming along. But then I actually ordered some bottles, and frankly, I was totally surprised how quickly improved my chronic levels of fatigue and improve my sleep and how it improved my digestion and on so many levels, there were dramatic improvements.

You know, I’ve been in medicine 45 years. And I thought I know everything. And so I’m excited to do this interview with you. So here’s the first question, you know, we try to keep things very practical at the summit. The deuterium depleted water, of course, is one of the many outcomes of your work. And we want to focus a little bit on that tonight. And so would you explain to us the general pictures, what is deuterium? And what’s deuterium depletion? And why is it important?

Dr. Boros: Indeed. And I also wanted to thank you for the nice introduction, the kind introduction with my professional accomplishments. That is not as important as the deuterium at this moment simply because I think, after all, this is a basic knowledge or basic information that everybody can use, including medical professionals. And also patients and also people who are interested in biophysics or biochemistry, they probably should know about
deuterium. Now let's start in the beginning because everybody probably remembers elementary school where they learn chemistry, and they learned about hydrogen.

Hydrogen is the smallest atom, is the first element of the periodic table. And it is the most mobile because it's the smallest atom; is the most mobile, and it's actually the most available of all living creatures and all organic molecules; meaning that hydrogen is practically how energy transfers, how molecule binding is accomplished most of the time.

Hydrogen is -- if you look at the structure of hydrogen as an atom, it has one proton. It's the smallest element, the smallest atom that has mass. And as atoms have certain pairs, we call them isotopes. Hydrogen has one too, it's called deuterium. This is where we get to the deuterium part. And it has actually two particles in the nucleus. It has a proton, just like hydrogen, but it also has an extra neutron, which doubles the mass; it doubles the weight of hydrogen.

And so we need to look at biology as built using building blocks like hydrogen that has a twice as heavy, much less mobile, and much harder to cleave in chemical from chemical binding or it's slowing chemical reaction.

So practically, biology is mostly driven by hydrogen, but because of this heavy hydrogen isotope, which is heavy hydrogen is called deuterium, which is twice as heavy; it seems that biology benefits and energy transfer benefit greatly when the level of this heavy hydrogen deuterium is depleted or low in biological systems, especially when they're under challenge especially when there is a need for energy. Unfortunately, deuterium -- these heavy hydrogen atoms is also involved in cancer development and chronic disease development in general, simply because it has a very fundamental effect on energy production in our cells.

**Dr. Klinghardt:** And let me ask you, this is a bit of a personal question is not on the list of questions I'm supposed to ask you. But is the difference in water like when we buy drinking water or we have tap water coming out of the tap, is the level of deuterium the same in all drinking water or is natural differences depending on where it comes from?

**Dr. Boros:** It's very different and it may be different simply by physical phenomena, simply because water is an oxygen and two hydrogen; H₂O. And two hydrogens can be replaced, changes with this heavy hydrogen is called deuterium. Now in nature, the biggest water pool of our planet is the ocean. And the oceans have about 155 parts per million deuterium. And that means every million of hydrogens will have 155 deuteriums.
So about every 6600 hydrogen will have one deuterium as kind of a companion. Yet, because hydrogen move so fast and hydrogen participate in biological reactions so quick, very quickly, this heavy isotope shows up. And it may break proteins, and nanomotors, and energy producing enzyme reactions, and kinetics simply because it’s as twice as heavy isotope. It behaves like a boy in the China story in the biological system, especially in mitochondria, which is our energy and water producing cell organelles.

Now, when you actually evaporate water just like oceanic water evaporates, there’s less deuterium in the vapor. That’s what physicists call fractionation. So the new fraction of water which is the steam or vapor in this case, from the liquid phase, it will have less deuterium. And if we boil water in anesthesia use, there’s 4% less deuterium in the vapor.

So if we actually condensed the vapor, then we’re going to have deuterium degree of water by about 4%. So this process takes place as many times as water evaporates on the surface of the earth. And then it gets into crops, and then it gets into hydrogen gets into organic molecules. And this is what we burn. This is how we produce energy with the oxygen. We actually restore water that we gained from nature to photosynthesis, breaking up into hydrogen and oxygen. So it actually adds to the very basic life cycle.

We know photosynthesis is not in ours, but practically breaking groundwater into oxygen and hydrogen. And hydrogen get picked up by carbon dioxide and this is how organic molecules synthesize. And this is why the trees are producing oxygen, it’s not from CO2, it’s actually from groundwater. And hydrogen will get used to capture CO2.

And this is how organic molecules like glucose, fatty acids, amino acids are produced in plants. And once the animals eat the plants or their products, they actually turn this hydrogen into fat, or these organic molecules will be rearranged. And when humans eat animals' meat or fat, then the -- all animals, they actually produce energy by burning food in the mitochondria and restoring water production; simply that’s what happens in any internal combustion reaction, including car engines, and also the cells.

**Dr. Klinghardt:** Two quick questions. So does that mean the distilled water would have like maybe 4% less deuterium in it?

**Dr. Boros:** Well, if you boil water at hundred Celsius, then it’s 4% the vapor. If you do it actually at zero Celsius, meaning that you are actually evaporating ice or actually your -- because the steam/the vapor is always present on water, the amount in question depends on temperature, lowers the temperature of the water is where you actually use vacuum
to evaporate water, then maybe, you know 10-15%, based on the physical conditions. But based on temperature, deuterium depleted water is practically the water vapor that gets into the fraction of the vapor fraction. And depending on the temperature, can be anywhere from 4% to 10%.

**Dr. Klinghardt:** Yeah. The other thing that I got from what you just said is; basically every protein, every fat in our body, every structure in our body has a certain amount of deuterium embedded in it.

**Dr. Boros:** That’s right. Again, for example, the oceanic water in Los Angeles -- just let’s talk about local physics. Here in Los Angeles, it’s about 155 parts per million. That’s the natural abundance of deuterium heavy hydrogen. But if you open the tap water, it’s only 148 or 146 parts per million. When you have different water products, they can go down as low as 143 parts per million depending on how and where the water was obtained.

Is it underground water? Is it fractionating water? Is it from Colorado? So usually deuterium is less abundance simply because water gets evaporated so many times by the time the clouds get to Colorado. Now, interesting enough, your body produces its own water, and your body discriminates against deuterium.

**Dr. Klinghardt:** Hang on. I want to get to that, because that’s a whole new thing. Before we get into that, because I know that’s the big, really nose for everybody. But I wanted to ask you a simple straight question. Would you dare to say it’s probably true that there is a direct relationship between own feeling of health and energy, and the amount of deuterium that’s in your tissues; would you dare to go that far? It’s been my personal experience, you know.

**Dr. Boros:** As a biochemist, your deuterium level determines your rate of energy production. So, in fact, your tissue deuterium, your circulating deuterium determine levels, determine how effectively your body, your cells are able to produce energy. So to answer your question, indeed, you know, depending on many other factors. But let’s see, there is no other factors that would cycle when this scenario that we are discussing here. If two people are in same room, same age and match in many respects, then deuterium concentration in the tissues would determine how efficiently being producing.

And there are actually papers showing these models in heart muscle, where actually they used deuterium rich water, and they looked at ATP synthesis in heart muscle and the relationship is linear; meaning that actually deuterium concentration directly determine the efficacy of your energy producing systems in your cells. And which is really unheard of in biology is that practically a relationship would be linear, meaning that as
much you change deuterium or depleted deuterium in water, that’s how much you improve your ATP synthesis.

So actually, deuterium is a very basic, very serious, and then important information for everybody who is interested in energy production. And because of these biochemical principles that -- again, if you get a report from us, then these papers are cited in those reports for deuterium measurements. And you can actually follow these scenarios simply as a medical professional based on data and also papers that are published in the field. But to answer your questions, that’s right, that’s correct.

**Dr. Klinghardt:** But to get it, people not being confused. So the relationship is; the less deuterium, the more energy or the more deuterium, the more energy?

**Dr. Boros:** Well, less deuterium, you are able to produce more energy depending on what you eat. So again, if you ate the same, and you have difference in deuterium in your tissues and in your circulating blood, then the person who has lower deuterium will produce more energy from the same amount of food that they consumed.

**Dr. Klinghardt:** Okay. So talk to us about how we are creating water inside of us.

**Dr. Boros:** Yeah, so we do. And actually, this is what makes us alive. This is practically life itself in making water. Every living creature consumes oxygen from air, and they use hydrogen from food to make water. We call this matrix water or mitochondrial water. And there is some water that is produced in peroxy zones. So any cell organelles that uses -- each and every cell organelles uses oxygen for water production. And they have to find the proton or hydrogen source, and that’s from food.

And this is what our mitochondria do. Mitochondria are actually very small cell organelles, which actually have a biochemical, a chain of reactions called the Krebs cycle. This is how we pronounce his name. We were referring to him in his interaction with regard of vitamin C. My grandparents actually knew him. He was in Szeged in 1929, when my grandparents on my mother’s side lived there.

But in fact, the cycle harvests the hydrogen. Kreb’s cycle harvest the hydrogen from food, it attaches to different carrier, like NAD and NADPP. And then proton is pushed out of the mitochondrial matrix. And as it returns into the mitochondrial matrix, it will actually full of water but in the meantime, it has to power these protein nanomotors which produce ATP.

So our mitochondria and the matrix those are hydrogen powered engines. And just to give you an insight of how much water we are
talking about, or how robust this system is, you need to calculate simply how many protein ATP nanomotors we have in mitochondria. We have about 320,000 of these protein nanomotors in each mitochondrion.

And they rotate about nine times -- at maximum speed velocity, they rotate about 9000 rotations per minute. But if you just count an average, like 1000 rotations per minute, if you multiply the number of nanomotors with the number of mitochondria per cell we have in our human body, then you come up with a staggering number. And this is about 7.2 cubic meters, 7200 liters, it's about 2000 gallons of water each day that every human being produces in recycles in mitochondria.

And it's the same as the amount of blood that you circulate through your circulation. And because of this equilibrium between the circulating blood and the tissue water production, and oxygen is what actually links these two processes together. And oxygen is carried by blood, it seems that the volume equivalent of blood circulation in the tissue is practically the same amount of recycled metabolic water.

So this is a very significant, and this is why it's so quick when you actually start drinking deutranium depleted water, because in minutes, you're going to exchange deutrenium in your tissues. And this is a very rapid, it's a very robust, and it's a very dynamic system that actually drives and it actually determines your deutrenium level almost like in a minute basis. So what you experienced with this deutrenium water treatment is coercing simply because it's a very robust in our system.

**Dr. Klinghardt:** One question that I think would be burning in everybody. So basically, we just have to breathe and eat, and not drink this basically a physiological basis, that we are actually probably be creating enough water in us to not have to drink?

**Dr. Boros:** Yes, if you eat enough natural fat, which is not deuterium loaded, unfortunately, industrial food production does not discriminate deuterium sufficiently. So animals that are not eating grass, or animals that are not in their natural habitat, but they're fed with artificial food, then the deuterium level is also going to be artificial.

But if everything is more like in a natural, grass fed environment, meaning that you eat natural high fat ketogenic diet, then you may not need to drink water if you don't exercise, or you don't challenge yourself. The longest I've been going without drinking water was four days, but I didn't challenge myself. I didn't do an exercise, I didn't do anything. I just wanted to try eating fat and breathing obviously. And then you know, oxygen, then you can go for a few days without water.

Well, the water consumption depends on your thirst. So you know, I know medical doctors or professionals recommend drinking water,
it’s unnecessary. Your body has its own ability to actually discriminate deuterium by not drinking water that has high deuterium, which is environmental water. Your body is trying to produce its own water by breathing and by food. Obviously, if you’re sweating, if you exercise, if you challenge yourself, then you need to drink water.

If you’re thirsty, then you need to drink water. But it’s better if it’s deuterium depleted water because simply that helps your body to start with the deuterium depletion process through metabolism. So practically, what you had described is a very simple scenario of how your body is hydrating itself using internal water for the producing system, which is very robust. As long as you’re eating our food, and it’s more of a ketogenic or a fatty natural ketogenic diet, then you should be able to produce more water than if you would be eating carbohydrates and protein.

And the equation is very simple; one kilogram at will produced 1.1 kilogram of water in your system. So you can actually add up by the end of the day how much water you ate in that sense. Carbohydrates and proteins, they only produce about half a kilogram of water. So they actually produce only less than half of what you can produce from fat. I’m not going to go into details of biochemistry or organic chemistry or why this happens. You can read some of our papers but these are kind of the bottom lines.

**Dr. Klinghardt:** Let’s talk about some sort of practical stuff, like how can people find out how loaded the body is with deuterium, or how depleted it is? Or where there are like a standard number that would be normal or beneficial, or method how to measure it?

**Dr. Boros:** Well, we need to look at some anthropology data. It seems like humans or humanoids started developing their brain function capacities and evolve as humans or adapt to eating fat or bone marrow. And this is because humanoids 2 to 3 million years ago they learned how to open the bones, skulls of big animals after the predators finish them. So they started eating fat and as a result of that, because fat -- the animal brain contain deuterium.

Our own brain; the human brain started developing more of cognitive -- you know, you don’t have to repair nanomotors because we plants deuterium in your system, then your brain can use amino acids neuro transmitters synthesis. So actually deuterium depletion helps evolution or adaptation to form better cognitive functions and even society. And this is anthropology data, this can be looked up on looked up.

So practically we adapted as humans to low deuterium diet, and it’s probably in the 110 ppm range. So 155 to like 110 ppm, that’s a big difference, it’s almost like 20% difference. So then you need
to -- between 10-20% differences. So you know, depending on the scale where you’re, but definitely less than 125 ppm is the desired consumption of deuterium.

And your body is going to deplete it efficiently if you don’t load your body with deuterium, because it's really hard to get rid of deuterium for various reasons. First of all, deuterium is very hard to clean from chemical bonds. And deuterium is also 15 times less quick to get detached from molecules. So it’s a sticky heavy hydrogen isotope, which is trying to participate in every reaction hydrogen participate in. So practically you need to be in that very low 110 range of deuterium to be on the safe side.

Dr. Klinghardt: But my question was, is there like a simple lab tests that people can do; a urine test or blood test?

Dr. Boros: So we have the DD centers; that Deuterium Depletion centers in California. We do have a test kit, which you can order and you can actually blow in it. And you can also send in saliva samples, then you can measure your deuterium. Or if you have an MRI machine; Magnetic Resonance Image, which is in a certain sequence, then MRI can determine indirectly your deuterium concentration which -- Based on our correspondence at the EA University Department of radiology just started performing these deuterium metabolic imaging, that is practically giving you deuterium content of the tissues.

Dr. Klinghardt: Important question. Could you give us the listeners, like some examples of people have reported in terms of health improvement when they go on drinking the water depleting their deuterium? What kind of changes have people reported? And I know you probably need to be cautious with the FDA's what you can say and what you cannot say, but just things that you've heard, where people give positive feedback of what was observed?

Dr. Boros: Well, this is basic biochemistry. So I don't think that -- Sure, I mean, your body produces water. That's basic biochemistry. [inaudible] before that. And this information is based on what you eat, that's the deuterium that's going to show up in your metabolic water. So this is basic biochemistry. So as far as basic knowledge goes, you can use this information to make a selection on what type of food or what you eat.

But my personal experience with deuterium depletion -- let me tell you my personal experience, because that's less, I would say, public in the sense that you know, this is not claiming any kind of biological effect; but my identical twin brother died in 2006 of the esophageal cancer.

I've been diagnosed with esophageal metaplasia. And I've been in deuterium depletion to water and to diet ever since. And this was in
2006, so some 13 years ago, and I'm doing fine. There are patients, there are subjects who decide not to follow standard of care. But deplete deuterium, they can see their -- based on the experience in many disease processes like diabetes, obesity, cancer, it may have beneficial effects, or dramatic beneficial effects. Almost like changing the course of the disease and changing the biochemical pattern that embodying the disease process; simply because you are improving your energy production and you’re improving your DNA homeostasis.

Now, what’s really important is that it is a biochemical mechanism. And it’s not a drug mechanism that we are claiming here. The basic fundamental function of cells is to produce energy that does not harm the cells. And the key to this process is deuterium depletion. This is why there are ketogenic diets. There are natural ketogenic diets. In clinical trials they cure, for example, type one and type two diabetes and cancer. And those are actually published in a case reports or the unpublished peer reviewed clinical trials, prospective or retrospectives. There is available literature in my facebook profile, or you can go and find this specific information by deuterium depletion ketogenic diet and the beneficial effects of ketogenic diets on many disease processes. We believe that natural ketogenic diet works in every case, and then [inaudible].

**Dr. Klinghardt:** Let me just sum that up. So the ketogenic if it’s done correctly, also depletes the deuterium or fats are naturally deuterium depleted?

**Dr. Boros:** That’s correct.

**Dr. Klinghardt:** When you eat a lot of fats instead of other things.

**Dr. Boros:** That’s correct. So fat is always deuterium depleted because free fatty acid synthesis can only happens from citric acid which is a mitochondrial metabolite. So you know, basic biochemistry has to be involved in the process, you know, one way or the other. But actually fat is the most deuterium depleted foods simply because fatty acid synthesis takes place from mitochondrial substrates citric acid, and malic acid is the precursor of nucleic acid synthesis.

So indeed, if you follow these very basic biochemical scenarios, then you can base your knowledge not on recommendations or not on modeling, but practically these very solid biochemical biophysical principles. And you can choose your therapy, you can choose your diet, you can choose the innovative approach based on this.

**Dr. Klinghardt:** Let me just say a few sentences to what you refer to as natural ketogenic diet, as opposed to maybe the other ways of doing it --
Dr. Boros: It needs to be grass fed animal that you can use safely for the fat, deuterium depleted. I'll give you an example; farm raised animals they are given supplements and they are fed with various nutrients. I wouldn't call them nutrients because those may make animals sick, but they don't have to live very long. Simply they feed them with excess deuterium simply just so they grow faster.

Now that's not the appropriate nutrition. So I recommend going to the farmers market. I mean, natural market, but actually you can find grass fed meat product. And you can actually eat safely cooked or raw. I eat raw meat most of the time, like raw steaks. But practically anything -- I eat bacon raw. I try to eat a carnivore natural deuterium depleted diet. That works out very well for me. Yeah, but practically it needs to be grass fed.

Dr. Klinghardt: Okay. Just a little note, I think that's important. I know that in pregnancy, the deuterium may have an important role to drive the growth of the fetus. I don't know if it's true or not. Is it safe for pregnant woman to drink deuterium depleted water? Or should you abstain from that?

Dr. Boros: Well, again, we don't make medical recommendations. We teach deuterium biochemistry so you can make the appropriate choice of what to eat. And you're right. Sap restoration is a deuterium driven process. This is by bacteria and this is by virus infected cells, they turn around their nanomotors and they retain deuterium for faster growth. That's what our gut bacteria do, they collect deuterium from food.

And this is why the stool looks always the same. It doesn't matter what species to look at. Well, we are talking about carnivores. So practically, pregnant woman, their endocrine, their metabolic regulators, hormones will actually change, modify their deuterium homeostasis. And the babies they're young; fetus will collect, retain deuterium for faster growth. You don't have to change your food, or your water intake beyond your needs simply just because you're pregnant or have any like physiological medical condition, you probably understand what I'm trying to say.

So pregnancy is a physiological process, you don't have to interfere with that process by -- known better than your body will know how deuterium needs to be redistributed. Actually, every part of our body is, one way or another, involved in deuterium depletion or deuterium discrimination. You know, if you just think about the fact that your kidneys filter out 800 liters of primary filtrate each day and they reabsorb it into the circulation. It's practically to get rid of deuterium, and reabsorb only water as much as possible.

And that's the same to the placenta. So our physiological regulatory
mechanisms have abilities and have mechanisms to regulate deuterium to promote or suppress growth. So practically, following the needs -- usually pregnant woman, they eat more, they drink more simply because of the increase need of the fetus.

How to regulate deuterium, I wouldn't recommend simply because my ultimate recommendation; eat grass fed natural ketogenic food, or what you desire, especially if you're pregnant, you may want to have sweets, or you may want to eat fruits, whatever it is. You need to supply your body what you feel is the best for that particular stage of pregnancy. But I wouldn't recommend just looking at deuterium, what kind of water you drink. I would just recommend eating natural grass fed animal product diet and drinking some water as necessary.

Dr. Klinghardt: Okay. As sort of coming to an end, would you to talk to us a little bit about the availability of the deuterium depleted water, the different concentrations and how much you think we should drink just based on your personal experience with it.

Dr. Boros: So I only drink a certain deuterium depleted product. I'm not going to say its name because I don't want to advertise anything. But it's coming from Hungary, it's actually a pharmaceutical grade distillation tower that they produce this water through. And 125 ppm is what we would assume would be for general consumption if somebody is thirsty, that has a safe and low deuterium level to consume.

But for therapeutic purposes, if somebody needs it for therapy, then you can go 85ppm or 65 ppm or 40 ppm. There are various different water products with low deuterium. Again, be careful because its water, so sometimes it's not what they say on the bottle. Some companies they use interchangeably ppm of some other contaminants.

The safest is to measure your deuterium level in your water or getting from production line that actually has a pharmaceutical grade quality assurance program. And the only place I know is Hungary and source. And it's a European pharmaceutical product and it's actually guaranteed because of the high quality for its synthesis. So practically it's 125, 105, 85, 65 I would say the most common products. I would recommend drinking 125, 105 based on what type of deuterium depletion is desired. I usually drink 125 or 105 if I drink, but again I try to make my own water. So I recommend that.

Dr. Klinghardt: Is there any amount that you would recommend, like the large bottles...

Dr. Boros: So I'm trying to emphasize that -- it's not how much you want to drink. It's how thirsty you are, and how much water would kill your thirst. It's practically just because water is available doesn't mean that
you have to drink it. You need in a hormone called ADH, which is the anti diuretic hormone. If you drink too much water, any sort of water, then you're going to depress the synthesis of anti diuretic hormone ADH, which actually help your nanomotors to spin. And it actually helps metabolic water being produced. So you know it's true like any physiological process just because water is tasteless, it smells, it doesn't mean that it's not going to harm your body, it may. If you drink too much water you're going to slip into a diabetes insipidus scenario.

Usually the ADH level is below one in most of the population that they have measure. So practically, current populations now live with diabetes insipidus, seem to be drinking too much water.

Dr. Klinghardt: Yeah. We find the same thing at our chronic patient population, they all have extremely low anti diuretic hormone. Will that possibly come up when we deplete the deuterium?

Dr. Boros: Yes. So once you stick your thirst and once you try to let your physiological regulatory processes to control the water that you consume daily, then you can actually increase your ADH levels or can actually make you less depressed. Again, it depends on the daily cycles. The Melatonin is very important simply because it helps mitochondrial matrix water production, more water of production. So after all it's interconnected system. I'm not recommending abusing the system. Planning for water drinking, thirst is the best guide to your water consumption. And if you have a balanced ketogenic diet, then you may not get thirsty as often as you have.

Dr. Klinghardt: I have one last question; can you use water to make tea with it and soups with it or would you recommend do not do that?

Dr. Boros: Yeah. So that's the recommendation. Once you get hold of deuterium depleted water from a reliable source, and at least 125 or lower, then you can use that for tea, coffee and soup. That's what I do.

Dr. Klinghardt: And maybe one last question. I know that our clients ask it all the time, because the water that's available is in plastic bottles. Do we need to worry about the phthalates leaking out?

Dr. Boros: And yeah, I actually use it in steam coffee makers. So usually I don't drink any things out of the bottle, if it's a plastic bottle. And that's probably true of deuterium depleted water. If you filter it and run it into a coffee maker, then you're going to have deuterium depleted water.

Dr. Klinghardt: Okay. Well, Professor Boros, I think that's all the questions I had. Is there anything, anywise last words you want to say before we end this?
**Dr. Boros:** I appreciate very much the opportunities. If there are questions you can always find us at ddcenters.com, and we answer questions as they come. And hopefully this information helps your patients.

**Dr. Klinghardt:** Thank you very much. We’re very excited about this new possibility that we’ve already started to dig in, and we’re impressed with what we see so far. Thank you very much.

**Dr. Boros:** Thank you so much.

**Dr. Klinghardt:** Have a nice evening.
Christine Schaffner ND: Ari Whitten is a best-selling author and the creator of the Energy Blueprint System. He is an energy and fatigue specialist who focuses on taking an evidence-based approach to energy enhancement. And today, Ari and I are going to talk about the power of red light therapy for anti-aging, fat loss, brain health, hormonal health, and more.

So welcome, Ari, I'm really excited to have this conversation with you today.

Ari Whitten: Yeah. Thanks so much for having me, Christine. It's an honor.

Christine Schaffner ND: Thank you. Well, let's just dive in. There's a lot of buzz nowadays on all of these different tools and modalities involving red light therapy, infrared light therapy, near-infrared light. And can you just really tell people why do we even care about red, near-infrared light therapy, and what can these modalities do for us?

Ari Whitten: Yeah. Good question. So there are now over 5,000 studies on the topic of red and near-infrared light therapy. Also called by a few other names. Low-level laser therapy, or low-level light therapy, and more broadly photo bio modulation. Which is the modulation of biology by light, photons.

And so specifically on red and near-infrared light, there's over 5,000 studies now that have been accumulated over the last few decades showing profound benefits for a huge array of things.

And whenever I list these things off, I always feel like I'm a snake oil
salesman in the past who says, “Hey, this is good for curing everything.” But the research on red light therapy really is almost that. Now it certainly is a case that it's not curing everything necessary. But it has the potential to benefit the health of dozens of different systems of the body.

Just to name a few. It's been proven to fight skin aging, decrease wrinkles, increase college production, fight cellulite, stimulate fat loss, help speed recovery from workouts and adaptations to exercise. So strength gain, endurance gain, muscle gain. It's been proven to decrease inflammation in the body, to modulate the immune system, especially, in the context of, for example, autoimmune conditions. It can modulate immune function to be a less aggressive, less attacking sort of immune system that is less destructive to the tissues. So it decreases autoimmunity.

Decrease pain. Combat hair loss. Speed of wound and injury healing, whether it's skin tissues, or muscle tissues, or tendons, or bone. To optimize brain function and improve cognitive performance. Fight depression, anxiety. Fight neurological conditions like Alzheimer's and Parkinson's. Increase energy levels.

On and on and on. The list goes on. There's a variety of different benefits. And it can be very obscure. There's dozens of studies, for example, looking at oral mucositis and response to people on chemotherapy. And how red light can be used to decrease pain and stimulate healing of those tissues in the mouth. And combat this side effect of chemotherapy.

So it's got a huge array of different benefits. But I would say the big ones are optimizing body composition. So fat loss and muscle gain. Brain function. Skin aging. Those are the things that almost everybody is interested in.

Christine Schaffner ND: Yeah. That's a great overview. And again so many practical applications. For maybe the average listener who's thinking, “What does this really mean?”

What are we talking about, essentially? So what is red light therapy, and when you say near-infrared what does that mean as well?

Ari Whitten: Okay. So if anybody's in front of their computer or phone, anybody listening to this; I'd highly encourage you to do a Google image search for the electromagnetic spectrum. If you just type in Google images electromagnetic spectrum and it will bring up this image. And it's useful to have this in front of you as I'm explaining this. And you'll get it a lot better.
So this spectrum of the electromagnetic spectrum is basically a sort of map of the different types of electromagnetic energy that exists. And it starts in the smallest wavelengths. It starts in more around gamma rays and x-rays. And these are x-rays like you would get in a doctor’s office. You get an x-ray. That’s a particular kind of electromagnetic energy.

And then from there, it starts to get into the ultraviolet light. And then it starts to get into a really narrow band of this overall electromagnetic spectrum, which is the visible wavelengths of light for the human eye.

So the part of that electromagnetic spectrum that our ocular system and our brain is actually designed to see. We can actually see part of the spectrum and that is the visible light spectrum. So we all learn the colors of the rainbow as a kid. ROYGBIV.

Red, orange, yellow, green, blue, indigo, violet. And it’s actually, from the direction I’m going on this spectrum from small wavelengths to big wavelengths. It’s actually flipped. So it starts in violet, or ultraviolet. And then it goes into purple, and blue, and green, yellow, orange, red.

Now just on the other side of red is near-infrared energy, which is invisible to the human eye. But if you were to example take an infrared camera or night vision goggles you could see near-infrared energy.

Then it gets into far-infrared. People talk of infrared saunas; those use far-infrared. Those are raised bed, are also are emitted from the sun that tends to heat up our bodies. And then we get into things like microwaves and radio waves and these other parts of the electromagnetic spectrum.

Now within this big spectrum that I just explained it’s specifically the red and near-infrared part of that spectrum that we’re concerned with as far as all of these effects that I just listed off. Fat loss, muscle gain, skin anti-aging, wound healing, brain health, and all of that sort of stuff.

So those red and near-infrared wavelengths have a unique ability to penetrate beneath our skin, penetrate inches into our body where they interact directly with our cells in ways that drive these benefits. And we can certainly talk about the mechanisms of how this happens.

But that’s basically the gest of what it is. If you see red light if there’s some kind of lamp that is emitting red light that is red light, that type of light, those wavelengths, that color of light has profound effects on us. And also near-infrared which we can’t see has basically the same affects. There’s a couple of small differences between them. But that chunk of the spectrum is really what we’re concerned with here.

Now I will say not any sort of lamp emitting red-colored light will provide
these benefits. It needs to be of the right power output to provide these benefits. But that's basically the gest of what it is.

It needs to have the right wavelengths and the right power output. And if you have those combinations of factors, you use the right dose, and you can generate a lot of powerful health benefits.

Christine Schaffner ND: Yeah. That was an excellent explanation. When people think about physics and electromagnetic frequencies, sometimes people breakdown from high school classes and things. But that was a really great visual explanation.

Why we wanted Ari to speak to us is really how do we have these other tools that are beyond supplements and beyond tools that work on a biochemical level that can have a healing impact on the body.

These tools are really under the umbrella of biophysics; we call them. So we are using physics, applied physics to get a healing effect in the body.

And so as you said, we would love to hear a little bit more about how does red light actually work in our body and create a healing effect? So maybe differentiating between red and the near-infrared. Yeah, if you want to dive into that?

Ari Whitten: Sure. So there's a number of mechanisms. Some are well-accepted and proven, and others are more sort of in the infancy of our understanding. There's some early research testing them that's positive, but they're not scientific consensus understandings of the mechanism.

And I'll explain which are which. So we'll talk about some of the consensus mechanisms and the more speculative stuff. As far as the difference between red and infrared light just real quick. The main difference is not really the mechanism of action; they both act through the same mechanisms of action. The only key difference is one is a trivial difference. Which is just again that our ocular system and brain can see red light, but we can't near-infrared. And the other key difference is that near-infrared light penetrates deeper into our body than does red light by roughly maybe 25 to 50 percent deeper into the body. But other than that, basically the same mechanisms.

So what are those mechanisms? Well, the first one is I would say, falls very squarely within the realm of biophysics, and that is that the photons of light actually penetrate into our cells. And they penetrate through the cellular membrane of the cells into the mitochondria where they interact with a photoreceptor. Which is basically like the same type of thing that people are used to thinking of chemical receptors. So like a serotonin receptor for example. Antidepressants act on serotonin receptors, for example.
So this is the same basic idea but with photons of light. So we have receptors on our mitochondria that are acceptors of photons and that create a chemical reaction with the photons of light that drives the mitochondria, which are our cellular energy generators. It drives them to produce more energy.

So this photo acceptor called cytochrome c oxidase. Basically takes in a photon of light and this helps donate electrons to drive electron flow down the electron transport chain of mitochondria to help generate energy more efficiently.

Now mitochondria are basically the energy source for all of our cells. For almost all of our cells, there are a couple of exceptions. But I would say 99 percent of the cells in your body; mitochondria are responsible for generating the majority of the energy.

The gist of it is if you make those mitochondria produce more energy, those cells work better. So whether we're talking about your brain cells, whether we're talking about your heart, or your muscle cells, or any different glands or organ systems of the body. They tend to work better if the mitochondria are producing energy more efficiently. So that's one of the key mechanisms.

And by the way, there's research very clearly showing that if you expose cells to red and near-infrared light there is a detectable increase in ATP production. Cellular energy production by the mitochondria. So that's one of the mechanisms at play. One more layer that I'll mention here is part of what goes on at the mitochondrial level is oxygen is needed for this process. Now if the cell accumulates too much nitric oxide. Which sometimes happens under stressful conditions, or if you’re exposed to toxins or if you’re sleep-deprived. Various kinds of stressors can cause too much accumulation of nitric oxide.

Nitric oxide basically plugs up the same spot in the mitochondria that oxygen needs to get into. So one of the things that these photons of light seem to do is they basically kick out the nitric oxide and allow oxygen to get in. So the mitochondria, again, produce more energy more efficiently. So that's one mechanism.

Another layer of mechanisms is something called hermetic stress or hormesis. And basically we know that red and near-infrared light create a transit burst of free radicals or reactive oxygen species at the cellular level.

Now we're often taught to think of these things as bad; we want to avoid free radicals; we want to avoid reactive oxygen species or oxidants. However, in the context of transit increases in these reactive
oxygen species they can be associated with profound benefits. So as one example of this, exercise also increases reactive oxygen species transiently. And we know that exercise is associated with a mountain of health benefits.

So part of the actual mechanism of the benefits is by creating an increase in reactive oxygen species. And it used to be thought, for example, for a long time it used to be thought free radicals, reactive oxygen species, are bad and we knew that exercise was healthful. But for a long time, scientists basically said, “Well exercise is good for us, we know that, but the problem with it is that it creates this burst of free radicals.”

And what we want to do is take antioxidants, antioxidant supplements before and after exercise to neutralize the free radicals and get the benefits of the exercise while avoiding the harms of these free radicals.

Well, unfortunately, it has turned out as it’s been tested more and more that if you neutralize the free radicals you actually neutralize a lot of the benefits of the exercise itself. So, in other words, part of the mechanism of the benefits is the free radicals. It is the reactive oxygen species. And the way that works is that this burst of reactive oxygen species at the cellular level stimulates the cell in the mitochondria to make certain adaptations that ultimately confer health benefits and resistance to a broader range of stressors.

So specifically there is a mechanism inside of our cells, and our mitochondria called the ARE, the antioxidant response element. And when you do something like exercise, like sauna exposure, like red and near-infrared light, like a number of other hermitic stress; you create this burst of free radicals, and then the cell responds by upregulating the internal antioxidant defense system.

So that internal antioxidant defense system increases the production of internal antioxidants dismutase, catalase, and glutathione. It’s also a sort of internal detoxification system.

So at the same time, it’s boosting the antioxidant defense systems, you’re also boosting the cells’ capacity to detoxify and neutralize toxic compounds. And at the same time you’re also stimulating the cells to grow bigger, stronger mitochondria. And to actually grow new mitochondria from scratch. Something called mitochondrial biogenesis. Which ultimately makes the whole cell function more efficiently as you have bigger, stronger mitochondria and more of them pumping out more energy. So that layer of hermetic stress is very, very important as well. Those two of the more well-established mechanisms. Lots of research. Nothing’s controversial there.
One other layer of mechanisms that is very well-known is something called retrograde signaling. And basically, it used to be thought for a long time that the nucleus and the DNA was sort of the big boss. And everything else in the body takes orders from DNA and our R genes. And we now know that is not the case at all, and that our environment, the environmental signals are relayed to the nucleus where those environmental signals are hugely impacting which genes get expressed and which genes do not get expressed.

And we know that in response to red and near-infrared light therapy specifically the mitochondria are sensing those signals and then relaying that information back to the nucleus and affecting the expressing of several genes. So upregulating, for example, genes that are involved in mitochondrial biogenesis. Upregulating genes that are involved in cellular defense, and antioxidant defense, and detoxification.

Downregulating genes that are involved in inflammation. So, for example, genes associated with NFcapaB.

So there's a variety of pathways there. But the most important aspect of this retrograde signaling is it tends to upregulate tissue-specific cellular regeneration compounds.

So there are a variety of different compounds, at least dozens, if not more like hundreds, maybe thousands of specific compounds in different tissues that are involved with healing and regeneration of those tissues. So, for example in skin cells it boosts the production of collagen. And it does that by upregulating the genes that basically tell the skin cells, “Hey, produce more collagen. We need more collagen tissue.” That's what the skin does to repair itself.

Now the same thing happens at the muscle level. We know that red and near-infrared light therapy can increase genes associated with protein synthesis and cellular repair. Can also increase IGF1, insulin-like growth factor one, locally in the muscle tissue that are the tissues that are being exposed to the light therapy. We know that in the brain it increases brain-derived neurotrophic factor and nerve growth factor.

So we have all of these sort of tissue-specific effects where whatever that tissue is, whatever the sort of main signal in that tissue or the main compound that's involved in cellular regeneration; red and near-infrared light tends to stimulate more of that substance. So there's a variety of those effects. So those are probably the three really well-established consensus mechanisms. There's a couple other more speculative ones.

One is the way that the light impacts the viscosity of water inside of the cell. And there's some research, and this lines up with Gerald Pollack's research on the fourth phase of water. But there's also some work by
other researchers where they've specifically looked at how this type of light affects the water viscosity. And that's basically like how thick the water is. So imagine like swimming through a pool of water as a normal pool versus swimming through a pool of let's say Jell-O.

The viscosity of it, how thick that substance is, makes a big difference in how easily you can move through it. Well, there's some research suggesting that by altering the viscosity of water inside of the cells it actually affects the way the mechanical pump on the mitochondria is able to turn.

So physically it's moving with less resistance. And it's like a little motor on your mitochondria. Something called the ATP synthase pump. And if the water viscosity is lower, then that pump turns easier and theoretically pumps out energy more efficiently as a result of that.

And then one other mechanism that I'll mention here. Is that there's some research indicating that there are certain metabolites of dietary chlorophyll. So when we eat substances, plants that contain chlorophyll, that chlorophyll gets metabolized by our body, and then there are metabolites of it. So other compounds that are produced as our body breaks down chlorophyll.

And some of these compounds appear to accumulate in our cells. And interact with light photons. So this light can then interact with these chlorophyll metabolites in a way that helps the cell produce more energy.

In particular, there's some research suggesting that chlorophyll metabolites interact with ubiquinol and ubiquinone, which is CoQ10. And basically that CoQ10 gets cycled and recycled in the process of helping mitochondria produce energy. And in order to recycle it back into ubiquinol from ubiquinone, sort of a used-up version of CoQ10; back into the type that we can use again. These dietary chlorophyll metabolites and red and near-infrared light appear to be interacting in a way that basically regenerates cellular CoQ10.

And by virtue of that is potentially another mechanism by which red and near-infrared light stimulate greater energy production at the cellular level.

So that's kind of the breakdown of the consensus mechanisms and a couple of more speculative ones.

**Christine Schaffner ND:** Yeah. That was really thorough. And Dr. Pollack is on the summit as well. So if you want to dive deeper into learning about infrared and inclusion zone water and all of that, he's going through that.
But of course, when I hear you speak of this, and probably a lot of our audience as well; our bodies are made to accept light. We have photoreceptors. We have an intelligent mechanism that actually utilizes red light and near-infrared light. Again, it’s better than taking an antioxidant pill or even doing oxidative therapy. It’s more intelligent.

And then with the chlorophyll, I’m just thinking about the whole idea of there are these natural substances that are photosensitizers that allow us to utilize light better for a healing effect. We are going to have Dr. Anderson talk about photodynamic therapy. We are doing a lot more of that at the clinic.

Yeah, it’s so exciting and fascinating when I hear you speak about this. But what I really want people to understand is that, again, this is not just a trend. But this is our bodies have evolved to receive, accept, and utilize these light therapies to heal, which is fascinating.

Ari Whitten: Yeah. I’ll tell you a very quick fun story. When I was in high school I had a biology teacher who was, she used to love vegetable juices. So she would drink green juices every day. This was long before green juices became popular. At that time it was very weird; this was in the ‘90s. So she would drink green juices and then she’d go out into the sun, and she’d lay in the sun.

We all thought she was crazy. We made fun of her and said, “Oh, our biology teacher thinks she’s a plant, and that she can photosynthesize.” But it turns out, based on some of the more speculative mechanisms that I just mentioned about how chlorophyll metabolites can interactive with light photons. There might have been something to it after all.

Meaning, and she certainly wasn’t photosynthesizing, but there is a non-photosynthetic mechanism of how light photons interact with human cells in a way that allows our cells to produce more energy.

So this is kind of a mind-blowing thing for people to think about. Most people don’t think about laying in the sun, or in front of red, or near-infrared light therapy lamps as the light photons are energizing their bodies. Most people think of light as, “Oh, it’s light, I can see things. I turn on a light switch, so it lights the room up.” And light is the opposite of darkness.

But most people have no clue that light photons are profoundly affecting the function of their cells. People may know about Vitamin D. That’s sort of the one layer people are aware of, but people really do not understand all of the layers of this story. And there are many of how different wavelengths of light profoundly affect many, many different systems of our body. From our inflammatory system, our immune system, and directly on the mitochondria in the different cells.
of our body, from our brain to our muscles, to our fat cells. To blue light entering our eyes and feeding back on our circadian rhythm and controlling all of these different neurotransmitters and hormones.

Light is as important as nutrition is. And these different types of light photons, these different wavelengths should be thought of in the same way as we think of different nutrients in our diet. They are that vital and that important. That have that powerful of an impact on our health. And we need to make sure that our light diet is as adequate as our food diet.

**Christine Schaffner ND:** I love that. And I think as we're seeing this rise in chronic illness, the rise in neurological illnesses, and cancers, and everything we treat in the office; we have to reflect. What is happening? Of course, we can make case for the toxic food, the environmental toxins, but how we've removed ourselves out of the natural light exposure that we all are supposed to get on a regular basis. And we're all surrounded by LED lights, the blue light, and the screen, and this inappropriate timing of light. And so we're really disconnected from the rhythm of light that we're supposed to be exposed to on a regular basis.

So just another, again, I'm really happy that you're framing it in this way. Because it's not this side thought, this is a vital part of how we're really meant to function. And while I think the red light and the near-infrared light therapies are becoming more popular because we're needing to apply these tools in a more therapeutic way to rebalance the body. You can't just out in the sun to heal from Parkinson's. We have to take it up a notch. These therapies are there to do that.

**Ari Whitten:** If I can add one point to that?

**Christine Schaffner ND:** Yeah.

**Ari Whitten:** I agree with you. For the most part, I think that actually though, there are some cases where the red and near-infrared light therapy devices will outperform sunlight.

For example, specifically, you mentioned Parkinson's, specifically in that context is one of them.

But the way I like to think about this is these effects actually should all be present normally as part of our normal cell function. This the way that our body is supposed to be operating all of the time. If we had adequate sun exposure on a daily basis.

And adequate sun exposure is way, way, way higher than most people think it is. And if we were getting, then the truth is – let's say we're talking about the context of hunter-gatherer tribes living in Africa. They have no need for red or near-infrared light devices. If they are spending
hours a day in the sun, I would bet money that they would get almost no detectable benefit from red and near-infrared light therapy.

But if you took another group of people like average people living in the United States or living in Europe, and gave them the same dose of red and near-infrared light therapy. You would see profound benefits.

So I think to some extent the right way to understand this is that this form of light is a nutrient that is required by our body to function normally. And in the absence, the disconnection from the sun, that we used to all have and that our biology is wired for has necessitated a situation where we need to replace. We need to supplement with certain forms of light to replace the nutrients we’re missing.

Christine Schaffner ND: I agree with you. And I guess I don’t want to sound jaded, because I see a lot of patients, who’ve seen twenty to thirty doctors and then struggling for a long time. Yes, please if you’re not there yet this is absolutely a lifestyle strategy.

We fear the sun now because of wherever we are now with sunscreens and the misconceptions of Vitamin D and skin cancers. There’s this fear-based thought around sun exposure. I think it can be done in a safe mindful way. And as you said this is a nutrient for life. I’m glad you’re bringing that point up, absolutely.

So Ari, you already talked about wavelengths. And then you talked about all of these different mechanisms of why red light therapy and near-infrared light therapy work. But there’s an art of applying them, right?

Because there are nuances with power per se and depth of penetration and local application. So can you just walk us through just some of the mechanisms of how to bring this into a therapeutic setting and how we should think about it?

Ari Whitten: Yeah. So this is where it can get really complex or really simple. I generally opt for the simple. I’ll briefly explain why it can be complex. So there are dosing protocols that are all over the place. And the actual scientific studies, there are studies using all kinds of wildly different doses that are orders of magnitude different.

And part of it is that there isn’t just necessarily a well-defined consensus of here is the precise proper dose. Some of it is still being experimented with. And there’s also so many different devices on the market from laser devices that are applying one little point of light right in that one spot. To whole body devices that irradiate your entire body back and front from head to toe all at once. So the difference between applying one square centimeter of light versus however many thousand square centimeters that it is to cover an entire body.
There are vastly different dosing sort of protocols out there or ways to do this. And so many different devices that apply it that those challenges make it quite tough. And then you can talk about all of these figures of what is the power density of the device in milliwatts per square centimeter. And what is the total irradiance of the device and the total joules delivered or the joules per square centimeter?

There's lots of different ways of getting mathematically into calculating the proper dose. But here's a good set of principles how it breaks down in a much less complex way.

So if you get an LED panel device, so let's just start there. So there are laser devices on the market. They're generally thousands of dollars. And there are LED panels which are generally a few hundred dollars up to -- the most giant ones that you can get are around $3,000 or $5,000.

So most people don't do lasers anymore except in a clinical setting. Sometimes people in a clinical setting will do it. Some who have been using lasers for a long time swear that they believe lasers are more effective. The actual research that's compared them at similar dosing parameters has found that they have equal effects. Lasers versus LEDs.

That's why most people go LEDs, they're way cheaper, and instead of irradiating a very small area of your body at one time, they can cover a huge area of your body. In some cases, basically your full body.

So most people are going to get an LED device. If you get one of the more powerful LED devices, like of the ones I recommend. The companies that I generally recommend and talk about the most are Red Therapy Co., Joovve, and Platinum Therapy Lights. Although there are of other ones. There's Red Light Rising in the UK, and there's a couple of other ones on the market that I haven't seen third-party testing for their data, so I don't know the actual dosing numbers and total light emitted.

But for those companies, I mentioned just now, I do know. And I have seen actual third-party data validating how much light they have. If you get one of those devices; basically, it breaks down like this. If you want to treat deep tissue, so let's say you're treating muscle tissue, or you want to treat organs, or fat tissue, or bone, or tendons, and things like that, or your thyroid gland, or your brain. Those are all deeper tissues, and in order to treat those you generally want the light about 6 to 12 inches away from your body. And you're going to do somewhere in the neighborhood of five minutes to twenty minutes per area that you're treating.

Now if you're doing it for skin antiaging or your treating very superficial, close to the surface tissues. Let's say you have a skin wound, or let's say you just want to combat wrinkles, and cellulite and things like that,
that would applying it from like twelve to twenty-four inches. You could potentially go with some of the more powerful lights a little further away. And you do a dose somewhere in the neighborhood of a few minutes, maybe to ten minutes.

So you need a much lower dose for the superficial tissues. And a much higher dose for treating much deeper tissues. So that’s the general principle of how it breaks down. Without getting into all of the mathematical complexities of dosing, basically just get one of these devices, sit in front of it for a few minutes with your body positioned in a way where that light is hitting the tissues you want it to hit.

**Christine Schaffner ND:** Do you see any side effects with light therapy? Have you seen as you’re getting this mitochondrial energy increase in this tissue metabolism, do you see any side effects that we should be watching out for?

**Ari Whitten:** So let’s put this in context. Because there are side effects of everything, if you drink three gallons of water in the next ten minutes, you can cause yourself permanent brain damage, put yourself in a comma and maybe die. So water can become toxic if you drink too much of it.

Exercise, one of the most potent medicines in the world. Absolutely toxic if you do too much of it. You can cause yourself a heart attack or heart failure. There’s lots of ways in which every beneficial thing can become toxic. Red light is no different. If anything I would say it has a way better safety profile than even something like exercise.

So, in other words, the consequences massively overdoing it are way less than they are with exercise. What’d you typically experience when somebody overdoes it, they’ll just feel a little fatigued afterwards.

In the most severe cases, the most hypersensitive, most ill people, unhealthy people I’ve seen, they can have a reaction that similar to how they would react to exercise. If they did a few minutes of intense exercise, they might be laid out in bed for two days, three days afterwards. They can have a reaction just like that with red and near-infrared light therapy.

But in the vast majority of cases outside of this segment of the population that is extremely ill with some kind of disease, for example, they’ve got severe chronic fatigue syndrome. Outside of that scenario, it’s honestly hard for most people to overdo it. And even if somebody overdid it, they probably wouldn’t even notice anything particularly profound.

But I still recommend staying within those generally dosing guidelines
that I outlined a minute ago. Because like everything, you do too much of it, and you start to lose the benefits.

There is something called the biphasic dose-response. Which applies to red and near-infrared light therapy. And basically, what it means you do a very little of it you get a little benefit. You do a moderate amount of it you get a strong benefit. And then if you do way too much of it you start to get less and less benefits to the point where if you do so, so much of it, just a huge amount overdose, that you've eliminated the benefits. And you're basically back at baseline where you didn't do any at all.

And then, worst-case scenario if you really massively overdo it then you start to get harm, right? So that profile, that same sort of biphasic dose-response exists for exercise. It exists for sauna exposure, and it also exists for sunlight exposure, it exists for red and near-infrared light exposure as well.

It is important to get the dosing guidelines right; however, most people don't have a whole lot to worry about as far as risking some severe reaction if they overdo it.

Christine Schaffner ND: Yeah. It's a safe tool. If you're out there and you're sensitive, or you're curious, or cautious just starting slow of course, and just seeing how your body does and you can work your way up to the recommended treatment time.

So Ari, you already recommended a few trusted companies; it sounds like that you have experience with. Can you educate our audience on a little bit of caveats to look for or really what they should be looking for in a red light therapy or a near-infrared light device? So they know what to look for.

Ari Whitten: Yeah. Honestly, there's so many different companies on the market now. So many have just popped up in the last couple of years since this area started to become more well-known. And a lot of them are pretty similar as far as what they are actually doing, and the amount of light delivered. There are definitely some companies out there, quite a few actually, that are offering really underpowered devices. That are oftentimes just as expensive as the other ones. But have half or a quarter of the amount of power output.

So that definitely does matter. You do want to be careful about the light you choose. And ideally you want to get one that's been third-party tested and you can see what the actual light output or irradiance is relative to some of the other competitor devices. So if you see that, you know you're getting a powerful device. You know you're getting something good for your money. So that's important.
But within a lot, these different companies that are manufacturing, basically, just LED panels. They often have the same wavelengths, 600, 1,600 nanometers red light and 850 nanometers near-infrared light. Sometimes there's a little variation on that. But generally that's what most companies offer.

And they have fairly similar light output in the cases of the companies that I just mentioned. The main differences are honestly how much money do you want to spend, and what size light do you want.

So do you want to spend $200 for a little light this big that's maybe something you can do spot treatments on for a certain area? Or you do you want to spend $450 for a light that's this big. And I'll show you an example here real quick.

So like this big is one example, and this is about $450. Or you can get for about $800, you can get basically two of these, as one unit. You can get two of these sized panels. And that will cover pretty much – if you see this relative to my body, if you have two of these, this is powerful enough to basically cover the whole front or back of your body from head to toe.

And there are options even bigger, more expensive lights where you can get a six-foot-tall light that's this wide and basically is big enough for like two people to stand next to each other and do it at the same time. And you can spend $3,000 or $5,000 or something like that getting a device like that.

To be honest, I think that the $800 devices that are about two of those ones that I just said, and I have some down there that I could pick up and show you. But take my word for it, it's about that big, and it looks just like what I just showed you except two of them. Those are honestly powerful enough to pretty much do the entire front and entire back of your body.

If you wanted to go all out, I would say get two of those big devices and that way you can do the front and back of your body at the same time. And that's pretty much like the ultimate light setup. If you've got that. I don't really see a need to go and buy the $5,000 devices. I don't really think you're getting that much better of a benefit than the ones I just showed you.

But if you do want like a really impressive setup, then Joovve and Platinum both make these kinds of full wall setups. I personally don't have one, because this is plenty good enough for me. But yeah, that's the setup.

There's also, just to give people some context, there's a device from
another company called Thor Laser. They make a device called the Nova Of Thor. That is basically like a tanning bed style device. But with red and near-infrared light, LEDs built into it. Super cool futuristic-looking device. If you have a clinic or you have a home where you want to have the coolest red light device in world, this is probably the one to get. But it's over $100,000.

So from my perspective, knowing the wavelengths of light, I don't think it's really necessary. You can get pretty much the same benefit from using a couple of these larger LED panels from the companies that I just mentioned. And it's pretty much the same thing as far as I can tell.

Christine Schaffner ND: Thank you for going through that explanation. And I'm sure many people are wondering how do you incorporate light therapy in your life and what does your routine look like, Ari?

Ari Whitten: Yeah. So I would say the two times I personally use it, I usually use it once in the morning for like a general skin antiaging effect. As you can see I'm actually 176 years old.

Christine Schaffner ND: Couldn't tell.

Ari Whitten: I do use it for skin antiaging. I usually set it up so that I have it shining on me as I do my morning yoga practice or morning meditation practice. And then the other time I like to use it is right after the gym. Right after doing exercise. Because it synergizes with exercise. So there's research, for example, showing that it can almost double the amount of fat loss. Almost double the amount of gaining insulin sensitivity that you would get from exercise, compared to exercise alone versus exercise combined with red light.

Increase the amount of muscle mass gained. So it's basically amplifying all of the benefits that you get from exercise. So I really love to use it right after my workouts and find that it pairs really well with exercise. Those are probably the two ways that I use it. But other people like to use it for brain optimization.

Other people who have, let's say Hashimoto's, hypothyroidism would want to do daily treatments on their thyroid gland. Some amazing research there. Showing that people are able to wean off thyroid medications and dramatically decrease thyroid antibodies and things like that. All kinds of potential benefits. It's a question of what specific goals do you want to achieve with it.

Christine Schaffner ND: Thank you, Ari. This was a fabulous presentation, and I'm so happy that you really took this topic on because you've done an excellent job of educating the public about it.
And if you’re listening and you want to learn more about just light therapy in general, again, Dr. Pollack is going to be talking about exclusions on water and infrared light, with Dr. Anderson talking about photodynamic therapy. And then Dr. Klinghardt’s going talk about the biophoton theory. So that is the different topics we’re having this summit about light.

And then Ari, how can people find out more about you, and your work, and I know you have an excellent book out there; but please share all of the great ways people can get in touch with you.

**Ari Whitten:** Yeah. So I have a website, my main website is the energyblueprint.com. There’s also a comprehensive guide to red and near-infrared light therapy on there with my recommendations for specific devices. Whether it’s a brain-specific device or general-purpose LED panels, I kind of lay it all out there step by step.

And then there's also a free master class that I offer for people looking to increase their energy levels, and you can get that at the energyblueprint.com/masterclass.

**Christine Schaffner ND:** Great. Well, we'll have all of that information available for everyone. And I want to just thank you so much for your time, Ari. It's been really fun learning from you today and getting to know you. I'm looking into what kind of light device I'm going to get for my home. We have some at the clinic, but again like anything, the more you do it, the more that you have these tools accessible in your home environment, the more you see the benefits. So, thank you.

**Ari Whitten:** 100 percent. Thanks so much for having me, Christine.
Christine Schaffner ND: I’m here with Dr. Thomas Cowan, and we’re going to be talking about the new biology of water.

Dr. Cowan graduated from Michigan State Medical School. And he is board-certified in anthroposophical medicine. Dr. Cowan is the past vice president of Physicians for anthroposophical medicine. And the founding board member and current vice president of the Western A Price foundation.

He also the author of his new book *Cancer and the New Biology of Water; Vaccines, Autoimmunity, and the Changing Nature of Childhood Illness;* and *Human Heart; Cosmic Heart.*

Welcome, Dr. Cowan. I'm really excited to learn again from you today. We've really enjoyed all of the work that you put out into our profession. And I've interviewed you once before. And I've heard you speak many times.

I'm really excited to dive into this topic with you today.

**Dr. Thomas Cowan:** Thank you. Thank you for having me on your summit.

**Christine Schaffner ND:** Well, great. We’re talking a lot about water in the summit and how important water is to our physiology. And I think probably conventional, and modern medicine underestimates the power of water and how it affects our cells.

Before we talk about your concepts of the new biology of water, how is really the cell structured so we can lay the framework to understand
how water interacts with our cell physiology?

Dr. Thomas Cowan: So the simplest way to conceive of a cell is a cell is a lipid membrane-bound, so, in other words, a fatty enclosure. And it has two main components. One is the nucleus, and the other is the cytoplasm. The cytoplasm is essentially all of the other things besides the nucleus.

So the nucleus houses the DNA and the cytoplasm houses everything else, like the ribosomes, the mitochondria, and a whole lot of other things. So that’s the basic idea.

One of the reasons I got into this was we were told in medical school, and even before, basic science is that human cells or any cells, any cell is made of about 70 percent water. Now they didn’t bother to tell us which state the water was in. But because we were told there was only three states, solid, liquid, and gas. And solid is ice, and gas is steam, it can’t possibly be ice or steam in our cells. So it must be water.

And so that’s the modern biological conception of a cell, is there’s a bunch of stuff in, floating in liquid water in the cells. For me, my whole life has been about sort of saying to the question experiencing something or seeing something, and saying to myself, “Well, that can’t be right.”

So there’s a lot of things. I could probably name about 100. But one of them was when I was an ER doctor, and I was told 70 percent of human cells are water. And I thought a lot of people shot, and bayoneted, and cut open and all of that. And so their cells were totally disrupted and yet I never saw any water squirting out of a person. And I never saw a puddle of water on the floor next to an injured patient. And so I started asking myself, “Where’s all of the water?”

It’s 70 percent water there should be a puddle of water on the floor. There was never any water. There’s of course blood and maybe lymph, but not water even though that’s what we’re told.

So I started thinking the whole thing doesn't make any sense and what I realized through the work of Gerald Pollack and other people that all of the water in the cell is in a 4th Phase, which is unrecognized generally by modern science. And certainly unknown and unheard of in conventional medicine. And that’s a structured gel phase; it’s basically like Jell-O. Just like Jell-O you poke a hole or shoot a gun into Jell-O it doesn't leak or squirt water out. I don't know what I does actually. But it doesn't do that.

And it turns out that this structured water cytoplasm is basically the fundamental unit of biology. And it's the fundamental determinant of health. Now I didn't know that 35 years ago when I was an ER doctor
looking at bayoneted people. But that's basically been what I've come across or come to over these last decades. Looking into it.

**Christine Schaffner ND:** And Dr. Pollack is on the summit as well, and he talks about this whole concept. And you're bringing this a lot more into our physiology. And Dr. Pollack is not a physician, right? But he's given us a lot to think about, and how this water can affect our cells.

And so, Dr. Cowan how about how does this structured water affects the cell function? And then, more importantly, I guess, how does it become disrupted and how does it impact, you know, if a cell becomes sick is it because the structured water potentially has become less structured?

**Dr. Thomas Cowan:** Right. So in the evolution of my books. I didn't realize it at the time, but I essentially have been making a case more and more in-depth over the books and over the years for what this role of this structured water is.

So we start with the first book, which was *Human Heart, Cosmic Heart*. And there was basically two points of that book. One is that the heart does not pump the blood. And two is that blocked arteries are not the sole or even the major cause of heart attacks.

So let's forget about the second one for a minute because that's what I wrote the book about. The first one, and I would just point out; people often hear that this guy's crazy. Everybody knows that the heart pumps the blood. Meaning the reason the blood moves around the body because it's pushed by the heart. It's propulsion-geered pressure propulsion. I would just point out that there's two people currently saying that the heart can't possibly pump the blood. There's me, and I write more for laymen, and then there's a guy named Bronco Purce. Who's an anesthesiologist. And he writes very academically. I might even say dry and boring and a little tedious.

But it's brilliant stuff on just the mechanics on how it can't be that the heart pumps the blood. And his book was reviewed by the head of cardiac anesthesiology at Harvard Medical School. And if there's anybody who should know something about the heart, it's him. He said Bronco is right. The heart can't possibly pump the blood, and that's why we can't treat congestive heart failure better than 50 years ago. So if I'm wrong, apparently, I'm not the only one.

The reason I bring that up is because if the heart isn't pushing the blood, which is actually a ridiculous idea. Then what moves the blood. And the answer I came to in the book was the ability of structured water to create a separation of charges.

So Pollack has said that when this structured water forms it forms in
tubes and it separates the charges into a negative structured water, and then positive protons go into the dissolved water. And that happens in our blood vessels, and it creates a repulsion that creates flow.

So the first step in this process was that this 4th Phase of water is actually the reason why the blood moves in the body. The reason we have circulation is because of these 4th Phase properties of water. So step one, blood flows because of 4th Phase water.

Then in the Vaccine book, I talked about that things happen because of the perfection of this crystalline gel in our cytoplasm. So what things? So let’s take two very important things in cell function. One is that the expression of the DNA. So, everybody, today is all into the DNA and 23&Me and what the DNA is doing. The reality is we have about 23,000 genes, and we have 200,000 proteins. So the genes are not making anything on their own. They are being told what to make and being rearranged and configured in ways that somebody “wants” to happen.

The analogy that I give is the genes are like letters in the alphabet. Like T, E, A. So that can spell the word tea. But it can also spell the word eat, or it could spell the word ate. And it’s the consciousness of the player that determines it.

Similarly, with the genes. The only way you can make 23,000 genes make 200,000 proteins is if something is being the consciousness and rearranging and causing the expression of these genes in a way that it “wants.” I know that’s a funny way to say it. But that thing is the water.

The DNA is embedded in essentially a crystalline water gel. And that unfolds, unmasks certain areas of the DNA and gets them to be expressed. So it's very little function of the genes. It is true that if you don’t have the letter T, you can't make the word eat. So you need genes. But the thing that determines how they function is the water.

And even ahead of the Human Genome Project essentially said as much. So essentially, our whole expression of our DNA is a function of the water. So that’s a huge cellular function that can be shown to be a direct result of the crystalline nature of the water in the cytoplasm.

The other one is cells have a charge around them. And if they don't have a charge they're essentially a dysfunctional cell. And if they don't have a charge like a halo of negative charges around them, they clump together with other cells and form a tumor, which is what we call cancer. So the fact that it has a charge is one of the most fundamental aspects of the human cell or any mammalian cell.

So the question that has intrigued scientists for centuries, how do we create this charge? The answer has been because of the sodium-
potassium pump. So, in other words, we have this pump in the membrane that pumps the sodium out and the potassium in, and this creates this separation of charges, which creates voltage or energy in the cell, which allows the cell to function properly.

If there's no charge, there's no function. And so the theory after centuries of research was this separation of charge comes about through a pump in the membrane. A guy name Gilbert Ling, who's a very, in some ways well-known biologist. Proved that there's no way the sodium-potassium pump can be responsible for this separation of charges. The reason is if you run the numbers to run the pump you need about 30 times the energy that's available to the entire cell if that's the only thing it had to do.

So the numbers just don't add up. So the pump is basically irrelevant. So the question then is how does this separation of charges come about? Which is one of the central questions of cell biology. How does the cell live in a salt-rich environment and yet have low salt, low sodium inside the cell?

The answer is because of the structure that the mesh of the cytoplasmic gel is so perfectly constituted so that it by definition attaches to potassium and excludes the sodium. And so it creates a separation of charges through the exclusion of sodium and the collecting of potassium with no energy needed, except for the creation the cytoplasmic gel.

So this is a perfect energy-free system that is easily capable of doing this separation of charges as long as the gel is in a sort of “perfect” state. And one of the things I said in the Vaccine book is that if you distort the gel in the cytoplasm, you make it less able to express the DNA and to create this separation of charges. And that's the basis of sickness.

And even in a funny sort of way, and I'll stop there, but I tried to answer the question why do we get a fever and then a snotty nose? Like why does it happen in that order? And my answer was if you have a gel and you have stuff dissolved in it that shouldn't be there, which is distorted the gel so it can't work. And I say to myself, “What would I do in that situation?” I would heat the gel up, make it run, snot it out, and then reconstitute a perfect gel. And that's what the body does.

It's like the analogy is if you have a perfect mesh under your screen, so it keeps the mosquitos out and lets the air in. And then you distort it, so the holes get too big, then the mosquitos come in, and the whole thing doesn't work properly.

If you put glyphosate into the gel, it distorts the structure, and then the mosquitos come in. Can't work. If you put aluminum in there from vaccines, distort the gel, gel can't work, your body has to get to sick in
order to dissolve it and get rid of it. If you put electromagnetic fields in there from your cell phone, or tablets, or God-forbid 5G it distorts the gel. We know that gels are formed under the influence of sunlight and earth human touch. Those create perfect gels, whereas non-native EMF fields create distorted gels.

So you can start to see why things make you sick. Even viruses, bacteria, they get into the gel, they distort it. And then you have to snot it out. Fever, snot, get rid of it reconstitute gels. It's a whole new way of looking at biology medicine and why and how we get sick. And that's the long-winded answer.

Christine Schaffner ND: No. It's fascinating. And you make this really complex idea really relatively simple, and kind of really fundamental. Right? So health is the structured gel in the cell, and it affects epigenetic expression and DNA. It keeps our cell voltage at an optimal charge. It helps with blood flow. And then modern-day and modern life there's a lot of insults to this highly structured water in our cells. This is what leads to disease. So that's my just kind of summary.

I know you see really complicated patients and you've had a lot of pioneering thoughts over the years of why people are sick. At Sophia, we see a lot of patients who've been sick for a long time. We don't treat cancer. But you know a lot of diseases on the rise, right? And so this seems like a really fundamental and elegant way to look at maybe all illness. And maybe if we get the structured water in the cells optimal, that should lead to health, correct?

Dr. Thomas Cowan: Yes.

Christine Schaffner ND: I totally hear, and you mentioned all of the things that disrupt the cell. So glyphosate, aluminum, EMF, the 5G, cell phone, nonnative EMF, as you said.

Before we kind of flush this idea out a little bit. You mentioned some ideas of how we keep the structured water optimal in our body, and can you tell us a little bit about that? You said sunlight, infrared, human touch, but probably those who are listening are like; okay, I want to keep the water in my cells highly structured, how can we be mindful of that on a daily basis?

Dr. Thomas Cowan: So I make the analogy of this with Jell-O. So Jell-O is an external example of highly structured water. So how do you make Jell-O? You make Jell-O by mixing water with proteins, and then you add a heat source. So what is the heat source do?

The heat source unfolds the gelatin proteins. They're usually in a sort of balled up configuration and that it unfolds them so they can interact
with the water. And then upon cooling, they form a gel.

So that's essentially what happens in us. So in our cytoplasm, we have water. Now the water can come from two places. It can come externally, i.e. drinking water or eating food, or it can come from metabolism. So, you know, when we essentially make fuel from glucose, we generate our own internal water. Which by the way, Rudolf Steiner said the water we generate ourselves is the healthiest for us.

So in so far as we generate it ourselves. And also fats generate more water than eating carbohydrates in a sense that's a rationale for eating a liberal fat, low in carbohydrate diet. So we need the water, and we need the water to be as “clean” as possible. Now that includes a lot of things like municipal water has birth control pills dissolved in it. And chloramines and fluoride, and all of these things that disrupt function. And I think they disrupt function because they disrupt the ability to form gels.

Another one which is only starting to be recognized is its water can have high levels of deuterium in it, which is an isotope of hydrogen. And so high deuterium water is low hydrogen water, and we want the water to be H2O, not D2O. So if you put D2O water, you get distorted gels. So step one is clean water. That's generated by yourself or pure deuterium depleted water. So that's step one.

Step two is you have to have proteins. So these come from eating proteins generally. We're not sure which proteins there are. I know that there's some evidence that [aptin] is one of the cellular proteins. And then you need something to unfold the proteins so the proteins can interact with water. Essentially that plays the role of heat in making Jell-O.

And this is something that the science people who are listening will see as the most controversial thing practically that I've ever said. Because it flies in the face of everything we think we know about modern biology. And a lot of the alternative practitioners are into. That ATP, this energy molecule. The molecule that provides us energy is in no way the energy molecule.

That, I know, people will say, “Wait a minute!” Everything we learned about biology that's the case. Again, I would only say people should read Gilbert Ling. And he proves that ATP has no more ability to generate energy than any other common molecule.

But we need ATP. So I didn't say we don't need ATP. I just said it doesn't create energy. What it does is it binds to the proteins in our cytoplasm and then unfolds them so that they can interact with water. It plays the role of heat in gels. And if there's an ATP deficiency which comes
about through a number of things, like mitochondrial dysfunction. Mitochondria are bacteria, so antibiotics, heavy metals, low antioxidants, etc. All of those things interfere with ATP production, high deuterium levels. And then you can't unfold the proteins. You can't structure water. And nothing works right. So those are the three components.

The other thing I would say is the water is the carrier of life. Now, what do we mean by that? Because modern biology, and particularly modern medicine, is actually antagonistic to life. They study us as if we're just dead things like Newtonian physics. Which we know is an imperfect way of looking at the world at best.

The fact of the matter is you take a substance, you mix it with water, you throw in some energy, and then you create life. That's how it works. I work a whole part in the book on that concept, so I won't say that. But energy is needed to structure water in the proper way. As long as it has the components of the proteins, and the ATP, and pure water, and lack of impurities.

And that's why when you start adding different forms of energy to the system, so it could be sunlight; it could be putting your bare feet on the earth, it could be human touch, especially the palms of your hands, it could be lying next to your dog or cat. It could be homeopathy, which is a form of resident energy. It could be crystal therapy, solid-state technology, all of these things are ways of using free energy sources, more or less, in the world to help this water structuring affect.

And there's some amazing examples. Like I talked in the book about the example of Lords in France. Where essentially all it is, somehow through, I guess, Mary, there was this energy source that structured the water to become this healing agent. That has documented something like 10,000 miracles have happened over the last 150 years with no explanation otherwise as to how this happened. So we know that if you structure our water and structure the external water to be a healing agent, you can do amazing things.

Christine Schaffner ND: Dr. Cowan, you mentioned so many great things. I just want to break this down again for people, if these are new concepts for them. You mentioned something I think really fundamental and important, that the metabolic water is what I've learned to call this, that we actually produce internally. It is probably more important than the exogenous water that we're drinking even though that's important, again, too.

Rather having a diet more high in fat can help convert; the fat actually gets converted into metabolic water that our cells and our body uses. Is that correct? Did I hear you right?
Dr. Thomas Cowan: Yes.

Christine Schaffner ND: Okay. And then the other idea, and I'm sure many people are thinking too. So we do have Dr. Borris talking about deuterium depleted water. There's all of these water filters out there. There's all of these different waters that we can buy.

Maybe just asking you what water do you drink on a regular basis? How do we know we're getting the right form of water that we can take in on a daily basis?

Dr. Thomas Cowan: I mean I've been through a lot of permutations about water for sure. There's two principles of getting the best water or as good as water that you can get. One is you have to get the stuff out of the water. The stuff means the poisons and maybe even the deuterium. And the second is you have to restructure it. Which you generally do by putting it in vortexes.

So what I do, right now I have this 14-stage filter. It basically takes all of the stuff out and uses some sort of light to kill any pathogens in there. And puts it through a mineral and structuring device.

So that's the first thing I do. Then I put it through a handheld device that has shungite crystals that creates a vortex from Natural Action Technologies, where I get it. And I run my filtered, purified structured water through that structuring thing into a jar and then I do one of two things. I either put it in a crystalline egg and let it sit there for 24 hours, or I put something called WayBack Starter in it, which I got from a guy Dan Nelson. Which oxygenates and hydrogenates the water.

That goes into either mirroring jars, or flasks, or bottles into the refrigerator and that's what we drink. Now does everybody have to do that? Or am I a uber fanatic? I would answer, yes. I'm a uber fanatic, but I mean this is what I do. So I'm experimenting. And next year I may change the formula a little bit. I also am looking into deuterium depleted water specifically. And I'll probably use that for six months. So all I know is you've got to get the stuff out of the water, and you have to put it in motion through a vortex. That's essentially what I'm doing.

Christine Schaffner ND: Do you have ideas about how much water to drink? Because I know the deuterium people re-framed my whole idea of how much water we're supposed to be getting from our external environment on a regular basis. Have you thought about that?

Dr. Thomas Cowan: I've thought about it, and I tend not to get anywhere. Because fundamentally I'm resistant to telling people to do things and overriding their instincts. Like I would never eat food that I don't like. Now I would admit because I've been eating biodynamic food
for 40 years. I'm highly trained to eat good food, right? I didn't just come at this yesterday.

So I like my morning dandelion green soup. Not everybody probably would. But I like it. And I wouldn't tell somebody to drink more water than works for them. The problem is you have to train yourself. And it takes time to know when. I could eat a different diet from one day to the next. Just based on my instincts of what I need to eat. And drink a different amount depending on what I did and how I feel.

So that's where I think people should get to. Not that I'm holding myself as some paragon of insight or virtue here. But all I know is I drink 16 to 32 ounces of pure water a day. That's usually this, WayBack or egg water. The water in the crystalline egg.

And then I drink other things. Like I drink beet kabobs, and I drink teas made from plants in our garden. Like [inaudible] tea. That's what I drank today. And I drink some kombucha. So that's what I drink. And would say I would drink a fair amount. But I don't have a number in mind.

Christine Schaffner ND: That's helpful. Have you felt better since you've been doing this highly structured water? In your own body, have you noticed any health improvements, personally?

Dr. Thomas Cowan: I mean, I don't really have any health issues.

Christine Schaffner ND: Which is really positive, right? With what we see on our day in day out free to feel good.

Dr. Thomas Cowan: The only thing I would say is since I've been doing this and something called NADH. Which is a hydrogen source. So when you supply hydrogen, you're lowering deuterium.

My blood pressure I've noticed has gone from normal; it's like 128/83. The other day I took my blood pressure, and it was 108/68. Which meant I was either in good shape or practically dead. I wasn't dead because that same day I worked for three hours in the garden. So I know I'm not dead. So I think that was basically a good sign.

Christine Schaffner ND: Absolutely. And I know that we could have a whole other conversation on the implications on cardiovascular, and blood pressure. If you're listening, please check out Dr. Cowan's information about that, because of it kind of turns everything on its head that we've taught.

So, Dr. Cowan, your new book is Cancer and the New Biology of Water, and you talked a little bit about when we don't have this negative charge around our cells. Our cells can be more prone to tumor formation.
Can you share a little bit more about how we can maintain our health and prevent cancer? And even if you've also seen returning ourselves to having more highly structured water, have you seen that also be a cancer treatment, per se?

**Dr. Thomas Cowan:** So one of the things I did in the book was, besides give the theory as to why and how this should work. I looked at what I considered the most successful cancer therapies in that 100 years. From this perspective to see, and my conclusion was the ones that actually worked, they all worked through somehow this structure cytoplasmic water effect.

So, for instance, the Gerson Diet, which is a well-known cancer treatment. Basically a lot of vegetable juice and coffee enemas. And I've seen myself, many people who are cured of cancer and/or did well. Not everybody. So it's not foolproof. But a lot of people.

Now Gerson said the reason for the diet was to get the potassium in the cell and get rid of the sodium. The reason he put it as the diet he did was not because he was interested in a vegan diet or anything like that. But he was interested in high potassium foods and excluding sodium-rich foods. So he got rid of all of the animal foods except the liver, and he told people to eat the foods that have the highest potassium.

So in a sense, he was doing what the structured water in the cytoplasm, what I propose it does in the first place. Which is get the potassium in the cells and get rid of the sodium. He also came up with a juicer. Which he said disturbed the intercellular matrix as much as possible. Which is called the Norwalk Juicer. Which I've also used for almost 40 years.

And it is basically a grind and press juicer. So it extracts this living cytoplasm as intact as possible.

So it's an example of how you can use these principles to understand the Gerson Diet and Mistletoe Therapy. Mistletoe Therapy, Steiner said it's basically a treatment for the [atherabody]. The atherabody is the water body. So he said if the water body is distorted or sick, which is what I'm saying, then it needs to be put back to health by mistletoe. So essentially he's using it for the same reason that I'm saying.

What I'm proposing is that all of these people had these therapies that sort of danced around this central aspect. But because they didn't see it as a problem of cytoplasmic structured water, they sort of missed the boat a little bit. And if they could put it all together, you could actually come out with a therapy of pure water, energy for structuring the water. Therapies like mistletoe for structuring the water, etc. You could focus on what the problem is and end up being a lot more effective than just coming into it without really knowing what you're doing.
And one of my insights in all of this is – so did I make this up? To a certain extent, yes. But not really. So there’s essentially two sides here. There’s two things that have to work together to create health. There’s the nucleus, and there’s the cytoplasm. And the nucleus has a little bit of water in it, and the cytoplasm has a little bit of DNA in it. And that’s exactly the ying and yang symbol, right?

Two sides work together. There’s the light and the dark. Each one has a component of the other. And when they work together, they create health. I also thought of this from the standpoint of the sperm is like a condensed nucleus. Like a mobile nucleus. And the egg is like an expanded cytoplasm. And so when the sperm and the egg come together, they create health.

I then went out on a limb and said the image of this in history, in allegorical history, is the story of Jesus. Now I’m saying this from a religious point of view. I’m saying it from a historical point of view. So you have two stories of the birth of Jesus.

One Jesus was from Joseph; I think that’s the Matthew Gospel. And you have a linear Joseph, his father was so and so, so and so, so and so back to King David. So that’s the nucleus side, that’s the father’s side.

Then you have in Luke there’s the Mary’s pregnant, she says, I can’t be because I’m a virgin and the angel says, no, you are, something like that. So that’s the cytoplasm side, right, that’s the egg side. And you mix those two stories together, and then you get Jesus.

Now, here’s the key of that story. Over time there’s been a lot of healings as a result of that story. And I asked myself the question, how many people had these healings because they prayed to Joseph? You know what the answer is? I think zero. Right? The nucleus is not where the healing comes from. Now how many have been healed as a result of the interaction of Mary and water? Like millions, or thousands, or anyway, more than two.

That’s where the action is. That’s where the healing comes from. And it’s right there in plain sight in front of our eyes. The interaction of the force. So these nonphysical forces, which in this case come through Mary, interacting with water. So it could be a Rife Machine, it could be homeopathy, it could be mistletoe, it could be hydrogen, it could be solid-state technology, it could be prayer, it could be meditation, it could be some of the things you guys use. These are all forces that interact with structure water to create human perfect love or health. That’s the history of medicine and human thought.

Christine Schaffner ND: I’m really happy you’re thinking about these ideas. When you talk, there’s a truth to it. There’s residence to what
you're saying. And it makes us, especially when we're seeing so many sick people out there. We really have to turn kind of medicine on its head, and really have a different viewpoint of how we look at the body and how we look at healing. And how probably healing is a lot more accessible and more elegant than we've been lead to believe.

**Dr. Thomas Cowan:** Modern medicine and modern biology is – I would use the word obsessed, and I would also use the word possessed with the materialistic nucleus. They are possessed by it.

That's why I told this story in my book. The story of Sleeping Beauty. Which is a story of the feminine, which is the cytoplasm. Is under the spell of the evil materialistic witch. And in order to heal the kingdom, she has to wake up and see that she's a lifeforce in material form. And that's what happens.

And we are asleep. Asleep and possessed by the witch of materialism. And I don't mean money, exactly, but of that, all there is -- is substance if we don't wake up. There's no time left.

**Christine Schaffner ND:** That's why we're putting this information out into the world right now, and having speakers come on, like you. Who have really, not only have these insights, but this experience being in the conventional world and also studying anthroposophical medicine. And then all the years of practice you have. So this is coming from this rich knowledge-base. Which I think more and more people like you in our speakers, and just looking at things from a different perspective, right.

So I want to wrap up, and I think there's just maybe one unanswered question. Some of our audience may be thinking about. I there a way to measure the structured water in our cells or some thoughts around that so we can see – even when we think of prevention? So obviously if you're sick you have to think about this. But if you might be in that realm of wanting to prevent is there a way to measure or any thoughts about we should be thinking about on how to measure how structured how water in our cells are?

**Dr. Thomas Cowan:** Yeah, it's a great question. But I don't a reliable answer to that. So we are talking about water creates life. And so we would have to be measuring some life force. Not some material like this amount of carbons or whatever. Now it does affect the physical because it's essentially forming the physical into an organism.

There is this crock-off bio well; it's just like an energy diagram. So that's one aspect. And anthroposophical medicine uses crystallization where they basically put your blood with copper chloride and the forces in your blood structure the copper chloride.
They both have problems. So, for instance, the bio well you get an energy picture of right now, and if somebody says boo. Then ten minutes later it's different. So if you did every half an hour for weeks or months you would probably get an accurate picture of your energy volume. But I don't see how to use that in a medical sense. Like go to somebody. Just the fear of going to getting it testing would through off the results.

And the same with the crystallization. You can't just do this once. This is a living evolving measurement, and they're generally too expensive for people to be buying them and doing it at home and interpreting them. It's a little bit of a logistic nightmare. So I don't really know an objective way of measuring this.

Christine Schaffner ND: Yet, right?

Dr. Thomas Cowan: It's like I pointed out in the book. There's a lot of things we don't know because we have this whatever trillion-dollar medical biology establishment and they not only ignore these things; they derive them. Everybody's who looking into it is doing it on a shoestring and in their garage with some transducers or something. It's no wonder compared to $10 trillion versus a few hundred dollars they have more data. And more measurements. The whole thing is crazy, though, because this is where the action is. Somebody out there is preventing us from knowing about these.

Christine Schaffner ND: And I know Dr. Pollack, he's had his lab for a long time at UDUB, but that's without a lot of resistance. For him trying to discover all of this. So I totally understand what you're saying. I think just putting these ideas out there and provoking and stimulating the thoughts. And if anyone has money to fund research, this is something absolutely that I think we should put our minds together with.

So Dr. Cowan I always love listening to you, you definitely have so many inspired thoughts and a lot for us to really take a fresh look at our anatomy and physiology and why we are sick today. So I really appreciate you putting your work out into the world. And how can people find out more about you? I know you have your book coming out. But where can they find more about you, your work, if you still see patients? Just let us know about your websites.

Dr. Thomas Cowan: So there's a bunch of them, and I think they are all going to be put into one soon called drtomcowan.com. So that I think will be the umbrella. There's also fourfoldhealing.com. We also have a vegetable business called drcowansgarden.com. And there's also humanheartcosmicheart.com. But again, hopefully, they'll all be put by the time this comes out into drtomcowan.com.
Christine Schaffner ND: Well, thank you so much for your time today. And all of the wonderful work you're doing. And it's really nice to see you this morning. So thank you.

Dr. Thomas Cowan: Thank you.
Photodynamic (LASER) Therapies
Guest: Dr. Paul Anderson

Christine: I am here with Dr. Paul Anderson, and we are going to talk about photodynamic therapies and medicine. Dr. Anderson is an experienced naturopathic physician, with a clinic that treats patients who have cancer and advanced chronic illness. He also has a background in physics and optics, which he uses to blend light therapies into medicine. Welcome, Dr. Anderson.

Dr. Anderson: Thank you for having me.

Christine: I’m really excited to have this conversation. And you are the reason why we have started using photodynamic therapy at Sophia Health Institute. So I thought you would be the perfect person to interview on this topic. And we’re so excited about this modality and the technologies that are available, and we just really want to get the word out. So, why don’t we just dive in and explain what are we talking about? What is photodynamic therapy?

Dr. Anderson: So yeah, it’s probably good to start there. Photodynamic therapy is mostly synonymous nowadays, with a band of therapies that involve light. So, one group would be, say, laser therapies, which we’ll talk about a bit. Other groups would be... a lot of people have seen, say, infrared pads that they might use. Even sometimes, before a massage, they might get an IR pad treatment or something like that, to bring circulation to an area. So there’s a lot of both topical and then inside the body, and then some kind of half and half treatments that are all involved.

But really what it comes down to is using light at specified frequencies to create some kind of effect in the body. That's really what a photodynamic therapy is. And I think that it’s good to note because doctors, myself and others, we often deal with things that are way outside the box or partly outside or whatever.
Photodynamic therapy, even in the United States, is actually an FDA approved therapy; it's just not used a lot. It's used in dermatology, it's used a little bit in oncology, but it's not like something most doctors would know about, beyond probably dermatology. And so people often don't realize it's not a way out there therapy; the way we use it might be a little different. But it's actually something that is an improved type therapy for a lot of things.

**Christine:** That's a great point. And that's why we want to have this summit, is to really share and educate where people can get these therapies and how to apply them. So we're basically talking about different wavelengths and different frequencies. And color is part of the visible spectrum of light and every color has a different wavelength, and has a biological effect. So, can you just really dumb this down for the average listener who might be trying to wrap their head around how color can affect the body?

**Dr. Anderson:** Sure. We could start with this, most people have heard of the term or a type of light, say, ultraviolet or infrared. And if you think of those, a lot of people have seen, “Oh, we have an infrared heater in our bathroom,” or, “We have an ultraviolet light that we use for our plants,” or something like that. So if you think of ultraviolet on one end and infrared on the other, those are right outside the visible spectrum. So, infrared is beyond the red and ultraviolet is beyond the violet and or the blue. And the idea there being that you kind of see those colors, but you kind of don't.

Everything else that we see is in the middle and those go through a spectrum that you can think of, like the rainbow. The most important thing to think of, is of all of the electromagnetic wavelengths in the universe, if from the edge of the screen to the edge of the screen is all of them, the visible spectrum is tinier than my pinky; it would be like a millimeter. And so what we see is a lot of spectra but there's so much on the outside and that's both good and bad. For instance, you know, x-rays and microwaves and all sorts of stuff is out there that it's either better or worse for your health.

So I think when people think about light therapies, sometimes they've either had no idea that this is possible or maybe they went to see a dermatologist and got a particular type of a light therapy. But beyond that, it's pretty unknown in medicine, even if you talk to other doctors, I'm sure you know, they don't even realize that these sort of things are used. So, if we think of the medical use of light, it tends to be from right outside the visual spectrum in the ultraviolet, infrared, all the way through the visual spectrum. And that's most of it, unless you're talking about, say, radiation therapy or something like that.

**Christine:** So how does this look in what we're talking about? So both of us, in our clinics, have a really sophisticated device, and there's degrees of different devices from home tools to what we're using in the office. But why don't we start with sharing a little bit about how you're using
photodynamic therapy in practice? And then we can share how we can
apply this at home. But it’s intriguing, and Dr. Anderson is an expert in
treating chronic illness and cancer, and he has a lot of clinical application
that I really want him to get the word out about.

Dr. Anderson: So, in our clinic, there are three major ways that we
employ it. So, two are our external or topical. One is, we actually use a
different spectra of light on external pads that we will put on to patients,
especially when they’re in the hyperbaric oxygen chamber. And part of
the reason for that is, let’s say their liver is congested or maybe they
have cancer in their liver, or some other disease that we want to get
blood flow into the liver; you can put the pads over the liver or the pad.
And while the oxygen is being increased in hyperbaric, the light actually
will bring more blood flow through the area.

Same if you have a neck injury, we’ll use neck pads, etc. I’ve actually used
those on myself after injuries and you really do feel a difference.
That’s probably one of the more common things people have seen, say
a heated device use during a massage or something like that, though,
usually it’s infrared. So we have these topical applications we use with
other therapies such as, especially hyperbaric.

And then we also... and I was going to grab it, so I had it, but I’m sure
someone will show one... we have these devices that look like a watch.
And they go right where your watch goes. And they have the ability
to have different frequencies or cycle through different frequencies.
And the idea being that they’re placed over where the two arteries go
through here. So, the arteries are very superficial. The skin is very thin.
Because people say, “Well how does the laser actually get through
your skin and into your bladder?” or wherever it’s going to go. Some
wavelengths go through the skin okay, others don't do so well. But right
here is sort of a unique place, which is why the lights are placed there.

So we’ll have people do that. They might be getting another therapy, say
an IV or any other therapy and we may have them do that. Sometimes
there’s frequencies that are used to help decrease pain. So, people
who maybe have a disease that’s affecting their nerves or their bones,
or something, they can really be helped. And it’s uncomfortable to sit,
maybe to get an IV in or something, we’ll do the laser watch, if you will,
and cycle different therapies for that.

Also, a lot of people that respond well to light therapies, will actually
purchase those for their own use at home, especially if they get pain
relief from it. It’s very, very worthwhile to have that because although
it’s very effective when you’re doing it, and can have effect for a while
afterwards, it’s the kind of thing that doesn’t last forever after you do it
once. So, those are the topical types that we do.

I did want to mention, there’s other topical types that like go way, way
back in time. But there’s modern applications, for example, there’s a
lot of like oral, pharyngeal use of light therapies in different types of
infections and other things that go back 120 years, but the modern versions of those still are used. We don't do a lot of that in our clinic.

Then the other type, which is what you had mentioned, at your clinic, you have also... which I'm very excited about, is we've been not just using it, but experimenting with it to augment other therapies, and that's using intravenous laser. Intravenous laser is actually a sterile fiber optic that is put into the vein, just like the IV set would be put in the vein. And most of them have an IV set that goes over them. There's kind of two ways that these are used. And just so people know, they're also used in orthopedics, they'll be, say, put into a joint capsule or something like that, to speed up healing, etc. We don't do a lot of orthopedic stuff at our clinic. So we don't use them for that, but they can.

But there's two ways that the IV lasers are used that are very, very potent. One is simply to put the optic into the vein. And then to run the diode that creates whichever light wave you want. So as the blood is going through, it passes over this laser, and it actually changes essentially the reactive chemistry of the blood. So, without putting anything else in, the light and the blood coming together actually can make the blood do different things than it would without the light.

This can get really like deep and hairy and all that stuff but there's actually research that shows that by exposing blood to different wavelengths of light, you can increase some of the enzyme activity, for example, in the blood. And enzymes are going to be helpful with triggering your immune system to do things or repair those kind of things. If you change the light frequency, you may not affect the plasma, you know, the non-cell part, but you might affect the red blood cells and white blood cells to do their job better.

So literally just by not adding anything other than the light and having the blood go by the laser, you can change things. And if say the person is having a real hard time healing or they're very inflamed and you're doing things to help that but you want to speed that up, you can actually use different wavelengths of light to change their blood, and the way the blood acts.

The other way that we use it, which I'm very, very excited about, is same setup, only then there's an IV line that comes in over the optic. So you can actually not only get the benefit of the blood going by and the laser, but also to photo activate whatever you're putting in from the IV. And this is something that because I have a background in doing this in the world of laboratory medicine, in using lasers and light, and all this stuff, this was exciting to me. Because I understood that every substance has a wavelength that tends to either fluoresce at or be activated at.

So what we've started to do at our clinic, is I will look up the substance we may be infusing, look at its light spectra, and then during the infusion the light spectra that the substance absorbs, we will put the laser in at that spectrum. And people will think, “Well, this seems really weird and
out there,” and actually, it's not as weird as you think. These are called photo activated substances and in the FDA approval world of drugs, there's a number of photo activated drug substances that are used. And they're used with lasers.

So this is not like, you know, too ‘Star Trekky’. One of the first natural substances, which is still used, is vitamin B2 or riboflavin; because it's sort of this larger molecule, and it looks a little bit like a lot of these photo modulated drugs. And it's been used in a number of things around healing and other things. But actually, every B vitamin, vitamin C, every mineral, and a lot of other natural things we use, has a spectra at which it works better. So that part is sort of like taking the laser and then kicking up whatever other therapy you're doing.

Now we have people who will say, “Well,” you know, they're not coming in for an IV, but they have a lot of healing to do. And they're doing home therapies that involve taking things orally. You can get a similar effect, it's not nearly as grand as you get with an IV, but we will have them use the wristwatch laser that I was telling you about. And they take their oral medicines or their oral supplements every day; those are going to be at kind of a steady state in their blood. So then they can do an hour a day at certain wavelengths with their wristwatch laser, or two or three hours a day, and actually improve the efficacy of whatever you're giving them orally. So that's kind of the big picture of how we use it.

Christine: It's really exciting and we have a lot to learn of how to increase the effectiveness, combining... I think you're really pioneering how to combine the IV therapy and the laser therapy to get better results. So no, I appreciate you giving the overview. So the laser uses different colors, right? So it has red and green and blue, and yellow? It also has infrared and UV. But can you go over some of maybe the clinical effects of the color? Like, why would we use red for instance? How does the body respond to red light?

Dr. Anderson: Right, so every color from ultraviolet, infrared, and then the visible ones in the middle, you mentioned blue and yellow, green, and red, they all have different physiologic effects, all on their own, without combining. We know with all patients, not everyone reacts the same way to everything. But a lot of people will find that if a person is in a lot of pain, for instance, a lot of discomfort, that red can be very helpful; especially externally, it makes some sense physically. You get more circulation to an area or you loosen muscles up, or get your organs working or something.

But even in, say the watch or in your blood, red laser will often have people in less pain over 15 or 20 minutes actually, as it goes through. And that goes back to what I was saying, where just the blood running past the laser optic changes the configuration of some of the littler things, either the chemical signaling things or enzymes, etc. And what's believed happened is that the plasma becomes less inflamed and more able to kind of take up some of the pain generating chemistry out of,
you know, whether it's all over my body or my shoulders, or whatever it is. For some people, that's other colors. But red seems to do that a lot with people, kind of universally.

If you go all the way to the other end of the spectrum in the blue, you get blue light or ultraviolet, many people will have more immune response after they have that type of therapy. Just the way it interacts with the plasma part of their blood, the liquid part in the cells. And that actually can happen in the blue and the green or yellow end of the spectrum, but mostly blue and ultraviolet. I think in both of our clinics, if you go back before lasers, and we had ultraviolet, you know, blood irradiation sets and things, that's a lot of what we used that for, was infectious and immune kind of stimulating things.

Now, one of the things we always warn people is, if we're on the end that's likely to stimulate the immune system, they may feel it. And I think it's important to know that if you're getting a therapy and you're doing other therapies too, but you get this new therapy, and it's likely to make your immune system up regulate, we all know what it feels like when we're getting sick; well, you can feel that way because of ultraviolet or blue treatment especially, I think. And then if you combine that with other things added, it can make it exceptionally powerful, and you can really feel quite a lot.

Christine: I'm just curious, what IVs do you often combine with the blue and the UV light?

Dr. Anderson: If you take the spectrum, and we'll just use this hand that's up here, I love making hand signs. It's like I'm seeing a graph and I don't have a graph here with me, so...

Christine: It works.

Dr. Anderson: So this is the blue end and then just on the other side is ultraviolet, and so the red is over here. Most natural substances have peaks between ultraviolet and usually green. Okay, kind of in the middle. There are some that go over into red and infrared but that has more to do with certain plasma, proteins and enzymes, and stuff. So almost every natural substance that you might put into an IV is either going to be activated in the UV blue or maybe a little bit green end of the spectrum.

So if you don't know what the spectra are and you don't know how to match up the colors, what a lot of people will do is just start whatever nutrient IV, they'll do part time at ultraviolet and part at blue, and you're going to hit most of the spectrum. Now, what we have noticed is, if we get more specific about it, for instance, with say, high dose vitamin C IV, which most people have heard of, those are well known for helping out with viral infections, some bacterial infections; some types of cancer activity, etc. And there's peaks along the way with vitamin C, but we'll spend a lot of time with blue. And then a little bit of... actually, it has a peak over in yellow.
So let's say that IV is two hours long. They may get ultraviolet for a third, blue, and then yellow at the end. And I'll just give an example. I have a constitution that if something affects me, it's pretty potent. Okay, I'm not affected by very many things but just unfortunately, but also fortunately, I got pneumonia real early in the year. I'd been traveling and it's just that, and I was very, very ill. So I went in, and we always experiment on me first anyway, so we hooked the laser up and I gave the assistant who was running the laser... we made three different IVs.

And then I said, “Okay, at these times, I want you to use these different light waves.” And they said, “Well, why all the difference?” I said, “Well, we're matching the...” at the time, we could get our tests in eights, so, “We're going to match our tests in eights.” Absorption, “And then we move to the vitamin C. We'll do those three,” and then we did something else. And what I noticed was... and I've done this a few times on myself, but especially when I was actually quite ill, I know what kind of response I get from those IVs, without light or laser. I probably had three or four times the immune activation of what I would normally get.

And I've tried it multiple times since then, kind of with and without, and it's very reproducible. So, one of the other benefits that I see is not just, you're making what you already know work better and at a higher level, and you get these collateral benefits of your blood being activated. But also, you know, all these things are expensive and they're more expensive now that we have less pharmacies making them. What we're looking at now is we can probably, with laser, get more clinical effect with lower doses of different things too.

And I know that that's noted when they use it with drugs, they notice the same thing. But the potency, especially for someone with a chronic infection or some other chronic illness, you can really get a lot more traction in the body with the same like IV that you're doing. But you could do B vitamins, have a spectrum, you have people with fatigue and B vitamins are helping; you can actually make the B vitamins work better. And some of them actually are photo activated.

Christine: And that's a great point, I hadn't thought about it in that way. And of course, we need more and more strategies to reduce costs and also use what we have, more effectively. You mentioned this idea like riboflavin and this idea of what's called a photosensitizer that can be taken orally, as well as IV, of course. But can you just share a little bit? I think it's really interesting how photosensitizers, they go to inflamed or injured cells. So it almost makes them ready to receive the medicine that we want. But can you just explain that idea a little bit more?

Dr. Anderson: Yeah, this is something that's hard to wrap your mind around, really, and I was speaking at a big conference about this. So, it was all physicians and most of them have never even heard of this idea of photo activated substances, and all of this. And at the end, in the questions, I realized that I had not included much description of this phenomenon because they're like, “What? I don't get it. Like, you have
light and a molecule, does it change it or what is it doing?” The quickest way to explain that is when you photo activate anything but especially a structure, if you look at the structures that like to photo activate, a lot of them have similarity with our, say, hemoglobin that holds oxygen in our blood.

That's a big kind of square molecule that has these little side things. You look at like riboflavin or NAD or something, they're kind of these bigger molecules. The idea is that if... let's say riboflavin, because it's the best characterized, it's in your blood as riboflavin, and it's going to go around. It's going to help with producing energy and all of these things that riboflavin does, and helps in your liver, etc. If you take that molecule and you actually put energy into it, through light, the molecule changes the way that it works. And so actually, when it goes to an area, as you were mentioning, it may be more attracted to inflamed cells, etc.

And the reason is, is that it now, instead of doing it's one chemical thing that it does with making FAD molecules and stuff like that, it's actually going to go and when it bumps into either the area or the cells that have inflammation, it's going to trigger an inflammatory response that calls in an inflammatory chemistry. And so if you just have riboflavin going along, it's not going to do that part, it's going to go into the cell and do its energy stuff, which is great. But if you photo activate it, it's sort of like it's vibrating at a different level. And when it gets here, before it goes in and does what it's supposed to inside your cell, it's actually going to call in other chemistry to kind of calm down the inflammation.

Or if the inflammation is there because of an infection, it may call in other chemistry that actually like calls in immune cells. So inflammation that's just, say, from pain, etc., there's no infection around, it's going to help try and resolve faster. Sort of like a little burst. If there's infection causing the inflammation, the burst actually, because of the infectious chemistry that's there, is going to cause different chemistry to come out that calls in immune cells to help you. So yeah, it's pretty interesting. And every substance that's photo activated, does different things, but that's probably a good example.

**Christine:** It's fascinating, just how light can make these molecules more effective. So, we have riboflavin and then my understanding, curcumin is another highly photo 'activatable' substance or photo sensitized is the better word. But what are some other natural substances that you use for this reason?

**Dr. Anderson:** In reality, almost every molecule can be photo sensitized. The structure of the molecule makes the activation more or less useful. So when you look at things like curcumin, which is a big molecule and has some ability to band and stuff like that; boswellia, many of the botanical substances are big complex molecules. Those things, the bigger and more complex, the more likely they are to photo activate. So we were talking about people using, say, a laser watch, and then they're taking stuff through the day orally. People on curcumin, especially EGCG
from green tea extract, if they're absorbing things like other polyphenols from plants, they will actually get more mileage out of those things they're taking, if they're cycling their laser watch on and off, for example.

In the IV setting, people who are on the Wormwood family, artemisinin and artesunate or whole Wormwood in mixtures, those become very much more aggressive in their anti-infective activity when they're photo activated. In fact, it's one of the things we used when I had pneumonia and I really could feel a difference. The Wormwood plant and the Wormwood Mormon family, though, has this really wonderful kind of two part thing that it does. One is, if there's infectious things around, it's anti-infective, especially with viruses and stuff, and then some parasites. But the other thing that it does is, its leftover effect actually calms your immune system down after it works.

So it's sort of like it, it hits the immune system and then calms it down. The reason that that's important is if you make both of those things work harder, you actually get more, not only anti-infective effect, but you also get more of the calming, which leads you to less rebound pain and inflammation, etc. So, most plant extract type things that we would commonly use, there's going to be an absorbance that they have.

If you think about it, plants grow outside... I'm pointing out my window that you can't see... and plants and these molecules come from the plants on the inside. They do photo modulation all day long, that's how they stay alive. So when they're inside of us, it makes sense that they're going to be responsive to light as well. They are.

**Christine:** I'm sure maybe some people are thinking, “Can we do some of these things just going and putting our bodies out in the sun?” Or is there an everyday application and maybe why does that work or not work? Obviously, laser is very different than sunlight but I could just imagine people are thinking that.

**Dr. Anderson:** Sure. If you think about when you walk outside, you're experiencing the whole range of electromagnetic radiation. The parts you see are in this range that we talk about, but its full spectrum. And unless you have some sensitivity to sun or something of that nature, you're getting a photo modulation effect through your skin, to the plasma, anyway, when you're outside. And it's probably part of the reason why light exposure and all of that, beyond vitamin D. and the basic stuff that we know about, is so important to vitality, and to the body actually doing what it's supposed to.

And if you look at areas of the world, the northern areas where there's not a lot of light, I guess they don't care as much about the adults, but they'll take children and put them in full spectrum lighting, and all of this stuff. And beyond, as I said, vitamin D, which we all know about, how that gets activated; there's big changes in the way that the brain chemistry works and the immune system stays active. And it's simply because they're getting the spectra of light that they ought to be getting.
So that is a part of it. And really all you're doing with these different devices, is saying, we know that outside, there's the full spectrum of light, and that's good for you, generally speaking, because we're beings that developed to live out there. What we're doing with medical, either lasers or other medical photodynamic therapies, is saying, for a therapeutic benefit, you might do better to have something in the infrared or red end of the spectrum to kick that, whatever the effect is that you're going for. Or we may want to focus on ultraviolet and blue for you for these other effects. And this is just a way to do it that's more specific.

Christine: So, Dr. Anderson, you've been using this for, I think, a number of years now in your practice. What other types of things are you excited about that you're seeing clinically, as far as patient outcomes?

Dr. Anderson: You know, I think that keeping in mind that our practice is like yours, our patients tend to be chronically ill or have cancer, and at a more advanced level. So if I put myself backwards in time to when I had a more broad practice, and I used to do a little bit, but the technology wasn't too terribly great back in those days; the use of photodynamic therapy in the more broad practice has great applications, when it comes to pain, and then, say, regenerative therapy and healing. You know, people who've injured a joint or something and you're doing therapies. There's really a lot of synergy there, a lot of synergy with pain management therapies; decreasing pain, and then general healing.

But you get into the end of practice, like you and I have, where we have people with infections and autoimmune things that are all intermingled, and they don't want to clear, what I'm seeing is that if you truly need to make, in the other therapies that may affect that, work at a higher level; the ability to actually photo activate the therapy, in what I'm seeing with patients, accelerates the effect of the therapies that we do. So I don't use the laser... well, we use external laser and other like IR therapies on their own, just to generally activate organs or something.

But as far as like the intravenous or interarticular-type laser therapies, we're almost always doing them to give the person who's got this collage of problems together, a heavier duty sort of therapy. To try and affect the immune activity and the inflammation that they're dealing with. And that's regardless of whether it's triggered by cancer, cancer secondary problems, or autoimmune infectious things or whatever. We're really seeing a lot of benefit in both groups.

Christine: It's really exciting. And, as you mentioned, we see patients who have often seen 20, 30 doctors, and so they haven't gotten sick overnight or it hasn't been their first time treating these. So I know that you and I both are excited if we can shorten the time of treatment, and getting our patients feeling better, more quickly. Then we've talked about the immune aspect of the light therapy, and then there's also potentially an application for helping our body detoxify better. I know
that's a big topic, but can you just talk a little bit about what you've seen with that aspect of light therapy?

**Dr. Anderson:** So, the way that toxins are moved through the body, and there's a large number of ways, but if you kind of boil it down to the normal chemistry the body uses to move stuff out, regardless of whether it's going to go out, say, through your skin, or out through your liver and your digestive organs, or urine, etc., it's similar processes. So there's two big groups and then a third one. The first two are very heavily involved and use a lot of enzyme activity.

So an enzyme is just something in the body that helps take you from one form to a different form. And if the enzyme is slow, you keep the beginning form. Now, if that's not good for you, like a toxin, you'll keep more toxins if the enzymes are slow. And there's a series of these that go on but that's sort of a way to think about it.

Enzymes can be slow for many reasons. Everybody, either themselves maybe or they know someone who is way more sensitive to, say, the smell of a chemical or some other thing, than they are or vice versa. And so why would that be? Well, it's because those people often can't get the bad stuff, once it goes in, out. So it just builds up and makes them feel toxic.

So what happens is, we should be doing this naturally all day long, just getting rid of stuff and you'd be dead if you weren't doing some of it. But people with a lot of toxic background or maybe like mold bio toxins that are always affecting them or other things, the system just is overwhelmed. If the little enzyme systems burnout, it's just so slow to go.

We talked about light likes more complex structures. Enzymes are big, giant, lumbering structures that... I should've had a little model there. They're wonderful looking. They're very sensitive to lots of things in the body but one of the things that they're very sensitive to actually, is light. They can be photo activated rather rapidly. And an active enzyme has way more use than an inactive enzyme. So yes, enzymes need helpers, they need B vitamins, and minerals and that's why we often give those to people; but actually light can wake them up again.

And you think, “Well, if they're in my kidney, or kidneys, or liver, how does the light get there?” So, enzymes largely are circulating. Yes, they're made in certain organs, but they circulate around. So, one of the things is to kind of wrap the beginning of what we talked about, when they look at just irradiating or doing laser on plasma, you get changes in enzyme activity. Change enzyme activity, you can help to move stuff through the body more appropriately.

So for detox, a lot of times that's very useful as well. And sometimes if someone's really toxic, we'll actually do, say, the external application over the liver to, again, get more blood flow, etc., there; and then potentially like an IV laser, etc., to help with that.
Christine: Do you find there’s certain wavelengths that are optimal for optimizing enzyme activity for detoxification?

Dr. Anderson: You know, every piece of the system... and just to complete this... so the enzyme stuff goes on mostly in the first part. And the second part is a little bit more direct. Each phase of the system most likely is going to use different bands of light. Still kind of like we talked about with natural substances liking the blue and ultraviolet end of the spectrum, we... I never use this term, but the people at my clinic like it, so that’s what we call it; they call it rainbow therapy.

So, you divide up and you get ultraviolet, blue, green, yellow, and IR, over the course of an IV, say, or over the course of time. And that way, you really actually do hit the enzymatic activity in the first part of detox.

And then all of the second part, which is, essentially, it's putting an anchor on the toxin, so it leaves your body, right? Well, that's different than an enzymatic activity. And that tends to like the right hand end of the spectrum a little bit more. So until we know more about each of the steps... and the problem being that with a patient, you can't always test all these different levels, and so sometimes it is better just to help the whole system go along.

So if we know that, for instance, they're genetically weak in one area, like, let's say, glutathione, they don't make it well in the body, etc., you can actually look up and see what those enzymes that are weak, need for activation. And it's probably going to be in the blue, green, or yellow, green area of the spectrum; maybe ultraviolet. But when we don't know, we tend to just block them through all of the spectra and kind of see how they do.

Christine: It's another way of thinking, with all this genetic information that everyone has access to, we can use the light to treat our snips. It's a different approach than just giving... you know, it's a combination of things, of course, but it's just a different way of thinking about things, right?

Dr. Anderson: Yeah. It allows you actually to... the epigenetic things that affect the genes and either make them act badly or not, a lot of that can be helped and cleared up by light and photo activation. Like toxins are a huge stress, a huge epigenetic stress and if you have toxins and weak genes, they're going to be weaker and do bad things. If you can use the light to clear the inflammation or the toxins, the genes, it's sort of like they get a breath of fresh air, and they don't have as much beating on them.

Christine: Dr. Anderson, is there anything else that you're really excited about, with this clinical application of photodynamic therapy that we have not covered?

Dr. Anderson: I think, like any other thing in medicine, when like we know this much about it right now, and there’s people like me, maybe who have a little bit of background and know the mechanics a little bit
better, but that's about as far as we go with it. I think this is the way I'd like to kind of wrap up, is like when we wrote the book about Outside the Box Cancer Therapies, I did a section on photodynamic therapy.

And I worked with Dr. Weber, who helped invent one of the laser systems. And kind of just what's the state of the art? And even without being super specific, photodynamic therapies have a lot of research that shows that they have all this promise in cancer and chronic illness. And there's certain areas where there's good roadmaps and other areas that we have to figure out.

The exciting thing to me is, I've seen other therapies like this in the past that have all this unknown upside, because we need to figure it out; normally, the more we know about it, and the better we're able to implement the therapy, the more synergy we get and the more efficacious outcome we get. So I really look at photodynamic therapy, now that we can actually do it with wavelength specific activity, as having an upside that we probably can't even imagine at the moment. Because we know a lot but there's a lot that we don't know.

Christine: It's the early days, right?

Dr. Anderson: yeah.

Christine: It's exciting. It's one of the most exciting things that I think we're doing and we're learning, and our learning curve is still big, but we're relying on you to educate us, right?

Dr. Anderson: I'll work on that.

Christine: So, Dr. Anderson, obviously of course, I want people to know how to come to your clinic and find you. But if people are thinking out there, “Okay, I want to start somewhere. And I'd like to start using photodynamic therapy in my health,” how can they get started? Or what do you suggest they look for in a practitioner?

Dr. Anderson: Well, I think as far as practitioners go, because this might be seen anywhere in the world, it's easier to find people who have experience with photodynamic therapy. In certain parts of Europe, and certain parts of Asia, it's very, very common. And actually, the old Soviet Bloc countries, it's not uncommon at all that doctors have experience with light therapies. In fact, maybe more than some other areas. And if you look, that's where a lot of the research comes from, are these areas where it's not only known like it is in the US, but not known by many people, but it's actually used.

If you're in North America, you really want to probably focus on looking for integrative practitioners, either naturopathic doctors or integrative medical doctors, etc. Sometimes, acupuncture around medicine practitioners will do photodynamic therapy. And the only way you can figure it out is really to ask them or maybe it's on their website or something like that. But look for things such as light therapies, laser therapies; photodynamic therapies; usually those would be the
things people talk about. And I think that that's the only way to find a practitioner who would be informed.

Because it's like anything else, you know, there's a lot of great things in the world that either we've never used personally or we'd never heard of, but they're great. So if you ask the person who's never heard of it, they'll say, "Well, I don't know," or, "I don't know much about that." You really do want someone who's at least somewhat educated about it and can use it. And there are very safe things that I've seen patients just come in, saying, "Hey, I got this because I had pain," or, "I had a congested area in my body," or something and it's an external application. Like we were talking about, infrared pads for pain and things of that nature; those are really, really safe. And you can get those anywhere.

And unless it's a bad device, you can't really hurt yourself. But if you're looking to use it as part of therapy for, say, a chronic illness or help you with side effects of cancer treatment; something like that or detoxing, you really want to have a practitioner kind of help steer you in the right direction. So, like those watches we were talking about, where the external laser can be programmed, it's really great to have a practitioner maybe point you in the right direction of what to use.

Christine: You were mentioning Dr. Weber, who's from Germany, he invented the technology we're both using and that's Weber Medical, our friends there. So, Dr. Anderson, we have a lot of practitioners and physicians listening to this and you're going to be teaching more about photodynamic therapy. How can people find out more about your courses?

And you do so much beyond this, to educate our profession; I so appreciate all the work that you put out into the world. And in your spare time, you're also trying to protect our medicine as well, which we are so grateful of have everything that you do to educate our people in DC about why we're doing what we're doing. So, where can people find out more about your work and how to continue to learn from you?

Dr. Anderson: Well, probably the best way is, I have a website mostly for healthcare practitioners, called just consultdranderson.com. If you don't want to type that much, consultdra.com. And that website has a lot of just searchable free articles I've written and stuff like that, and a lot of CE webinars about different integrative therapies. And it's not done yet but hopefully towards later 20... This is 2019, isn't it? Towards later 2019, we'll have finished an online multipart masterclass in photodynamic therapies for medicine.

And what it will go into is, a little bit about how it works, but more, "How do I implement it? And if I'm using these natural therapies, what light spectra is going to make that work better, versus this? And how would I even do that? How would I sequence the therapy?" So that's coming and it'll be part of the website as well.
Christine: We’ll definitely share that with our community because I know we’ll be taking that as well. And we’re just really excited for you leading the way in this really new frontier of using this medicine that’s been around for a long time. But just so we have this opportunity to really utilize it in a whole new way for the patients that we see. So, I’m really excited and grateful for all that you do. And I really appreciate your time on the summit. And thank you again for this interview.

Dr. Anderson: Thank you so much for having me.
Autonomic Response Testing
Guest: Dr. Dietrich Klinghardt

Christine: Welcome, Dr. Klinghardt. We have a really special treat for our audience today. And we wanted to give them this bonus on light in the human bio field. So I will let you take it away and present on this really exciting topic.

Dr. Klinghardt: Okay, thanks, Christine. I hope you can hear me. So I wanted to lead you towards, why are we doing the testing the way we test patients with a diagnostic tool. Autonomic response testing is all based on biophoton physics and light physiology. We work with the photon wave for resetting allergies. We work with the intravenous laser therapy. We work with the signal enhancers, which really extracts from supplements, the light information that's in there. We work with the polarization filter. And I want to lead you to why we got there and how we got there, and some of the underlying science.

So, here's an example of work I did 10 years ago. We used a film camera that actually takes pictures in the infrared range and the far infrared range. And what you see here is me having stuck two acupuncture needles in the stomach Meridian, right over the heart on the left side of the body. Well, what you see is that the right side of the body, the stomach Meridian, gives off light in the infrared range, as a response to the needles.

And so the first thing I just want to show with a simple example; that we can actually demonstrate that under certain conditions, the body gives off light. And some of that, we can actually photograph with pretty simple equipment.

Next slide, please. Good. And here's, on the left side, a drawing from Alex Grey, who sort of intuitively and in an altered state, has perceived the human biophoton field. And I wouldn't show this picture but my mentor, Professor Popp, confirmed that this is exactly the
measurements that he's obtained, with his biophoton camera; a photo amplifier. He got exactly the same measurements leading to a picture that looks very, very similar to the picture on the left side. So there is light outside our body, it's too big for us to see it. But this slide fulfills a crucial biological purpose.

The light is created by the DNA of each cell of the body, and then it's highly structured, and first used for cells to communicate with each other. But then the light doesn't stay in the body, it leaves the body and creates a highly structured light field around us; it's also called a coherent field. And this field carries the information of each cell in the body. And really, the only thing you need to know here is that the light that goes out, carries information out into the field and communicates with other entities, with plants, with other people; with other beings.

But the information transfer on the light beams that go out, is bi-directional. That means it also sends back information that the light the individual photon encounters on the way out, and then is what we're using. So if I place a substance on the signal enhancer outside the body, as you will see later when we talk about ART; that information of that substance is carried backwards into the body via light. And it's not carried in the body, it's carried right into the DNA of our cells. And that makes our testing completely different from any other energetic testing, where you may hold things in the hand or where you use electroacupuncture.

Next slide. And I'm going to take you a little bit through the literature. So, firstly, these are all hard hitting medical journals, and virtually in the American literature, there has been no publications until about 2010. And in Germany, the publications started in the 70s; so this is 40 years earlier.

And in Russia, in the 1930s. So the knowledge of what I'm hinting at you in these few minutes, goes very, very deep in other countries, but you wouldn't have heard about it. So, the first article; photon emissions from the human brain, basically, what it shows, and there's several articles that hint at the same thing; that the individual neurons in the brain give off light. And by the way, several million biophotons per second. The closest animal to us, the rat, gives off one single photon per second, as several million. And so it makes us significantly different from other animals.

The next article, unfortunately, I don't know if you can see it, but I have the little picture of myself in the corner, but it's fine. So basically, what it shows is, when you use a camera that can show the light emissions that we have from our brain; basically, in this experiment, they had volunteers, they're untrained. Had, imagine that there's light coming out of their brain.

And they say, “We're imagining that there actually was light coming out of the brain. And that is interesting that we can at will, increase our light
emissions. And with that communication with the world around us... I don't want to go too holy here, but I'm not going to mention what we're communicating with, but you can increase your ability to communicate with a higher world, by simply imagining light coming out of your brain. And it's Neuroscience Letters, which is one of the highest ranked scientific journals.

Then the next article; biophoton signal transmission and processing in the brain. Basically, it shows that all the brain cells communicate with the speed of light, with each other, through actually sending light signals to each other. And that explains that we can do complex tasks with our brain, virtually at the speed of thought. And that cannot be explained through electric mechanisms or through biochemistry. The medical research is still hung up that memory is based on certain shapes and changes of proteins in the brain that would go way, way too slowly for us to ever be able to think.

And a little further down, ultra-weak photon emissions in the brain; same thing. And then emission of mitochondrial biophotons and their effect on the electrical activity of the membrane via microtubules. So what this article shows is that the mitochondria also emit light, and they communicate with the rest of the cell, through light emissions, to adjust the activity. The ATP production, according to the needs of the cell.

Let me see what we have further down here. So, maybe the second article on the bottom, optical communication channels in the brain; hinting at the same fact that the brain cells, the primary mechanism of thinking is not the exchange of chemicals in the brain. It's not nerve neuron connections in the brain. It's, inside the neurons are fiber optic systems; that's tubulin. It's a fiber optic system, where the different brain cells communicate with each other at the speed of light.

And then, maybe down at the very bottom, the relationship between intelligence and spectral characteristic of brain biophoton emission. That basically shows that the wider the spectrum of colors is that are used for communication inside your brain light channels, the more intelligent you are; or intelligence can be defined as that you can create more colors, with your brain cells that are emanating out into the space around you. So, a colorful personality will be more intelligent in general than a boring, flat personality. Christine, you can go to the next slide.

So this is just a reminder that it's the spiral shape of the DNA that makes an ideal light storage arrangement. It can store and emit light. And so I think that's the main thing you need to know from this. Now, to the next slide. And so here, I'm summarizing a little bit what you need to remember.

So, the DNA sends biophotons out and that is received by tubulin in the nerve cells, and some of it goes straight out into the space around you. And here, the important bit; when a cell loses its ability to create, send, or receive coherent light, the tissue either is already ill or will become
ill. That is a new definition of wellness or illness. When the cell loses its coherence, which is the ability to create, send, or receive coherent light; then the cell will become ill.

And the more unwell a tissue, the more incoherent the biophoton emissions. And that is what we are measuring with our polarization filter. One aspect of coherence of this light that the cells are sending out, is that the load is highly polarized. With our pole filter, we can measure how polarized light is. So, whenever we work with the pole filter on you, we actually are measuring what tissues in your body have lost the ability to create coherent light.

And that is an incredible advance in alternative medicine that has opened this whole window for us, where we were able to find Lyme disease 20 years before other people were ever focused on it. And we were able to find aluminum toxicity, and glyphosate toxicity many years before it became the common thing that everybody now knows.

And maybe a little bit more about the bio field. This common, shared field that has the information of all the cells in it, carries information and memory of all events the organism has ever been exposed to. And this field is able to access the past and the future, in any location in the universe. This is just based on the known physics of this. And maybe the pearl here; that acupuncture points and autonomic centers are both specialized light emitting and light receiving transmitters.

And again, at the bottom, it is possible with ART to determine which tissues have lost their coherence. Why did they lose it? What is needed to restore it? And this is sort of what we’re making the bridge now to the ART testing. So in general, in applied kinesiology, you look at what muscle has lost some strength, and the muscle may be related to a certain organ.

And then you give a supplement that typically is known to fix the organ. That’s not what we’re doing. We’re taking a much deeper look. The deepest look of physiology is not looking at the chemistry but what determines the chemistry in our cells is the physics in our cells. And the deepest level of physics in the cell is the production or non-production of coherent light.

And so with our system, we’re looking simply at, where is the tissue that has lost its coherence? For example, we find the priority that it’s the lower jaw, in the wisdom tooth extraction site. Why has it lost its coherence? Well, then we place different things on there, mercury, aluminum, plastic; the different infections, strep, staff. And whatever balances that out; that gives us a reason why the tissue has lost its coherence and gives us a diagnosis. Which is usually deeper than the diagnosis that you would obtain with regular lab work, which only looks at the chemistry, but not at the physics.

And then of course, the enormous thing that we have, the ability that we have, is that when we’ve found a tissue that has lost its coherence, we
can find out what is needed to restore it. Is it a DMPS shot? Well, DMPS is no longer available. Is it TMSA? Is it IV, vitamin C? Is it alpha lipoic acid? Whatever it is, we can find it. The only limits we have with our technique are the products that are available. Okay, Christine, you can move on.

So this is just a tiny little bit more about the biophotons. So, what you see here is basically the light emissions of a grain of wheat. And on the far left side, the very first little bit on the lower level, is the light that's emitted, of a healthy grain of wheat. And then next to the number 1,000, the wheat is poisoned, and in its death, it's giving off this huge amount of light; and then slowly dims over the next couple of hundred minutes. So this is slow death because the way it was poisoned. And then the next picture is a little bit more hair raising. Let's do that.

So I had the chance of working with Dr. Popp in his lab. We had a volunteer patient who was dying of a brain tumor. And basically, these little blue bars you see on the bottom are the light emissions of the entire patient that was measured in the photo amplifier. So, as the patient is approaching death, there were tiny light emissions, and then we see these huge, blue bars. That was the moment just after death; the patient releases a huge amount of light. And then as you see on the far right side, normal light after death. So you just take that in. Okay, next slide, Christine.

So here is another beautiful, fairly recent article that I highlighted, the thing that may be down lower in the text. Recently, both experimental evidence and theoretical speculation have suggested that biophotons may play a potential role in neural signal transmission and processing. Contributing to the understanding of the high functions of the nervous system. High functions means thinking, planning; creative activity that usually mostly we people only have.

Yes, dolphins have some of it, monkeys have some of it, and crows have some of it, but it's limited. We have far more ability, and we're the only animal that gives off several million biophotons per second, of our brain neurons. And so we are special. And we wouldn't be able to read and write without the higher functions. And that's all attributed to the light that communicates from brain cell to brain cell, not to the more common understanding of physiology. To the next slide.

So, this is something I need to explain because this is now the glitch; the link to our biochemistry. What you see here is the structure of the typical. Proteins are chains of amino acids, so each color is one amino acid, and joined by the next one. And typically in a protein, you find, on the far right side, loops where the string of proteins is not loosely like a string but where the amino acids are kissing each other. They're making a closed loop. And in this study, they realized that these loops are light receptors.

And so basically, to make it easy for you to understand, basically, the light in the cell, the DNA of the cell communicates with the proteins
that are created from that DNA, through light emissions. And these light emissions change the shape of the protein; and the shape of the protein determines what the protein actually does. Whether it makes testosterone or it blocks the testosterone production or the speed that it makes testosterone, whatever the biochemical compound is.

So, the DNA is not only read with the RNA, and then whatever the RNA does, is detached from the DNA. But the DNA stays in light communication with its own proteins that are transcribed from the DNA sequences. So, some of you will understand the enormity of that. And the interesting thing is that these loops that we have are always light receptors in very, very specific wavelength ranges.

And of course, there is an adjacent... the issue is Gerry Pollack's work with the exclusions on water, because these proteins are also surrounded by exclusions on water. So, there is a joint point here between light, color, and the water in our cells. But I'm not going to go deeper into that because it will take us a day to discuss it. And to the next slide.

So here's an example of the contact point of light and biochemistry. So, I had this patient that I had determined was aluminum toxic. And rather than doing the normal aluminum things, I determined what color light he needed, to excrete aluminum. And then we treated him for eight minutes, with a photon waves with a particular color that's like a slide projector that shines light in the eyes. And then we collected the urine. The times are down there, two hours, four hours; six hours; every two hours after the treatment.

Then we see, exactly 12 hours after the treatment. So the little bar in the front on the far left is how much aluminum was in the urine before we treated. And then we see that immediately after the treatment, there is an acceleration of aluminum excretion, and it goes 12 hours after the treatment, 350% higher than it was before the light treatment. So with light, remember, we're stimulating the tubulin, the light conductive system in our body. And it reaches these proteins and they start working differently.

So if you can predict the right color, we can do magic in the system. And of course, we have the intravenous laser therapy now, where we have the choice of six different colors. And it's phenomenal what we can do with that because when we irradiate the blood with laser light, the light is carried to every tissue in the body, and changes what the proteins are doing.

So, to sum this all up, whoever listens to this, by the way, the biophoton is created by Fritz-Albert Popp, you know, my teacher in this. And he was the most recognized physicist of his time, in biophoton physics or in the physics of light. So basically, what he discovered that's adjacent to the Russian pioneers of this work, starting with Pavlov and [inaudible] and many others; that to understand human physiology and especially the
higher aspects of our thinking, health, and vitality, to understand the higher aspects of our being, we cannot explain all the phenomena that we see with biochemistry.

Which America is sort of hung up on; biochemistry. You know, the B vitamins and the PQQ, and the glutathione. All our thinking kind of has been programmed to be around that. And what we're saying here is, there is a higher system that has to do with pure physics that is actually regulating every aspect of biochemistry.

And the highest aspect of that system is not the autonomic nervous system, like I believed until maybe 10 years ago, but is a system of light metabolism. And that we have special lead conductive systems in the body, the fascia, the tubulin, the proteins in the body, so the collagen in the body; they're all light conductive structures that participate in this enormous dance that ultimately results in how we look, what we fear, what we think; what we do.

And with ART, ART so far is the only system that I see worldwide that has found access to that system. And so yes, we're not perfect, we're not understanding everything. But we're the only system that actually does our diagnostic work on that level; on the level of light. And we're getting closer and closer to defining health and illness as a state of this light metabolism.

When you're healthy, when you create cells that are creating coherent light, and they're able to receive coherent light. Your body becomes ill when certain tissues lose the ability to create coherent light, or are unable to receive coherent light. It's a new definition of health and that has brought us to a much higher level of understanding, than the old understanding of pure biochemistry. I think I'll leave it there. You just think about that.
Energetic Roots of Mental Health
Guest: Dr. Kelly Brogan

Dr. Schaffner: I am here with Dr. Kelly Brogan, and we’re going to be talking about the Energetic Roots of Mental Health. Dr. Brogan, I’m so excited to have you on our summit. You’re one of my heroes in this field. And I just do I think this is going to be a really fun and eye-opening conversation. So welcome and thank you.

Dr. Brogan: Thank you. I’m honored to be here really.

Dr. Schaffner: Thank you. So as many people know, you have this very conventional training. You are a psychiatrist as you were trained and you really evolved to your complete framework of looking at mental health. And I just really want to focus on how your training in biochemistry really kind of left you with this search for a deeper meaning looking at really why people have the mental health symptoms that we see or so common today.

So many of my patients come in and some of their top symptoms along with fatigue and all the neurological symptoms, that they have depression and anxiety. And so I just would love to have you share your journey of like really breaking free from this biochemical approach to looking at mental health.

Dr. Brogan: Yes, so I’m still on this journey. You know, I’m recognizing all the time the ways in which my allopathic training still informs and impact the perspectives that I have on the problems in the world. And I think that’s really the defining feature of an allopathic mindset is looking for problems that need fixing. And when I was in college, actually, I was at MIT and there was a suicide hotline called Nightline that I worked nights, you know, just as a volunteer a couple nights a month. And I was also in what I remember as being the easiest major, the only one I could
possibly get by studying at MIT, which was, Believe it or not, Cognitive Neuroscience.

So here I am studying Cognitive Neuroscience, and I'm working in the suicide hotline, which happens to be supervised by clinical psychiatrists and I worked with this very lovely man. And so the confluence of those factors left me with a very strong impression that we have cracked the code of human behavior. And all we have to do is get more access to treatment, we have to make available this fix that already exists to those who need it.

And the fix is largely predicated on what I was learning in my classes and studying for exams around which was, as you mentioned, the biochemical model of human behavior. So cognition, mood, and behavioral states in general. So it was very much with that in mind that I set out to be a doctor. I didn't independently want to be a doctor when I was like in a tutu at age three, it wasn't like that. So it really came out of this desire to work with human behavior in this way.

It's very sort of dominating and controlling approach. And it wasn't until after, believe it or not, specializing in prescribing to pregnant and breastfeeding women. So that's how much a champion I was of this approach that I believed to be defensible; to prescribe Zoloft, lithium, Haldol and Klonopin, Abilify, you name it to pregnant women with their you know, gestating fetuses, of course under exposure, and then to breastfeeding women in the postpartum window.

So it wasn't until -- and this is the story for so many doctors who sort of move beyond the pale, that I was confronting my own health crisis, that the idea of what allopathic management had to offer struck me as extremely unappealing and really something I went to a naturopath to really opt out of.

And this was against, of course, the grain of everything I had formerly believed and studied. And that's when you know, when you jump the rails beyond even what you can explain, you know, you're kind of on your path. So I didn't know what was happening at that time consciously that I was really departing in this meaningful way.

But I certainly was. And I had to see on paper that I was able to put an autoimmune illness, Hashimoto thyroiditis into remission through lifestyle change in order to pique my curiosity about what else I didn’t learn in my conventional training. And so it was actually because of a book, of course, at that time, synchronously that a colleague gave to me called Anatomy of an Epidemic by Robert Whitaker, who is an intrepid investigative journalist.

I read the book, because I was in this sort of piqued curiosity state,
I never prescribed again. I finished the last page of that book on the subway in Manhattan. I was crying, you just watching the House of Cards fall. Everything I -- $200,000 of debt at -- you know, illness I was working with. I had all this stress and really a lot of psychological sort of abuse to contend with. So part of the indentured servitude of the medical system.

And here, I was confronting the fact that I had no choice but to just throw it all away. And that's what I did. I threw it away. And so that's sort of where I'm in recovery still, because I'm trying to understand how it is that we can simply provide informed consent, so that everyone can walk their own path. Because I went through a window where I thought, well, the entire pharmaceutical industry needs to be burned to the ground, and I'm here to strike the match, you know.

And of course, that was a lot of my own shadow material at work. And this idea that there is another out there, there's the bad wrong other out there that needs to be defeated is as wrongheaded as the idea that anxiety, depression or schizophrenia bipolar disorder needs to be defeated. You know, put into submission, when really what we're being asked and invited to explore is, how can I learn more about what this reflects about me? How can I open my mind to what it is that I formerly been asleep to?

Dr. Schaffner: Thank you for sharing your story. And it's probably amazing for you to look in retrospect your path. And I think it probably a huge part of your path is to see, you know, the limitations of the pharmaceutical approach during this part of your journey. And so in the allopathic model, I like how you share that it's this idea of when we have a mental health, there's still you know, this conversation out in our society. You know, this idea that we're broken or that we need to be fixed and that a pharmaceutical will be that thing that we need to balance our biochemistry, and then we can just keep moving forward in our life.

And so I what I really want our conversation to be about is, you know, if it's not that then, what are the aspects that we have to look at? And what is this other framework of looking at mental health and looking at our body that we need to start integrating into our concepts of why we have anxiety, why we have depression. You know, beyond just an imbalance of biochemistry.

And so as you're still evolving your framework, what have you learned about these messages of these symptoms that we experience that we might label anxiety or depression? What are some other perspectives that we can have about these messages?

Dr. Brogan: Yes, I love this question. So one of the most important things to begin with is what I learned after I went back to pubmed.
gov, which is for whatever reason, I've always been very interested in raw data. And in the scientific process, even when I was big into psychopharmacology and prescribing. I was on PubMed every Saturday I have been for 15 years of my life. I spent several hours trudging through papers.

And it's like pearls washing up from the sea. And the truth is you can find science to support pretty much any narrative you're interested in. And that's the case and no science is perfect. It's in fact, by definition of process, and we really only get into trouble when we think of it as a destination.

So whenever you hear this phrase, the science is settled, you know, make sure to approach whatever follows that or perceives it with circumspection, because it's not the nature of science, which is itself a process of inquiry, right? So what I learned when I went into the non industry funded literature and I began to learn about those who had walked this path before me like Peter Bregman and Joyner Moncrieff and David Healy and a lot of, you know, sort of renegades in the psychiatric realm. Irvine Kirsch. I found that at the time six decades of literature, there was literally not a single valid study to support what sometime is referred to as the monoamine hypothesis or the chemical imbalance theory of depression, for example, but we could say that for any of the labels.

And in fact, what are these labels? Are they heritable disease states? Or is this just sort of a dictionary of terms that's evolving every time, a committee comes together 70% of which is suitably funded to determine what's normative and what's not. Is this just sort of a dictionary of cultural norms around human behavior?

And unfortunately, one that may be influenced by profit seeking, because if we look at it that way, then we're really starting from scratch. We know that it's not what we were told it's a serotonin imbalance, or maybe some hand-waving about dopamine and norepinephrine. If it's not that, then what is it? So what I found is that there was about -- now it's three decades, multiple decades of literature on a burgeoning field called psycho neuro immunology.

And it has many sort of pioneers credited with its inception. But essentially what it seeks to explore is the interconnectedness between these many systems that we previously, at least in the past, you know, hundred years or so, have been sort of led to believe we're disparate systems, right? So you go to a neurologist for this stuff up here you know, you go to a gastroenterologist for this stuff down here, cardiologist for the stuff here.

And this idea of -- you know, as the parable says, it's like the eight blind
men feeling the elephant, describing; oh, well, I know what this is. It's a rope for the man who's feeling the tail or I know what this is, you know, it's a tree trunk for the one feeling the leg. And who is looking at the hole? And obviously that's where you know practices, like yours and mine were born to begin to finally look at the the bird's eye view before zooming into to develop a more deep understanding of the individual.

But the bird's eye view has a general understanding that hormones and the immune system, and of course, neuro chemistry does exist. And then comes this realm of thought and belief. So all of this is having a bi directional, sort of multi directional impact. And the best studied relationship, of course, at this point is that of the gut and the brain. And we do have this understanding that, you know, “Yeah, sometimes what we think might affect our gut -- ”

You know, if you've ever felt nervous before you have to give a toast or something like that. You might have diarrhea or loss of appetite, or if you fall in love and you don’t eat for couple of months or whatever it is. We have that general concept, but the other direction, which is the impact of our gut ecology on brain, and behavior and cognition, is really being, I think, fairly well elucidated at this point. Though we understand there's a conversation happening there.

And the conversation isn't limited to just, you know, chemical bubbles floating around, that it's influenced in ways we're just beginning to understand not only by our own thoughts and beliefs, but also by the energetics of those around us. And to my mind, the research of HeartMath Institute has really helped us to understand what it is to be in resonance with someone in your midst. I think that every time I recognize why I sacrifice nights of sleep for my daughters to be in bed with me is because I want to be in my resonance. Literally, they're entrenched by my energy. So all of this, I think, even honestly, five years ago, would have sounded like tremendous to me.

But you know, that's where the quantum biology and the new science, if we want to call it that, has really swooped in to validate so many of these concepts so that we can finally take a leap beyond a reductionistic platform for our you know, intellectual pursuit of healing and wellness, that even the scientists have abandoned. Nobody is researching the chemical imbalance there, you might still hear it on zoloft commercial in TV. The research has stopped for many, many years. It's been abandoned not by the holistic renegades. These are by the people at the National Institute for mental health, like by the people inside who know that it's totally bankrupt.

So I've really come to understand that the single most important ingredient before I talk about the way that I approach healing in general. But the single most important ingredient, I backed into this. I didn’t
come out the gate saying, “Oh, well, this is the first things first.”

I understood that I could have a history making outcome, like literally never been reported in medical history. And we have dozens of these now, I could have a history making outcome. I could do the same exact thing with the same diagnostic label with another individual and get nowhere or worse. And that the difference is belief. That is the piece and I refer to it as mindset. That is the piece that determines the outcome.

So I started to notice that. How did people -- what was the loudest voice in these individuals minds that they shared? Was the loudest voice you know, when we’re tapering their Prozac they’ve been on for 30 years, was the loudest voice as they began to struggle with now well documented withdrawal phenomenology. This is horrible. I need relief. I need this to stop or was the loudest voice. I've got this no matter what.

And that literally was the determinant of the outcome. So then I went to back to the books. And what I found was a very large literature, of course, on the role of what is called expectancy in psychiatry, specifically. It's a huge amount of studies, very compelling studies about how what you believe to be about to happen is what’s about to happen. So there’s some really cool research like, for example, a recent study on Lexapro, and this goes both ways. So it goes placebo. The rights of the positive outcome manifests and the negative outcome manifests depending on what you believe. So this is a no placebo study on Lexapro for social anxiety. And all the people in the study were treated with Lexapro.

However, half of the study was lied to. And they were told that they were receiving active placebo. So a medication that is similar side effects, but it's not going to do with Lexapro, not Lexapro. And the other half was told you’re receiving Lexapro which is the goal-centered treatment for social anxiety. There was, so they're getting the same stuff fourfold difference in outcomes. That's a big statistically.

So those that believe that they were getting Lexapro as they were had a fourfold experience of relief than the ones who got the same exact thing, but believe that they weren’t getting it. And it goes the opposite way too. I referenced the study all the time. It's a Prozac study of patients who were treated to remission. So these are the people who said, “I don't know where I'd be without Prozac, save my life.”

And the same cohort of people, they were cut in half and they were randomized to either placebo, so a sugar pill, or to the very same dose that supposedly helped them. And guess what, on randomization, the whole cohort became depressed, even if they were getting their same dose.

So this is just like a small sampling of how important it is that you align
with what it is that you’re engaging. So if you believe that there is -- let’s say, you’re on meds for a long time. If you believe that there is another chapter for you, and that you are deeply invested in understanding who you are, you probably have a sense that a life without psychiatric medication is something worth exploring. That might be a critical ingredient to that kind of experience of yourself.

Or let’s say you were medicated for something, you know, a death or loss that happened or a breakup in college as -- so many women that I work with, are medicated in college over you know, sort of psychosocial stressors as we call them, and decades later, nobody bother. The GP has been maintaining the prescription and they finally get to a point where they’re like, “Why am I even taking them. I don’t want to take this.”

But of course, coming off it is a bit more complicated. But if you believe that you’re entitled to that, you will grab it you’ll get there. And it doesn’t mean is amazing, but it’s a portal of self-initiation, that you will have what it takes to walk through.

However, if you feel dependent, if you feel terrified, if you feel like you don’t know if you can trust then you that might emerge. I don’t recommend even exploring it, because you will manifest the exact reality that you believe is coming. So because of the psycho spiritual nature of medication taper which has become my specialty despite my -- never having sought that out. I believe in sort of as Zen say, you know, chopping wood carrying water. You know, I believe that they’re basics of self-discipline, self-care and a kind of routine that must come first. So when we’re talking about -- you know, you mentioned anxiety and depression. So I like to kind of loosen up the label of it.

And just so we’re not entering into the field of stigma. And also this understanding that this is a chronic recidivist condition, this is a chronic condition you got for life, you probably inherited it. Your aunt has it, your grandfather has it, and now look at you. You’re never going to escape it because it’s just part of your DNA.

So even if you’ve kind of learned about epigenetics, and sort of move past that there’s still a conditioning; social conditioning that if we can work with different terminology, it can cast a different spell. So with my patients, for example, instead of using the word depression, will often use the word disconnection, because I think of it as being a more accurate capture of what’s happening. It’s a feeling of disconnection from others, from yourself, from the greater web, whereas the symptoms of anxiety, might be safety seeking symptoms.

You know, when you experience anxiety, you might have a set of things you feel you need to do. Whether it’s checking the oven 10 times or, whatever it is. You have an adaptation that gives you a little bit of a
sense of safety actually. It kind of works until it doesn't. Or it may be vigilance, like that's another term. Sometimes I'll use like vigilance to me, which is more, my flavor. I have a lot of personal experience with that, like if I'm just on top of it, then I'll finally get to the point where I feel okay.

And of course, you never do and is always receding on horizon, but if we look at these big labels, and they get bigger. Schizophrenia or bipolar disorder, or suicidality, or OCD, if we look at them, and we say okay, it might be that these symptoms are asking us to examine something that we wouldn't otherwise check out.

That's something can be very big like, you know, others in this gathering have spoken about childhood trauma. It can be something you stuffed under a stone that you told yourself, I am never turning that over until I die. It could be that it's that big. Or it could be that you have a B12 deficiency. And so I'm a big believer in sort of the order of operations, as I call it. Let's look at the low hanging fruit of reversible physiologic imbalances that can masquerade as psychiatric pathology.

So obviously, this is all intuitive to you, but it's -- you know, what I find is there are many very common ones that are worth investigating first. Honestly, before you even go on some hero's journey, it can be very simple. And I only came to these again, because of the literature. Because the literature talks about -- you know, so just to reel off a few of them, B12 deficiency.

It's not just like, oh, it'd be nice to have a little more B12 and feel a little more pep in my step. You know, I often talk about one of these New England Journal Case reports of a woman who, because of her dietary preferences entered into like a multiyear depression that ended up in what's called in psychiatry catatonic state, where she was treated with multiple medications. And eventually offered electroconvulsive therapy before they discovered that she just had a reversible B12 deficiency.

So it can be that dramatic and the same goes with food intolerances. The biggest ones, you know, and I know with more complex presenting symptoms, it can be far more nuanced. But for my patient population or if you've been labeled with a psychiatric illness label, it's gluten and dairy. Those are big, big, big sort of like don't pass go before you have done a month a very strict compliance with that. You know, don't bother with more complex interventions, honestly.

And I know that these are very addictive compounds. Again, I come from Italian background, so I know what it is to eat bread and cheese all day long. And I know what it is. And even the fear, literally, that can be induced by considering eliminating those from diet. But to my mind, this kind of self experimentation, it gets really interesting pretty quickly.
So if you can even commit to the first 10 days, it's going to start to get interesting, promise. So it's like a self pack, except the potential yield is that your life could change.

So it's not just like, oh, maybe I'll feel a little better and be a bit less bloated. I mean, the outcomes that we have are women who've been -- actually people outside of my practice, who've been on meds for many, many decades. Like, the worst of the worst in and out of state hospitals. You know, kind of left by the side of the road, and make these changes and within the space of one, I would say, two, three months, they have a radical shift now.

Do I think it's just as simple as taking out gluten and dairy? No, I think there is a ritual of self care and commitment to attending to a routine of wellness that sends your nervous system a signal that you're ready for change. So it's almost like putting fresh powder on the mountain, so you can ski new tracks. We don't otherwise know how to allow you to ski new tracks. You know, outside of some of the research into psychedelics and plant medicine the realms of integrative alternative in conventional medicine.

We just kind of hope that what we're offering is going to make the change, but the change needs to be made by the conditions, you as the master of you, you set for yourself. So I find that with a commitment to one month lifestyle change, for whatever reason that is the alchemy of massive Quantum shift that cannot be explained by the fact that now you're you know, doing some coffee enemas, meditating a little bit and you've changed your diet.

It's way bigger than the sum of the parts. So B12, gluten, dairy intolerance, I would call it. Another big one is of course, what I learned about through personal experience, which is the role of thyroid imbalance in psychiatric presenting symptoms. And that can range from what is labeled as bipolar to postpartum psychosis is a big one, even to ADHD and chronic depression.

So again, any functional medicine alternative practitioner knows how to investigate beyond the reference ranges to see if this might be a part of your story. And again, the interventions are the same, but sometimes it's just interesting. Like, you don't want to take so loft for hypothyroidism doesn't make sense. Not good in medicine, right? Doesn't make sense.

And another big category is blood sugar imbalance. So I'm sure you would agree this is a factor in nearly all of our presenting symptoms. And you can get sort of esoteric about it pretty quickly, because you could say, why are we all addicted to sugar? What is it about that sweetness that we're missing in our lives? Like, what is it about that primal sense of entitlement to a kind of bliss. I mean, when I used to eat,
you know, dark chocolate Snickers and white chocolate, peanut butter cups and Twizzlers every single day of my training for five years.

I'll tell you, it was a kind of bliss the moment I open that package every day. So what is it that makes sense about that craving? And how can we take back control and redirect it? How can we source that internally? And I've always kind of like -- I don't know, I guess it's the skeptic in me, has always been very -- I had eye roll about, you know, oh, your joy is just on the -- like joy to me was like -- I didn't even know what that meant.

Kind of like self love, like what does that mean? I really didn't know, I'm not even sure I still know. But I do believe that as you come into a greater intimacy, with the way that your body communicates to you. The language that your symptoms represent, because the body doesn't make mistakes. It is the most sophisticated technology we have on this planet today. And we are learning how to operate it, right. We're learning how to inhabit it. We're learning how to relate to it. And that's, I think, what illness is all about.

Starting at the physiologic level, that's a pretty crude point of entry. But it gets deeper than that, where you learn to develop intimacy with the parts of you; the lazy parts, the shameful parts, the angry parts, the hateful parts that you would rather have kept in a locked closet. And I think what sometimes medication offers us. It can buy time until you're ready to really get to know the whole of you, and own all of it.

And be like, you know what, I really have a lot of trouble looking people in the eye when I'm at a party. I feel like they're judging me. I feel like I'm confronted with the fact I really don't like myself. And where did I get that from? Well, I remember you know, it tracks back to pretty early when I had the impression that I was only lovable if I did X Y & Z. So you begin to understand how it is then you became who you are. And how there's no way around getting to know yourself fully, because otherwise you're always going to feel like a fraud.

So imposter syndrome is probably one of the greatest epidemics the world over. Why? Because we don't feel we can show up with all of us to every single circumstance that we're in. And so the invitation begins with these little symptoms; insomnia, little poor concentration, maybe something bigger. Maybe it's you know, our father dies and we can't imagine how we will possibly live. So maybe it's codependent dynamic. Or maybe it's that we get fired from our job and we're confronted with the fact that we can't take a step forward, we fall into a depression.

So there could be sort of seemingly socio culturally understood trigger, but sometimes it just emerges, doesn't it? Like, we find ourselves with a long list of conditions and symptoms we show up to our primary care doctor and 15 minutes later, we're handed a prescription. So the last
I'm going to mention that I think it's really important to investigate, is the low hanging fruit, is the adverse effects of commonly prescribed medications that include psychiatric phenomenology.

So now there's a large literature on all of these medications, whether it's statins for cholesterol, whether it's acid blocking medications that are over the counter and you know CVS or Walgreens, whether it's antibiotics. There's actually something called antibiomania. I mean, there's tons of literature that refer to how possible it is for these medications to induce pretty severe and acute psychiatric pathology. Birth control pills, right.

So there are common medications that if you don't connect the dots, you're going to think that you have yet a new condition that requires yet a new medication based treatment. When in fact, getting to the root of why you needed the first medication is going to empower you to need none of them.

Dr. Schaffner: And it's excellent explanation. And I think you just played a really wonderful foundational approach to looking at our physical body and I think, especially with when you're dealing with -- looking at why you had prescriptions prescribed in the first place. These are in naturopathic medicine, which you essentially practice in a way. We call it the therapeutic order. So we start with the low hanging fruit and the basic lifestyle before we get to that higher force intervention if we ever get there. And so I love all of these things that you've just shared.

And I think they're so important for people to really embrace and to really look at their health and just to take inventory and where they are with all of these things. And then you mentioned a few things. So as we stabilize our physical body, and we really correct these deficiencies and imbalances and maybe even wean off our prescriptions. There's this whole other opportunity to look at our being, from this whole other perspective beyond our physical functioning.

And so, what I would love to just to open up the conversation to -- and you touched on this also a couple times in our conversation that we are energetic beings. That even your daughters come to you because of this resonance in your energetic fields in this whole other language of how we interact with people and how we can interact with our bodies so we can really think about other tools to heal ourselves, especially if we've been stuck for a long time.

And while we're talking about this, Kelly, I'm also really curious about, you know, are human beings kind of wired to have these disconnections or hyper vigilance symptoms? Or is this a symptom of something larger and our collective that we're not acknowledging these parts to ourselves? And that's why we're seeing this rise and feeling disconnected
from ourselves and from our communities. I think it’s a really important thing to look at.

**Dr. Brogan:** Yes. So there is a Krishnamurti quote that essentially says; “It’s no sign of health to be well adapted to a profoundly sick society.” I don’t think anyone listening needs a lot of convincing that we are living in a profoundly sick society. And that’s the nature of it. It’s not a bad thing. It’s not, you know, something we necessarily should celebrate. It’s just the nature of it.

And if you know anything about polarities, you’ll understand. You know, swing this way so that you can swing that way. And many spiritual teachers speak about the power of contrast for us to appreciate what it is to feel unconditional love. We must experience conditional love, that it is in fact, the contrast. Some even believe that we incarnate in order to experience that contrast because otherwise we would be swimming in a cosmic sea of the unified field, and what fun is that?

And we want to come in to know what it is to feel the sort of geyser of love that follows grief and intermingled with it. So, this place that we find ourselves where we are highly disconnected from the ways in which our environment, so the living Earth is a reflection of us. The ways in which we are each other, a reflection of each other. So this interconnectedness that we’ve -- it’s so anathema to us at this point that it’s like the oneness. So again, that’s where I get that, I roll. I understand what it is to hear these concepts and be like, give me a break. Like, when are we actually talked about what matters ever?

However, it’s the war that cannot be won. And this comes from, I don’t know, a couple hundred years of certain -- you know, thanks to Descartes and others. It comes from this idea that if we just apply enough force, mastery is ours. And from that mentality, we’ve done some tremendous stuff. But we’re at the point of max polarity, we’re now being invited to rebalance. And part of that rebalancing requires a kind of, honoring of sensitivity; sensitivity to the ways in which we have swung too far.

So who are the people who are going to be most sensitive to the ways we’ve swung too far in our food system, in our lifestyles and the nature of stress. And the nature of the way we regard sleep, and the nature of the way we regard connection and community? What about what we’re doing to our environment in the ways that we regard our entitlement to, you know, disposal of plastics.

The list goes on and on and on. Nuclear power, and the educational system, and chemically strapping our kids into chairs, and the financial system, and terrorists and bad guys in jails. I mean, it just goes on and on the way that we are in this. If only we corral the badness and
control, then -- you know that's where GMOs come from. If only we can architects, right? Well, we can architect and look what happens when we try to -- we just don't know enough. It's not to be known. It's to emerge. It's meant to emerge. We can't create old growth forests and fix the soil chemically. We have to just get out of the way.

So who are the people who are going to lead that process? I call them the canaries in the coal mine. And I again have observed this, I'm not sure I'm one of those people, traditionally. I'm far more someone who in the sort of like, fix it do it manage it kind of mindset. That's my sensibility. I don't paint you know, I don't sing. I consider myself like a bohemian in any real way and working on that.

The patients that I work with for the better part of a decade, I have seen one after another after another after another, that they come through this birth canal of literally -- it's like a rebirth canal of shedding everything they felt they were to the point where they are standing in the rubble and they have no idea who they are. They don't know what they believe. They don't know what doctors they should or shouldn't go to, they don't know who their friends are. Sometimes their marriages in disrepair, their family -- It can be very harrowing. It's the hero or heroines journey. And then they get ignited internally and they begin to create, and that is the life force.

So there are many names for cheese Shakti, whatever, that comes on line, their soul touches down back in their clean body. And what they create from that space has no resemblance to the house that was destroyed. So I call them visionaries. And they almost always go on to be social entrepreneurs or healers or psychic mediums. You know, something is unleashed within them that allow them to connect with something bigger in a very natural way, without aid.

So without necessarily working with shamans or plant medicine or whatever they, they just have this inside. But these were the highly sensitive people who developed the gluten intolerance, who couldn't extract their vitamins from food that had been sitting on a shelf for three months. You know, these are the people who took a couple of doses of medication and literally were derailed for life.

And the people who consumed a pound of sugar a day and found that they were presented with a list of diagnosis, this long in order to manage that. So they were and are sensitive in a way that is real. That is a true perception that is actually an explicit instrument for us to calibrate by, as a society, for us to understand how to create a society that supports individuals who have this level of sensitivity. You know, which can include a kind of deep grief that they're holding for the collective.

So sometimes these are people who feel a kind of sadness, they don't
even know if it's theirs. It felt like maybe it was there since birth. How can we make room as a society to appreciate that there is a place for this. That these kinds of emotional signatures need room to just be? How do we create a society that doesn't label as the pathology in the DSM-5. You know, more than two weeks of bereavement, right?

So it's a big shift that has to happen. But I think that these people who are psychiatrically medicated or find themselves in a position to consider that are almost to a person, the Canaries. So meaning that they were the Sentinels, they were the first ones before the rest of us. I've never taken a psychiatric medication in my life. And it's not because I'm a healthier person, it's because I'm on track to begin to learn how to sensitize myself in the ways that many people already are sensitive.

And so we have framed that as pathology because it was an inconvenience to the dominant orthodoxy that said; achieve, produce, show up to work Monday at 9am. And do as you're told, including, if that, you know, ravaging, raping the planet and, you know, otherwise supporting an ethic that is at odds with your sole sense of what is true.

So I'd like to think of myself as being in a position to help facilitate the liberation of these souls, you know these people. But unfortunately, we don't have -- you know, beyond me and handful of others. We don't have really -- that I certainly don't count as this. We don't have elders, we don't have guides. We don't have anyone who can help these very powerful individuals learn how to work with their energy. What is it to move with rage and optimize sorrow and begin to understand that these energies are also your gift? They are the same power that is your you know, clairvoyance or your clairsentience or your capacity to deeply empathize, to be the fabric that we lose our disconnected society.

So we have to maybe crowd source that kind of guidance. And that's where I've come to the conclusion that community based healing is really you know, as Thich Nhat Hanh said, “community is the guru of the future.” I think that's potentially truer words have never been spoken, because I think that the idea that the answer is outside, even in the pedigree, doctor or whatever. That the answer is outside, keeps you in an infantilized position.

And right now we're being -- all of us, asked to grow up. We're being asked to adult in a way that entails personal responsibility at a level that was never modeled for us by our parents. And the kind of connection to the whole of ourselves, no matter what is there inside. That will give us that bedrock safety inside that we're okay, because it cannot be sourced externally.

**Dr. Schaffner:** So beautiful. And I totally echo what you're saying in that. You know, my patients teach me this every day. And we have
that language at Sophia that we do see the canaries in the coal mine. And they're the most beautiful, connected people that you just hate to see them being taken out of life, because of their sensitivity and the environmental pressures that we're all up against.

And so, I just love that this is your experience and your message too, because I think as we learn from them and also, you know, support their healing journey. That is part of how we change the course and change the whole collective experience that we're seeing out there. So yeah, I see that too and I just love your framework for this.

So Kelly, I could talk to you all day long. And I want to respect your time, but you have a new book that's coming out on yourself. And you already touched on so many beautiful themes that I know that you go deeper in your book. But is there anything you want to leave our audience with?

Any messages around where you are in your journey, and just having this -- You know my mission for this summit is really to share that we are more than our biochemistry. And to look outside, purely biochemical approaches for your healing, whether those are pharmaceuticals, or green allopacy; we just prescribing supplements. You know, there's this whole other beautiful, really also more elegant way to heal and really heal and not just band aid whatever we're going through. So is there anything in your mind that you would like to share within this summit.

**Dr. Brogan:** Sure, yeah. So when I wrote a Mind of Your Own, which came out in 2016, it was really with my sort of loft about the science that I hadn't been told about in my training. And that includes about what depression and mental illness “is or isn’t.” And what about the medications? Like, what's the full story about them? Safety advocacy. And then what had I found to be some of the highly reversible drivers and what we're calling mental illness.

So it was a number of years ago, and of course, when you write a book, it takes years to come out. So I probably wrote that in 2014, let's say. And what I've learned since is about the spiritually transformative process that attends the audacity to consider coming off of medication, or consider avoiding it entirely. So there is a certain kind of person who is called to this path.

And I felt like you know, it's kind of least I can do to offer a manual. And of course, almost all of my material is for free online on my website. That's how I love to write. I love to write blogs, and so I pin them. And they're up there, but I am a bibliophile. So I love to also have it all in one place. And so that's what on yourself is intended to be is a manual for moving through deep challenges and adversity. And what is often called the dark night of the soul resisting the urge to suppress, manage or run from your symptoms.
And what does that look like on a body level? You know, what does that look like on a psychological level, and what does it look like on a spiritual level. And I am really teaching everything that I have had to learn and I'm still learning. So you know, it's also through the lens of my experience, through my process of awakening and what it is to continue to peel the layers of the onion, it never end. The bad news is that it's never ending. And the good news is you're in control of it, right.

So the one piece that I have found to be an essential component is to orient yourself with curiosity. So if you feel like understanding the why of your experience is interesting to you, then you can make a whole life out of that. So the side benefit is that you will experience what it is to live a fear free existence. So if I wake up every day, and I'm basically like, well, whatever comes, I'm going to be interested in the why. Why is this going on? Like, why does so my toe today? Or why am I bleeding into the toilet bowl? It could be anything. It's really just a posture, it's a life orientation. And I've tried to put together the steps to get you there. But really, if it's already -- it's like, I'm helping you remember. So it's not something I can teach. It's something I can help encourage the recollection of.

And we created a community to support this process called vital life project, which is low cost membership community to try and hold the container tight. Because I believe that it's possible to live life with this curious orientation, and that it inevitably leads to far fewer pharmaceuticals, if any at all. And a deeper connection to your own intuition, and the compass that resides within.

But it requires holding, like, I need my friends to hold me, because I have an inbuilt tendency to regard my body as an object. And of course, as women, we certainly don't want to be regarded as objects by society at large, and particularly men in power, but it starts with us. I do that to myself. So if I have a little symptom that I might run and have managed, like, I need my friends to remind me.

You know, check it out, what is it about. It'd be something interesting. And so I believe in a community holding as being pretty essential right now. And you know, the light side of social media, etc, is that we have the capacity to turn those forces for good, and work with it to connect us remotely.

Dr. Schaffner: Now, I'm excited to read your book and I know that it's just going to have a wonderful impact on not only my patient population, but everyone who's listening. And I just think it's just such a necessary message to get out there.

And as I had shared, I had a patient already join your community and
already felt I just saw this change in her of empowerment, you know that I've been wanting to help her cultivate, but it just seemed like that connecting with others really was the spark she needed. So now, I'm really excited to see what unfolds with your work and I have been such a fan just to see your journey continue to unfold. So I really appreciate your time today and all of the extremely valuable information that you shared with us. And if you could let everyone know where to find you and where to find your book?

Dr. Brogan: Sure, so thank you. Kind words, I really appreciate it. And I know that we're speaking the same language to preach to the choir. So yes, so I'm just kellybroganmd.com and you'll have all sorts of stuff going on there. So I'm honored by your endorsement, means a lot to me.

Dr. Schaffner: Well, thank you again for being here. And thank you for joining us on the summit and all of the information will be in the show notes. So thank you.
Resolving Trauma with Bioenergetics
Guest: Niki Gratrix

Dr. Schaffner: I’m here with Niki Gratrix, and we’re going to talk about using energy medicine to resolve emotional trauma. Niki is an award winning functional nutrition practitioner and transformation coach, helping people to optimize energy. In 2005, she co founded one of the largest mind-body clinics and integrated medicine in the UK. The results with the patients at the clinic were published as a preliminary study in 2012 in the British Medical Journal.

And in August 2015, she hosted the largest ever free online health summit on overcoming fatigue interviewing 29 world experts on optimizing energy with over 30,000 attendees. Since 2015, she’s spoken on over 40 large online health summits reaching over a million people worldwide.

Niki, I’m so grateful for you to be here on the summit. I listened to many of your interviews and I think the work you’re doing is great. And I really just want to get the word out on how our emotional terrain and our emotional story, and our past history and trauma really can shape our physical and energetic body. And so let’s just dive in and talk about your work, and how you really learned that emotional trauma is so important to address when recovering someone’s health.

Niki: Yeah. So thank you so much for having me. It’s great to do this summit with Dr. Klinghardt, and I’ve got huge amount of respect for as well. I love your work as well. So on such an important topic that you’re doing as well. So yes, the whole emotional trauma piece and emotions and stress, and this mind body connection. It’s so underexposed, I’d say. And it’s so important. And it has such a profound impact on our biochemistry, on our neurology and on our energy field. It’s the difference to whether someone can recover from a chronic illness or
not. So if we miss that piece we're missing -- For many people, you may be missing a critical part of the jigsaw of recovery.

And most people need this multifactorial approach. We're not throwing out the biochemistry or forgetting about functional medicine or anything like that. But this is a critical piece. And I think that most people, they still dramatically underestimate how prevalent it is. Because it's almost so prevalent that we can't see it, because we're surrounded by it, and we're just in it.

And we sort of we act it out. We're living it rather than being aware that we might be coming from a place of emotional trauma and that it could also have changed our biochemistry and created illness. And there are certain studies I always reference because it helps people get an idea about just how prevalent it is. There are a couple of distinctions; we're going to talk about emotional trauma.

Most people think of emotional trauma as qualifying for something called PTSD; Post Traumatic Stress Disorder. And so that the general population to kind of associate with that big, big T trauma, it's called. Things like maybe being in a car accident or maybe being hospitalization for something which can be very traumatizing, especially for children. You know, war veterans go to war, hugely traumatizing and then sort of developing PTSD in response to those things.

Now, that's big, and those will have a massive impact on us and I'm not downplaying them. But the majority of trauma is not -- I call it does not qualify for PTSD. The vast majority of trauma and emotional stress comes from something called developmental trauma, which means it happened before the age of 18. And it's almost always what we call relational or social trauma, which means it came out of our relations with our key caregivers, could be an authority figure, as well.

The interesting thing is the researchers have found, if you have developmental trauma, you're much more likely to develop PTSD in response to discrete events in adulthood. Okay? So what they found is, for example, the soldiers who go to war, and the ones that come back with PTSD that have trauma response to a discrete event. It's often a single event, could have been an assault, could be like I mentioned, like a Carsten. The group that developed PTSD are the ones who had developmental trauma.

And developmental trauma is all about your attachment relations. And this is where it gets it's much more of a blurred line about what developmental trauma is. A lot of people can look back in their childhood and say, “Well, I wasn't hospitalized. There was nothing that really happened.” But they might not realize they had emotional neglect. And emotional neglect is something -- it's not what happened, is what
So people can’t self report that either, but they’re the ones risk when bad things do happen, which inevitably they do, it’s part of life, they’re more likely to develop PTSD. So this is where I’ll just share some of the data so people get the idea about prevalence and the impact on health. Developmental trauma was studied a lot of it by a study called The Adverse Childhood Event Study. And it was a huge study by the CDC and Kaiser Permanente back in the 1990s.

Over 17 and a half thousand adults were surveyed. And they were asked about things like, did your parents separate or divorce? Did you experience physical, sexual or emotional abuse? Did you experience physical or emotional neglect? Was there mental illness in the family? Was there substance abuse, all these kinds of relational aspects? Okay. So first of all, 67% said yes. And probably that was that’s low because people didn’t know to start with; would you asked, like, do you have emotional trauma in childhood? You know, how many people could actually say yes. How would you know you know? How would you know how you should have been brought up, that’s part of the issue?

So this is hugely prevalent, and here’s the key things takeaway; of those people -- if you had a high level of ACEs, Adverse Childhood Events, you have a dramatic increased risk of seven out of the top 10 causes of death. If you had just four ACEs, you have a 400% chance of developing things in adulthood like depression, over 400% chance of developing Alzheimer’s dementia or the brain sort of elements that are becoming more and more prevalent.

If you have -- I got into this is if you have a high level of ACEs, you had a six fold increased risk of chronic fatigue syndrome and fibromyalgia, and those kinds of illnesses. Just two ACEs is 100% increase risk of autoimmunity in adulthood. And also if you had like eight ACEs, you have three times the risk of lung disease, a lung cancer and three and a half times risk of heart disease. The top two killers in the west.

So that is the data that everyone should know about, that fundamentally confirms that you cannot not consider your emotional well being and your upbringing, the more likely that you -- Unfortunately, you know, childhood is when we are the most imprinted. So that’s when things get set up. It sets up our stress responses in adulthood, which why I put so much emphasis on it. But that’s the date, which really kind of brings it home to people, helps people understand. Six ACEs, you have a 20 year reduction in lifespan. That was the ACEs study.

Dr. Schaffner: Wow. Every time I hear this just -- you know, brings this information. And it’s just so important to get this information out. And so you mentioned a few things. I just want to make sure that if people...
are kind of thinking, “Oh, maybe I need to look at this a little bit more. I've been struggling with my health and I'm not getting better and maybe this is the missing piece.” Can people take a score on their own or do they need to actually do that with a practitioner who can help them, guide them through that score?

**Niki:** It's a good question. I think people can start that. It is good to do that to just start with it. On my website, I have what we called an extended score, which is sort of taken some of the work from Professor Bessel van der Kolk, who's kind of the world's leading expert on trauma. He's the guy pushing out that we all need to learn about developmental trauma and how it's different from PTSD. And because the questions are superficial, you know, the ACEs study was a great study. It was an important study, it was a landmark study. But the questions are quite superficial.

But for many, at least, that starts the journey. The extended version I did is asks a little bit more difficult questions, which can be a little bit more upsetting for some people and in that society, and if it's kind of touching you in that way. But it's more like when bad things happen to you as a child, what they do to everybody who was there for you to take care of you. Who was there socially connecting with you and to make you feel okay when things happened.

So you know, who got you up in the morning? Who could you talk to when things went wrong when you were feeling bad? So it's kind of the more subtle questions. So it's just start with doing a nice questionnaire but know that there's an extended version. You can go to Bessel van der Kolk's website as well or mine, and see the some of the deeper questions as well.

And there's a lot more we can talk about. I mean, emotional neglect. I mentioned that one. It's just that's so epidemic. I mean, we are living in a time -- we talked about the standard American diet. I think the standard emotional diet -- you know, the standard American diet is awful statistics, the sad diet. The standard emotional diet, for most people is 100 times worse.

And these toxic emotions is unresolved trauma, this lack of self love that we're all carrying around with us without realizing it is speaking to our cells and our cells listening. And this is changing our biology, it's switching enzymes off. It's doing all kinds of things, this kind of screw up happening in the biology.

So yeah. I think, starting to become aware about your emotional state. That's the other key piece as well about mindfulness. We'll talk about that a lot more. The emotional neglect, we don't pay attention to it. We live in a society that overestimates the intellect at the price of emotional
well being. There is a book called Running on Empty by Dr. Jonice Webb. Everyone I recommend that book to they just go OMG. It really has a big questionnaire in that as well. It's another book that I recommend people look into, because it's still the way of getting to this more subtle type of trauma that you might not have realized you experience. So there are quite a few resources that I could recommend on that level as well. But yeah, that's another good one.

Dr Schaffner: And so you already kind of touch on our biography or our life experience in this trauma really become our biology. And there's a lot of science that shows us it's not a theory, it's actual science at this point. And so I really want to make sure people understand that connection. And as you're describing that too, I think it's important to also understand where these memories are stored in the body.

And you mentioned in the book, the body keeps the score. I always just use that as just even the title alone when I'm talking to my patients, because it gives us that kind of understanding and it kind of just resonates with patients. That makes sense that you know, our memories and our trauma are stored in our cells and our tissues. And we might not remember something but our body does, and can you just talk about some more?

Niki: Yeah. So that's a really good point. The time doesn't heal, it tends to conceal. So you might not remember you had trauma but your body does remember. The body keeps the score. It's exactly the book title by Professor Van der Kolk. So when we have this early life stress, the risk -- obviously that ACEs study was huge, and it triggered a lot of research. And what they found is that this early life stress, whether it comes from neglect, or whichever one of those things I mentioned, has a profound impact on the entire biology at the biochemistry level. So it will change the entire genome, the epigenetic expression of the entire genome.

Originally, the early researchers found that it was the glucocorticoid expression. So it was like oh, the way the body responds to stress. And that was all in the mainstream research, absolutely changes the epigenetic expression of the glucocorticoid receptors in the brain, meaning you basically need much less of a stress to have a stress response.

So you're going to be marinating in higher levels cortisol and inflammation and cytokines and all these kinds of things through a lifetime from the date the trauma started. Your genetic expression has shifted. So you're much more -- you've sort of become more wired for stress and more easily triggered. So they started with that one genetic expression change.

But of course, it's never one thing. The research is always looking for one
gene so they can find one drug. But no, the researchers came back and said, “No, it's the entire genome.” Everything that links across all factors, hormone expression, and association with psychiatric disorders. And immune system skews, across the board, increasing your risk of health issues, whether it was cancer, heart disease, or all the sort of top seven to eight illnesses are most common. So that was the one impact.

We also know we do have almost probably 30 years of the science of psycho neuro immunology now, which is that multi disciplinary mainstream study of psychology, neurology, the immune system and the endocrine system. And we know there's this profound connection between what's happening in your nervous system, the nervous system is perceiving whether we're safe or not. And how stressed we are.

The other side of the coin is the immune system will respond to what's happening in the nervous system. So absolutely, fundamentally, we know that when you're in a chronic state of stress because of maybe some trauma, you suppress the immune system on the one side, so we've come more prone to getting infections and so on.

And on the other side, it also creates more inflammatory responses as a skewed effect. The changes in hormones. We also now know that it also triggers what we call the CDR; the Cell Danger Response. So now we know that stress also switches off our mitochondria, switches off the cell from functioning properly, so it's not doing its job of producing energy and detoxing. And things like the cell membranes get thicker and shut down.

The cell danger response is like London during the Blitz in the Second World War, like, go into protection mode, is defense mode. So we've sort of -- it's an expansion of understanding the stress response where everybody used to just think the fight flight response. Now we know it's a genome, everything and the cellular response. The stress response is much bigger than just talking about cortisol, for example. So that's kind of a bit of a summary of what's happening at the biochemistry level.

But then there's also the neurology and it's interesting that a lot of psychologists actually think that trauma and memories, sort of it's in the nervous system. So I'm like, okay, if we cut up the neuron, and search for the memory, you won't find it. I promise you won't find it. But there's light with the biochemistry, trauma leaves an imprint. So it definitely is changed the -- so for one thing, if we are in that chronic state of stress, we build new neural pathways in the brain, which will wire us. We have a brain wired for more of a stress response.

It's like we're stuck more in that reptilian kind of acting out immediate response of stress, rather than having a kind of calm, relaxed state of being. So we get stuck more in this kind of sympathetic stress response,
or the response to trauma, we can go into collapse mode, which is like the free state, as well. So the neurological impact is profound as well. So the nervous system is changing, the biochemistry is changed.

But the most interesting thing is the actual memories themselves, like they're not in the neurons. So where are they stored? And what's very interesting is there's kind of leading neurologists and the latest theory is suggesting that the memories are probably stored in the electromagnetic field created by all the neurons firing together in the brain. So this is where we get into physics and biophysics in energy medicine because we want to --

When we start thinking about correcting and healing trauma, we will need a multi layered approach. So we want to correct what's happened to the biochemistry, we want to help stimulate the right part of the vagus nerve and start rebalancing the brain and the nervous system. But we also need to release this trauma memory from the energy field.

And it's so interesting on this biophysics summit that if we look at the frontline conventional intervention for trauma for PTSD, as well, is something called EMDR, which is Eye Movement Desensitization and Reprocessing. That's conventional frontline treatment. And it's really based in the idea that we have meridians and sort of the traditional Chinese medicine kind of principles, the same as Emotional Freedom Technique, or it's this mental field therapy, whichever you want to call it, these energy psychologists. So these energetic interventions, we could talk about more of those types of things, are some of the most profound.

I have a technique I use called Matrix Re imprinting. So it's not only do we release -- EFT and MFT and things like that will release the stress related to those memories. But we can also re imprint the memory to imagination as well. So we want to work at all levels to heal trauma. And really I think the root cause of trauma is at the energetic level. So if you can clean up the biochemistry, you can rebalance the nervous system. But if you don't address the energetic level, it won't clear completely, or you may not be able to hear it at all, or the things you do on the neurology and the biochemistry won't last. You'll get some improvement and you'll go back again. We'll go backwards again. So it's very interesting topic.

**Dr. Schaffner:** Absolutely. And you know, we've seen that in our practice as well. You could give people the supplements all day long and if we don't address these things, the body may be stuck in a holding pattern or not be eliminating properly. Once we kind of address the trauma piece, the body starts to move and things start to flow, if you will. And so you know this is just fascinating to hear. And also on that, and many people might have gone through talk therapy, and well, that is
absolutely an important part of the healing process. It might not always heal or help people really recover and really heal on the profound level that they want. They still kind of keep cycling in that pattern.

And so, to break down some of all these fascinating things that you're talking about, Niki. You mentioned one thing that just fascinates me how they found that trauma or these memories can be held in the electromagnetic field of the nervous system. And can you just share a little bit more about how that was discovered or how they even measure that, or bring that to life or break that out of someone's just like, Oh my gosh, what does that mean?

**Niki:** So it was called Karl Pribram, I believe. He was -- I think was a German neurologist, a very highly qualified individual, highly respected. And he was the one who first theorized. He theorized and said, “Well, the memories just they're not in the neurons. We can't find them anywhere. No one's found them.”

So he's the one who first said that. And what's very interesting -- I wish I'd got the paper reference now, there are papers coming out. There was a recent one that was super where they literally found that the brain -- they were so shocked; they said, the brain is communicating wirelessly.

We chopped a neuron in half and like the communication carried on. I have to maybe send you that reference and you'd include it in the link below. It was a brilliant paper. It was mainstream published paper and it kind of hit a lot of the science publication journals. And so it's absolutely what was first we thought as a theory, mean it's not in the neuron. So you know, we can't say it's anywhere.

So that was the best theory we have. Now, the empirical research by mainstream researchers is proving that this is true, that we have -- Imagine a kind of it's like a wireless network that's instantaneously communicating.

And it's not going across neurons, it's actually communicating, probably at -- yes, even beyond maybe information rather than even electricity. So it's informational communication happening. And you know, this would make sense with what we've always known about with Chinese medicine and the type of you know, the meridian communication. If you can conceptualize and think about how meridians are sending information across the entire body through communication, like a fourth circulatory system. The energy fields of the meridians are kind of sending information that tells the biology what to do; is actually a control level, it's almost like a blueprint.

And the DNA itself is not enough. This information from the field is actually the master controller to tell the DNA. The DNA is just like a
library that has all the pieces in it, and it has the blueprints, but it's looking to the energy fields, like what do you want us to produce here. And then the energy field tells that to the DNA, the DNA gives the blueprint and the protein start to be produced.

So you grow things and repair things, or whatever it may be. So this energy field I think it's the ultimate root cause of the most -- root level that you can work out. And yeah, it's absolutely fascinating. It kind of backs up what so many of the kind of subtle energy field, energy medicine people have been saying for years. And so yeah, we'll share that paper as well, where the mainstream researchers are going, wow. And it's like, yes, we all knew that. We all know that right. We were just waiting for them to catch up. It's always the way but they are doing, so yeah.

So consider that like a wireless communication going on that is not dependent even on the physical neurons, which is amazing.

**Dr. Schaffner:** And that's a common theme that a lot of speakers have been talking about; how the field informs our biochemistry. And so that just kind of turns everything around of how we look at medicine and healing in the body. And I think it's also a really unique point with what you're saying about the brain, because many people who might have anxiety and depression.

**Niki:** Well, yes. And that's so interesting, because -- you know, the one hand there's a place for it. There's a time where we do want to work at the biochemical level, but we also some of the best treats like pulsed electromagnetic frequency is a brilliant -- turning out to be a great sort of electromagnetic intervention that's happened. For example, reversing and treating treatment resistant depression. So that speaks straight to the idea that it's this field, that we can change things at the field.

And in EMDR where we're just moving our eyes and sort of breaking energetic patterns, and then the person heals, that's the proofs in the pudding that these things are actually working. You just changing the electromagnetic fields, changing the waves, and that's changing the biochemistry. So there's still a place for working at the biochemical level, but some of these sorts of electromagnetic level interventions are proving to be really profound. And the energy field is so where the mind and body that you -- everything's made of energy.
So that's the place where all that -- we've heard so much about mind body. But now we know that this field is what kind of brings the mind body together. It has everything in that field race. It's the blueprint for the biology, but also all your thoughts and memories and how you're feeling and your history, including your intergenerational history, which we haven't mentioned that as well.

But the whole intergenerational trauma that we don't just inherit the genes of our parents, we also will be inheriting the imprint on the energy field. So we pick up the imprint on that energy field as well. So it's another source of how we can be expressing symptoms of anxiety, depression or trauma and kind of look back in our own childhood -- exactly explains that. What about your parents? What about your grandparents.

So that's another thing to consider when people start assessing. Also consider your parents experience and your grandparents as well, because trauma really inter generationally inherited. And the Holocaust victims and some of those studies have shown that as well, which is another whole area, isn't it? Yeah, so it’s kind of key, consider that as well.

Dr. Schaffner: Yeah. I'm glad you mentioned. Dr. Klinghardt does family constellation work which is another tool that just really acknowledges that you know, unresolved trauma passed out from generations and affects our epigenetic expression. So I definitely think that's really relevant to just share with people.

And again one of the exercises in that work is creating a genogram looking kind of three generations in your history. And just noticing you know, what comes up, have people been divorced, whether they're part of the Holocaust, was their suicide. You know, all of these things and that could be a factor in your health and in your body. So I'm glad you're sharing that on, Niki. So you mentioned kind of your own tool. Did I get it right; Matrix Re patterning or?

Niki: Matrix Re imprinting.

Dr. Schaffner: So can you just share what that really looks, like on level, what you're doing with people when you're going through that system.

Niki: Yeah, that's an interesting energy psychology process. It's something that was based originally on EFT; the Emotional Freedom Technique. And it to me, it was like a bit of the missing piece because a lot of these things like EMDR, EFT, and so on; what you're doing is you're taking the trauma out of a particular memory.

So it certainly calms that side of things down. But you still got what I call
the attractor field, you still got the memory imprint there. And so you can still start attracting into your life, you know, maybe negative people because there's trauma that may have caused lack of self love. You've got a self love deficit, so you keep attracting people who don't treat you well, for example. So if the memory is still there, it still can be causing some havoc. So we not only want to take the stress out of it -- that will be EFT in that level, but how about like taking that route out and actually really re imprinting it.

The way you do that is you actually use imagination. And you would work one on one with somebody and take them back; it's often back to the original incident that was traumatic. It's also happening in other Western psychology, they don't call it matrix re imprinting but they're calling it something else. It always happens in psychology, doesn't it? Everyone is kind of doing the same thing and calling it something slightly different. But it's really powerful to say for example, go back to an early incident. And actually imagine the process of you getting completion or getting into a safe space or pushing the person back who might have been doing something to you that was traumatic.

So through imagination you go back. You might have been a child, maybe where they were being treated too harshly. And you can actually go back, you connect with the child self through the imagination. And you ask the child because you're going to connect that part of you, a bit like parts therapy as well.

And you ask the child what would the child want to do in this situation because now you've got unlimited potential because you're in your imagination. And it's really profound. I love matrix re imprinting. So you can actually get completions in sense the child might want to certainly bring in a protector and so they can't be hurt or say stop or can be taken out of the situation. So what happens is you actually are re imprinting and changing sort of what happened in the past. And if we think about maybe time doesn't exist anyway, you're actually healing the past, never too late to have a happy childhood.

That's the idea behind matrix re imprinting. So yeah, to me, that's the next level. I'm seeing other like attachment therapists have been using a similar kind of process where they actually do take people back and they bring in a support person to help them through imagination. And the support person is there in the situation that may be very traumatic, is many different things and tools that you could use, but that's just a tool that been really great. I love that. I can see other people bringing that one in as well. But yeah, that's just one of quite a few different things that you can use.

**Dr. Schaffner:** I know that's fascinating and it's amazing. And I think that's a great point. It's empowering. And even though we have this past
that is traumatic, we could rewrite the story and change your response, you know, to what we've experienced. So that's fascinating, and I think that's really empowering. Niki, what other tools do you use on this kind of more energetic level when you're working with people or have worked with people in the past to help heal them?

**Niki:** Yes. So there's a whole range of things. One thing I wanted to mention because it's quite practical and accessible is you can't talk about trauma without stimulating the vagus nerve, like talking about the vagus nerve. The vagus nerve is so important; the nerve of compassion, the nerve of social connection. That is the parasympathetic side of your nervous system.

And if we talk about a particular part which is what we call the ventral vagus nerve, that's the rest to digest, detoxify side. And when we stimulate that, amazing things happen. They've electrically stimulated the vagus nerve and within eight weeks of curing people with severe autoimmunity. So the vagus nerve has got a whole lot more that it does than we realize. It's the switch that switches off inflammation.

So when we stimulate the vagus nerve it's having this profound biological effect. It heals the gut. It makes sure the tight junctions between the gut cells are nice and healed and so on. And interestingly, when you have a high vagal tone. And it has been proven in the literatures in the mainstream research it's associated with being in an uplifted emotional state.

So when we do things like gratitude journaling, or loving kindness meditation, they've scientifically proven that increases the vagal tone, means the vagus nerve is more stimulated. And we also we know this is where the mind hits the body. You know, this is where the rubber hits the road with mind body medicine, because when we do those things to stimulate the vagus nerve, we now know that also does things like switch off inflammation, heals the gut and all the other things that this vagus nerve does.

So it's sort of foundational that we want to be doing things on a daily basis as part of a lifestyle design protocol to stimulate our vagus nerves. And the good news is there's lots of ways to stimulate the vagus nerve. So anything which you look in the science, which raise what's called heart rate variability; HRV.

There are so many studies. I've mentioned a few meditation, deep breathing, Tai Chi, yoga, fasting. There's some other things like that; green vegetable juices, always heart rate variability, essential oils are fantastic. All of these things one way or the other are used to sort of help people raise their heart rate variability.
And you want to be doing these on a daily basis so that you can create what I call like a miracle morning. And I choose like maybe four things that you do in the morning that will just put you in that space. So you might do if you only got five minutes, then just do those things for a minute. So maybe you're doing some meditation, maybe you do a bit of stretching and yoga, maybe you do a bit of breathing exercises, and then maybe you do some gratitude journaling.

And so you're setting the tone for the day. So these are part of lifestyle that I get everybody -- this is what I would want everybody who's got kind of suffering because of trauma to start doing on a daily basis. And it's something we all need to do for life; is like sort of eating vegetables. Like, how long should I eat vegetables to be healthy? Forever, the rest of your life. Well, that's like vagus nerve stimulation as well.

And there are some interesting sort of machines and electrical devices that are coming out to watch out for. There was actually one that's called the PONS device. And The Brain That Changes Itself was, in fact, bestselling book by Dr. Norman Doidge, he's a hero of mine. Those books of his are fantastic. He talks about that device which does actually -- it's the device that you put on the tongue and it stimulates the vagus.

Now the only thing is that probably it's awaiting FDA approval, I think. And it might be prescription only, but know that you have about 40 different ways of stimulating the vagus nerve. Did I mention for intermittent fasting, cold showers, exercise, all of these things. so they need to be brought in on a daily basis. I will just mention circadian rhythm management as well, just because it impacts so much and it's part of this lifestyle design.

I spent a lot of time working with people on lifestyle design because it's simple things. If you've got some kind of illness, if you've got health issues, you know go to bed at nine to 9:30. Be disciplined go to bed early, don't eat three hours before bed. These are all signals to the clock genes that are saying; is it night or day? And that information goes into the brain. And then the brain switches on or off all the hormones on a clock time basis. And it's taking signals from the environment about timing.

And it's time that you eat, your activity. There's temperatures also a factor but sunlight is the one of the biggest. So that's why you kind of getting the blue blocking glasses, get the screens out. And if people just did circadian rhythm management, vagus nerve stimulation every day, and made sure they have a diet that is managing blood sugar. Those things, you can eliminate so much anxiety and depression just by bringing in those kinds of foundation things.

And these are the -- they may sound basic, but they're the pillars
upon which you build the other things that you do. So these are the foundation lifestyle factors, which practically and hopefully people who have taken some of them -- if people actually did what I just said for 30 days, they would be different people, but they're not doing it right now. So just to help people that there's some practical things you could do, doesn't cost anything either.

So start with that. And then you could build the more targeted support on top of that too, but you need the foundations in place. And that's where some of the other tools that I use; I mentioned matrix imprinting, kind of EFT I use that a lot. I do some process of neuro linguistic programming, a stop process NLP. That's for when there's a lot of anxiety and the amygdala is really over sensitized.

And we might be having chronic stress responses to maybe our own health, maybe to our own symptoms. So I do teach that a lot. It's for people who've kind of in a state of limbic kindling, like they're having a trauma response to being ill. And that's part of the picture what's going on with chronic fatigue, for example, chronic fatigue syndrome.

So that's another tool. And I was going to mention in terms of different tools. I mentioned PEMF devices as well, like Pulsed Electromagnetic Frequency. I've got a video of just using a PEMF devices with a million dollar bull that is completely angered, turned crazy. And they just hold the PEMF device a few inches away from its forehead within minutes, 30 seconds the bull is calmed down. It's a proof that it's pulsed electromagnetic frequency. You know, our emotional state is in the field.

So that's important too. And that's the type of homeopathic type remedies; they are worth also talking about, because they also impact the emotional field. They're one of the few things in water, if you like that, you can take. This is fascinating. So the research about -- I should have mentioned this at the beginning about where memories are stored. I'm almost 100% certainly the other place that memories are stored is in the water in our body. Because there is so much more to water than we all thought.

And it looks like the electromagnetic and magnetic information can definitely get stored on water. So this is also -- we store our emotional states and emotional inflammation in water. And what's very interesting is you've got this plant medicine movement happening around things like Ayahuasca. And there's research going on all that. Bessel Van der Kolk recently, he was talking about ecstasy and he's researching that. You know, so I'm not saying it to be out there.

One of the things that the shamans have said for thousands of years with Ayahuasca, for example, and some of my friends who are learning with the shamans right now; the shamans will tell you that when people
do these ceremonies and they take this plant medicine, they have an emotional release. And they feel they're completely emotionally different afterwards. They can heal things like PTSD. The shamans are saying that the release is happening.

What happens in Ayahuasca is you purge, so you vomit. A lot of people, you'll get loose stools, you'll urinate. And the shamans have said, it's through that release of the water where the toxic emotions are stored. So they're saying that the music actually triggers the shaking up of the cells. The music is very important in the ceremony, and then the release is actually the release of water.

So that is why I do think the other fascinating thing about what we've always thought about homeopathy is that it impacts the emotional body. You can be emotionally different from homeopathy. And that's why we've got Harry Massey on the summit, and he's using his NES, Nutrient Energetic Systems, which is sort of a bit like the next generation of homeopathy. It's not quite the same as homeopathy, but it's still information imprinted on water.

And I definitely use those two, so you could take what -- he calls them infoceuticals. He created the name infoceuticals. And they're just like little bottles of water that have been imprinted with information that you just take the drops, and they enter the entire field of your body through the water and the energy field. And imprinting was giving the body new information that will cause a release of old negative beliefs, imbalanced emotions as well. So the water piece is good.

I'm glad I remembered that, that's like a key thing about where memories and stuff is stored. I think it's been a revelation to me to learn about that and then find a confirmation through ancient plant medicine practices as well, how fascinating. And that's the other reason why I use that system. And sometimes people just have very intense dreams and memories coming up when they're taking infoceuticals. And you just have to coach them through the fact they just really things -- that they're wrong. Don't have to worry about anything, just be with it and let it go. Let what comes up come up.

So yes, and sometimes we might add in something as well. So if someone needs a little bit of extra help to release something, because maybe in-pursuit calls stirred it all up, or maybe an old memory came back and then we might bring in a tool. But sometimes people just doing infoceuticals will have an emotional release just like that, or just clear things through that for no reason they'll feel depressed one day or they'll feel sad or they'll feel like crying.

And it doesn't have to be negative emotions either. Sometimes it's other things or just memories from the past will come up and they're just
clearing through. It's just emotional release. So that's sort of I think a really important and fascinating area for healing trauma as well.

**Dr. Schaffner:** Well, absolutely. And we have a few speakers talking about water; and everything from Gerald Pollack talking about exclusion, some water. And this whole idea of deuterium depleted water and hydrogen water. And Jason Prall actually, he talked a little bit about plant medicine and, you know, the sound and the healing that happens. And he talked a lot about his personal experience with kind of this release of toxicity in his body and how that helps him. And so we're all interconnected.

And you know I see it in the office, as we've shared in -- Dr. Klinghardt has kind of a framework he calls it The Klinghardt axiom. He says for every amount of unresolved trauma, there's a stored amount of toxicity in the body. So as you remove trauma, you remove toxins out of the body. And as you remove toxins, you need to remove trauma. You know, it's this whole inner connection.

And so really it's always been when we are all doing this from different perspectives, but coming up with the same information. You know, our clients and our patients are teaching us every day.

**Niki:** Yes, that's absolutely fascinating. That Klinghardt's axiom, I've lived with that. And it's a long time, I had a huge impact what he said it was spot on. And it was so good also where he says, this is also useful for people to know. Like, sometimes you'll go so far in the biochemistry that you're doing and maybe just hitting a wall, it's not going anywhere. Change modality, go and try some energy medicine, or maybe do something at the nervous system level. And then come back to the biochemistry and you might find that it opens and it works again.

And so you sort of -- a lot of it is about being in tune with your own body, listening to your own body and following HQ. And yeah, I think that's really key because people go well -- there isn't a fixed protocol. There isn't a fixed protocol for clients. There's only what their body is communicating at the time and the direction that we go if we're listening and tuning into the body.

So yeah, it absolutely fascinating, but the cutting edge we're talking about solutions out there, and making a big difference to people. That's so good that you've got press job. John Paul I call as well, is so good. So yeah connects with everybody, Jason also. In fact it was Jason who told me about the high risk in the water release.

**Dr. Schaffner:** Absolutely. Niki, you're just such a wealth of knowledge. I could pick your brain all day. Is there anything else that you're like really excited about or something that you're really exploring on your own in
your own work right now that you want to share with us?

**Niki:** I'll just give a last shout out to -- maybe Jason touched on this little bit as well, but music and sound therapy. I think he's going to be tremendous in the future as well. It's catching on now. But I think it's a modality that again, has been sort of underexposed. I create a lot of meditations to help my clients as well.

And I always put it in the music's critical. The music is working on so many levels that we probably haven't fully investigated yet or realize, but you know, it's totally frequency. Medicine is totally to do with waves and the electromagnetic level again, and we are at our core electromagnetic being. So it's like Pandora's Box. We've got all these amazing things where we need to move beyond the biochemical only paradigm. And you know, we were sort of fighting the pharmaceutical kind of predominance and all that, and they're going to try and poo poo everything.

So I've got clients right now who want to become health coaches, and they're thinking, should I go down the energy route? Or should I go into functional medicine? I'm like, I love the energy side. I think it's the future of medicine. I think it will be and it's gone beyond its usefulness in terms of how much further we can really go with biochemistry. We've gone probably as far as we're going to get.

I think the major breakthroughs are going to come through -- is to look to the energy side, whether it's sound, light, electromagnetic frequencies, energy field and the intuition and our own consciousness. That's the last piece you could say like, probably bet there's nothing more powerful than your own consciousness, like the consciousness of the human. The body knows how to heal itself, the power of human intention.

I think that's all what I always come back to, your consciousness itself, which is not anything. And your thoughts and beliefs have this profound impact on the biology. So yeah, you actually have your biggest tool with inside you right now, which is your own awareness, consciousness and intention, and positive visualization and belief that you can heal. Let's not forget that because that's all electromagnetic actually is as well, isn't it? As energy medicine again, but I think that is my thing I'm most excited about, actually.

**Dr. Schaffner:** There you go. Absolutely. I know this is just such an exciting time. And I'm totally on the same page with you. And I think that -- I feel these tools, everything you just mentioned, a lot of people can feel a physical effect that they feel, chip in their body quite quickly. And it kind of defies sometimes the slowness that biochemical interventions need to take and to work in you know, many of our clients. And I'm sure
both of us seeing people, we've seen a lot of people who've been sick for a long time. And these types of modalities can speed up the healing process. And you know, what more do we want for people than that, right?

**Niki:** Yes, absolutely. And thank you for doing the summit on this topic, which really help educate people about what’s available, because it’s awesome.

**Dr. Schaffner:** Well, thank you so much for being on the summit. I’m just so grateful for your time and connecting with you. And Niki, how can people work with you or learn from you? Where do they find out more about you?

**Niki:** Yes, people can come to my website, that’s the best place which is nikigratrix.com. And yeah, I've got some free beers and interesting material on there. So there is actually an A school that you can do. And I've got the extended one if people want to use that. Actually I do run an online course, which I’m just about to launch.

And I think by the time this summit is out, there will be a free master class training that people just go and to have full videos and kind of learn the basics. Actually, some of the things I mentioned about vagus nerve stimulation, circadian rhythm, blood sugar control, this kind of thing. So go and check out and see what will be up there when this summit comes out. That’s my website. There should be some freebies and interesting stuff on there.

**Dr. Schaffner:** Great. Well, thank you for all the work that you’re putting out into the world, Niki. And it’s just a pleasure to get to know you more today. So thank you.

**Niki:** Thank you, too. Thanks so much for having me.
Past Trauma on a Physical Level
Guest: Keesha Ewers

Christine: Dr Keesha Ewers is an integrative medicine expert, Doctor of Sexology, Family Practice ARNP, certified trauma informed therapist, a certified death doula, is board certified in functional medicine and Ayurvedic medicine, and is the founder and medical director of the Academy for Integrative Medicine Health Coach Certification Program.

She is also the bestselling author of Solving the Autoimmune Puzzle: The Woman’s Guide to Reclaiming Emotional Freedom and Vibrant Health, The Quick and Easy Autoimmune Paleo Cookbook: Anti-Inflammatory Recipes with 7 Ingredients or Less for Busy People, and Your Libido Story: A Workbook for Women Who Want to Find, Fix, and Free Their Sexual Desire.

Welcome, Dr. Ewers, I’m so excited to have you on the Summit today.

Dr. Ewers: You can call me Keesha and I’m so excited to be here.

Christine: Well, you are just a wealth of knowledge and I know that you have so much that you can share about this topic. But before we dive in, I know you have a personal story that probably resonates with a lot of our viewers. Can you share a little bit about your personal journey and your struggles with autoimmune illness?

Dr. Ewers: Yes, you know, you probably have one too. I think that 99.9% of people in our world actually have a story that brings us to this way of being, right? So, for me that’s also true. I always say when I was a baby nurse when I was nineteen, I went straight into this high intensity medicine of intensive care unit, life flight, and things like that. And you know I loved my high adrenaline junky life. And then, I was raising four kids and I was training for marathons and running them. And then, when I was thirty at some point one day I woke up. And this is how my
patients always describe it too. All of a sudden, I got sick. Of course, it wasn’t all of a sudden. But you know it was sort of like someone had unplugged me from the wall and I had ten pounds of puffiness overnight that was all over my body. My joints were red and inflamed. I was exhausted, just completely annihilated.

I got in to see my doctor. And I was diagnosed with rheumatoid arthritis. And in the process of the history taking, when she was looking through my lab work and everything. She said, “Do you have any family history of autoimmune disease?” I said, “Yeah, I think my grandfather had RA. And was wheelchair bound with it.” And she said, “Well, it looks like you have drawn the short end of the genetic lotto, my dear.” Close the book, put it on the shelf, here are two prescriptions. One is for Methotrexate and one is for non-steroidal anti-inflammatory drug.

And when I said, “Oh, okay. Like is there anything else I can do? I'm really disciplined. I make my own food. I exercise regularly. I'll do whatever.” And she said, “No. None of that has anything to do with this. It's genetic.” And so, unfortunately people are still being told this. I'm fifty-four today. And the same exact regimen is being handed out across America with that same messaging, right? And you know, what really stood out to me was, when you get worse, not if. Come back. And we will up your meds and probably change the class of meds that you will be on.

And I just remember driving home thinking, “There has to be a different way than this.” You know, and this is my model of medicine. I didn't even know another one existed. So, I went into PubMed and I started looking around for other ways. And I came across this research article that looked at yoga and autoimmune disease. So, the next morning I was in my first yoga class.

And you have to remember, in those days, there wasn't a yoga studio on every corner besides Starbucks, right? I remember calling up my running partners going, “I'm going to go to a yoga class tomorrow. I don't even know if I know how to touch my own toes.” You know, because my legs are so tight from running. And I've never hung out with people that chant before, I'm nervous. I was so conservative, so conservative. I wouldn't have known an herb if it had bit me in the butt.

Christine: Look at you now, right?

Dr. Ewers: This yoga teacher actually mentioned this word that intrigued me enough. He said, “Ayurveda.” He said enough that I went back home and went onto my dial up modem computer once again. And looked up Ayurvedic medicine. And you know, it was kind of like the clouds parted and the angels sang. Because it explained so many cases that I'd seen over the past decade that we called idiopathic heart disease, idiopathic this, and idiopathic that. Which I used to say, “We're idiots and we don't
know. This is what idiopathic means, right?"

And I really started understanding this idea that you can match a drug with a symptom and expect to have standardized medicine assumes we are standardized people. And Ayurveda just kind of opened this different way of thinking to me that was so revolutionary. And I know that it sounds kind of silly. But it was we are all different.

And actually, we are not just our physical structure. And that's why when you see somebody have a paradoxical effect to a medication, it's because we're not all the same. And so, it really made a ton of sense to me. And as I delved further and really started studying Ayurveda, feeding, watering, and taking care of myself the way that my particular metabolic and dosha type is. I started seeing changes.

And the other thing of Ayurveda, as I went further into it said that, “Autoimmune disease is undigested anger.” And I remember when I read that kind of going, “I'm not an angry person.” I was this consummate people pleaser. I had to have everybody like me. And I had to make sure that I was caregiving everybody. Which is exactly true. What I've come up with and my own paradigm now is that everybody with autoimmune disease has three P's. One is they are people pleasers.

Another one is they are perfectionist and I have some degree of that. And another one is that they have more pitta in them, which is in Ayurvedic medicine, more fire. Which means they're more judgmental usually towards themselves and hold on to hurt and anger.

And so, you know, these three P's were definitely present in me. And so, I thought, “Okay, you know, I need to go after this.” And so, I had learned how to meditate. And I was meditating one day and this word autoimmune was dancing in front of me. And I started really looking at it and I thought, “Autoimmune, that means I'm killing myself. And there's nothing outside of me to blame.” You know, because we are always looking for the hidden infection. We are always looking for something outside. And I thought, “You know what, this is actually committing suicide in a societally acceptable manner. When is the first time I wanted to die?”

And that became this very pivotal life changing question for me because I didn't want to die. And I had a very happy life. And I thought somewhere in here myself got that messaging and are just following through. And that's what I got intuitively. So, I started going backwards in my meditation to when's the first time I wanted to die?

And I found this ten year old little girl version of myself who was being sexually abused by the Vice Principal of my elementary school. And I went, “That.” And I just started looking at her and I thought she wanted
to die. Like she didn't understand what was going on. She had no words to tell people. And she really wanted out.

And so, we now know from a large cohort study called the Adverse Childhood Experiences Study that it takes anywhere from ten to thirty years to really develop a full blown autoimmune disease. Mine was twenty years, like I had a turkey time in that just went, “Ping, you’re done. You now have this beautiful disease that’s going to wake you up. And start getting this going.”

I started going after that trauma, really healing that, rewiring my brain, reframing my story, my beliefs, activities in life, and how I was with everything. And within six months, my RA was gone. And I never took any meds.

So, you know, this was really powerful. So, I went back to school and I started doing what I do today. Because I was doing a lot with end of life and I thought that kind of medicine in our culture is really good. Hospice is fantastic. And I thought this idea that you really address all of these areas of life only happens when you have a terminal illness in our culture. So, I went back to school to start putting it on the front end. And that's what I do now. So, it's such an incredible road shift, right?

Christine: Absolutely. Thank you for sharing that powerful story. And I know, you have so much to offer us. I work with Dr. Klinghardt who is also a cohost on the Summit. And we have this conversation that we are more than our physical body. And it's the whole goal of the Summit, right? In our framework, we look at the physical levels, the energetic, metal, intuitive, and spiritual levels of our health.

And you really touched on already this kind of emotional trauma that you had as a young child. Can you just share a little bit more, I know you touched on it, but I think this could ring true or resonate with someone out there who is listening. How does our past trauma really affect us on a physical level? And a little bit more about the Ace Study?

Dr. Ewers: Yes, absolutely. So, this framework you just mentioned is actually a 10,000 year old framework that comes from Ayurveda, right? And it's that we have these five layers. So, when we are traumatized when we are children, I did a Hurt Study. It's called the Healing Un-Resolved Trauma. I did a study when I was in my doctoral program. And what I was looking at was the female sexual desire. Because I was having all these patients come into my office asking for bioidentical hormones. But when I started asking them really easy questions like, “Why do you think you need hormones? And then sure we'll do the testing, but like what's happening for you?” And then they would say, “I have no libido.” And then I would follow that up with, “So, when's the last time you had a
libido you were satisfied with? There would be tears. “Like never. Or five years ago my spouse had an affair and I have forgiven him. But I don’t want to have sex with him.” And I would say, “You know, progesterone and estrogen aren’t going to fix those things.”

I went into the medical literature and I couldn't find anything that actually supported what I was seeing anecdotally in my space. And so, I went back to school to do this study. Here is what I want to start this with. Everybody has trauma. Everybody has trauma. There’s no one person in the world that doesn’t have trauma. And so, if we start with that assumption being true, we know that there are a couple of different kinds of trauma. One is capital “T” trauma, you could say, which is sexual abuse, domestic violence, verbal, psychological abuse, neglect of all kinds.

But then there's also any experience of rejection which you could say is a lower case “t” trauma perhaps. We are finding in MRI scans today, people that report chronic overwhelm, they are stressed, actually have the same brain changes, which is shrinkage in the prefrontal cortex as someone with PTSD. So, lowercase “t” trauma and capital “T” trauma are having the same impact on the body. So, you can't say, “Well, I wasn’t sexually abused, so therefore.”

It's actually everybody has trauma. And when you think about it in that way, and you say, “Okay, in tribal days, if you were rejected from the tribe and you were put on the outside of the fire light circle the saber tooth tiger could eat you.” And so, rejection, we are wired to experience as a big trauma. And who in children has not been rejected at some point. When you think about that, one day you have three girlfriends on the playground. The next day, they rejected you for some reason. You can't understand it. And it's traumatizing.

So, there are all kinds of those kinds of experiences. And so, what I found in my study after I started mapping brains and looking at this, is that you have this initial experience with an undeveloped prefrontal cortex. Your brain’s not fully that adult or executive function about how you control your impulses, what you’re going to put on your fork, what you’re going to drink, how you spend your money, who you hang out with. That part of your brain is not fully developed until you’re twenty-six years old. So, before twenty-six, you have this initial experience of anxiety, hurt, betrayal, or rejection. Some kind of trauma that you can't understand because it's a fresh experience.

And if you don't have by your side at all times a well attuned, developed caregiver that can help guide you through that. And we don't all the time. Then you're going to make up a meaning about it. And whatever that meaning is you will carry into adulthood until after your brain is fully developed. You go back and reinvestigate it. So, you have a
meaning that you make up and then you have a belief that's created from that. And from that you create an adaptive behavior.

So, I'll use myself as an example. On ten years old, the intercom goes off in the corner of the classroom as it does for the Pledge of Allegiance every morning. And sometimes to call me to the principal's office. And I don't know when that's going to happen, right? And so, I go into panic every time it crackles to life like Pavlov's dog. So, instantly my nervous system goes off, my fists clench, and I go into a fight or flight response. That then from the meaning I get, this Vice Principal was telling me if was because I was a bad kid, white trash. And so, you know, this is happening because of that. So, the meaning I make is I actually have to be perfect to even survive. So, I'm so perfect.

And then the belief that I create is I have to be perfect in the behavior that goes with that is going to be perfectionism. So, at the age of thirty after trying to spend ten years raising four children perfectly, trying to be perfect at my job, trying to be perfect wife, perfect person. My body said, “I'm out.” Because every single time someone pushed a button that made me feel imperfect or not good enough, then I would go straight back into that same autonomic nervous system, sympathetic nervous system response. Into fight or flight.

And so, that's what happens is it's like you get wired with a button in your body that in adulthood people then come along and they can push. If you are not aware of it and go in to deconstruct it. So, that's how that works. And that requires and is in the Hurt Model that came from my researches. On one side, you've got this model that is not examined. So, it's an unexamined life. And you will have the inability to self-confront. So, you're always blaming and shaming something outside of you. “It is always my mother's fault. I was sexually abused therefore.” And that way of being in the world will just led to illness. It's automatic negative thoughts, rumination on past hurts, it sends you back into sympathetic nervous system response. And you just keep going and it causes disease and a lack of sexual desire. Because if you are in fight or flight, if you are a zebra that is being chased by a lion and you think you are going to get eaten all the time, that zebra knows that it's not safe to stop and have sex, right? It's not safe to reproduce. Because you can barely keep yourself alive.

So, you're very wisely wired to not have reproductive hormones available and desire for sex when that's happening. As well as digestive stuff and all the rest that goes with that. On the other side of that model is the willingness to self-confront. To say, “Okay, everywhere I go, there I am. This keeps happening and there's a pattern present. I need to investigate this.” And then you can start doing work that I have several different methodologies I use. And then if you can't get through them,
then you actually have to do trauma healing work with like EMDR, or brain spotting, you know, rewiring your brain. I had to do all that.

Eventually that will lead to this forgiveness process. That’s actually more than just saying I forgive some person in a pew in church, you know. It’s so much more. It’s finding the similarity between the two of you and seeing that, “Oh, I have the same ego characteristics as everyone else on the planet. Whatever I feed the most to grows strongest.” And so, you get this ability to actually see in your persecutor and say, “Okay, now I understand what the teaching is.”

You don’t have to reconcile with them if they’re not safe. But you can forgive them, and you have to if you’re going to get better. And from there can come gratitude and appreciation for life. Which actually puts you into parasympathetic nervous system response. Which is life supporting. So, it’s that ability to move into a different way of being in the world, out of judgment, blame, and shame.

Christine: That was so articulate. Thank you for sharing again your personal story so that we can all see these themes and patterns come to life. As I reflect and as we move through this. As we both see patients all the time, you know, it’s our bodies I always think are these barometers. Our bodies naturally want to heal, and I think there’s this natural movement towards compassion, forgiveness, gratitude.

But you know, life gets in the way, right? And so, if we can reframe our illness and our symptoms as our body’s just really wanting us to heal on a deeper level. There’s just this whole greater meaning that becomes evident. And having an autoimmune illness, if you don’t have this perspective, it can be very disempowering. You went to the conventional medicine, they said, “It’s just your genetics.” And you are reflecting that you can’t trust your body. There are all these other emotions.

Dr. Ewers: It feels like a betrayal. I work with patients in groups of healing trauma, I always bring the body in as one of the perpetrators of trauma. If they have autoimmunity to examine if that person is in that relationship with their body. “I can’t trust you. You’ve betrayed me. You know you’ve broken the contract that I think we have. You’re not meeting my expectations.” That all has to be healed if your body is actually going to get better. You get into this collaborative relationship. I always say, “A body at war with its mind and spirit, there is no winner.”

And so, when you can get in this collaborative relationship with it, then all of it’s just data. It has no emotion to it. No meaning. It has no belief around it until you put it there, right? When you get on the scale and it says a number that you don’t like, your scale is not shaming you. It’s not saying, “You are so bad, right?” It’s just giving you a data point. That you can then take and say, “Oh, that’s information that I need to use.”
And if we can get into that space with our bodies, that it's just trying to communicate. It's not emotional. And it's not shaming. Our minds are doing that, right? Based on early traumatic meanings we made up. Then we can actually be able to get into a more collaborative relationship.

**Christine:** Absolutely. And you know what, you have also shared this, for those who maybe are wanting to know more or research. The ACES Study actually correlated that they had individuals who had a certain number of dramatic events. This actually was correlated to illness later in life. And so, can you talk a little bit about, maybe if somebody who’s listening. We actually have an EMDR therapist at our office who has people fill out the ACES score. And kind of make that more tangible about what that looks like? And if people wanted to go through that evaluation process, if they need that information?

**Dr. Ewers:** Yeah. So, in my book, *Solving the Autoimmune Puzzle*, I put the ACES quiz. I'm an EMDR and a brain spotting therapist too. Because I was only sitting at a desk for medicine for about three months before I went, “I have to know more about how to do therapy.” I can't treat someone's GERD without actually addressing this anxiety that I see that is present. And getting to the root cause of that, right? And knowing what the ACES are.

The ACES study actually came out of a weight loss clinic, that Kaiser Permanente had. And Kaiser was conducting this great weight loss program. It was really successful, working really well, and yet in spite of losing a lot of weight. A large percentage of women were dropping out before they reached goal. And luckily the director was curious enough to start calling people back in and asking them questions. And found that a large number of them were sexually abused in childhood. He started scratching his head and going, “That's interesting.”

And so, combined with the Centers for Disease Control, they did this study called the Adverse Childhood Experiences Study, ACES Study. And they had over 17,000 participants in it. And they asked them a series of ten questions, looking at kinds of neglect and abuse. And they found that over two thirds of that 17,500 and some odd people, had an ACES score of at least one. And 80% of them had an ACES score of at least two. If you have am ACES score of six or more, it takes twenty years off your life. Now that statistics, right? These are all statistical numbers that have been done through studies. But that doesn't necessarily make it true.

It means that, if you stay on the trajectory, you're on and you don't do the willingness to self-confront. That it then can be the reality. The good news is that all of it is reversible. You can heal every single bit of this and not make that true for you. Your genetics, just because you have a genetic propensity for something doesn't mean you need to actually
express it. And so, that’s the beauty of all this. In my book, I say, “Take the ACES Quiz.” And then at the end of it, I say, “Now you have this number, what do you do with it? Don't panic. It doesn't mean that it’s set in stone. From here now, you get to do something about this.” Which is very empowering rather than disempowering, right?

Christine: Absolutely. I mean, I think this is why we want this information out there. You know, some people might have the sense or this knowing that yes there are these unresolved issues in their life. But maybe you don’t always know how to go about addressing, acknowledging, confronting, and healing from those.

I want to talk to some other things. But before we do that. You mentioned a couple of techniques that I would love to make sure that we really share with people. Especially if they are sitting there thinking, “Okay, I know I’ve had adverse childhood experiences. I have a chronic illness or an autoimmune illness. Where do I go from here?” I mean, obviously as many people who can see you, I would love for them to see you. But this is a big issue. What are some practical steps for people to start healing from this trauma?

Dr. Ewers: That’s actually why I wrote, Solving the Autoimmune Puzzle and put this in there. Here are some worksheets that you can do, and you can see like, “Do I get stuck here? Here is how to find the right kind of therapy and the right kind of therapist.” Because oftentimes, I speak from stages, I’ll say “Shopping for a therapist is like shopping for shoes. You can't go to the first therapist you find”. And then if they don't work for you, you say “Oh, therapy doesn’t work.” If you go shoe shopping and you want a pair of green boots and you find some really cute ones, you try them on, and then you walk around. You find they pinch a bit. You don’t put your shoes back on the shelf and walk out barefoot. And say, “Shoes don’t work for me.” That pair didn't really work for you. And maybe it’s boots you didn’t want. You wanted some sandals.

So, there are different modalities and you have to find the one that works for you. EMDR is eye movement desensitization reprogramming. We've mentioned a couple times. Francine Shapiro was the one that developed that technique in back in the 1970s. There is a lot of science behind it. A man that was teaching it, David Grand, was a psychologist who discovered that actually he could make it go a little quicker. And it was a little easier on the client. And that's called brain spotting. So, I always call it EMDR 2.0. And so, you can try that.

Clinical hypnotherapy, there's some science behind that. Actually, this is a really interesting statistic. It takes twenty years of talk therapy to actually get you to the place that eight clinical hypnotherapy sessions we’ll do with someone that’s trauma informed. So, it’s really interesting how you can go twenty years or twenty sessions or six to eight sessions.
And it just depends on how you want to do it. But talk therapy is usually not very effective as a trauma release. You have to do more to rewire that brain. You can keep telling your story in the same and just keep cementing it in. You can do that with your girlfriends.

**Christine:** Yeah. And these therapies, you mentioned access not only our conscious mind. But you know, are these patterns that get stuck. And also, our, our subconscious mind, which is a very powerful driver with health and feeling in our lives.

**Dr. Ewers:** And now we're using this technology called Zoom right now. I use this with patients all over the world. And I can do brain spotting and EMDR with them like this. It's amazing. Sometimes I hear people say, “Well, I live in a really rural area. We don't have anybody that does that.” You're not limited now to going into a geographical office, which is really great.

**Christine:** That is wonderful. And that of course, creates more access to people. So, that's great. So, Keesha, you obviously were drawn to Ayurveda and you studied Ayurvedic medicine. Maybe if this a new term for some of our audience. I would love for you to share what is Ayurveda and really it ties in, you've already mentioned this concept, that we are more than our physical body. And so, if you could just give us a little intro to that.

**Dr. Ewers:** Sure. It’s the sister science of Yoga. It’s like the medical arm of Yoga. So, it’s about 10,000 years old, comes out of India. It’s in a series of texts called the Vedas, which yoga comes from, Ayurvedic medicine comes from. Jyotish, which is eastern astrology comes from that. And Vastu, which is where Feng Shui came from.

So, it actually addresses like your environment, the stars, cosmos, and planets when you’re born. The medical part of this and also, yoga. So, it’s just really lovely. So, it's the sister sciences that work together for a human in their lifespan. And one of the things that Ayurveda says is that, “Not only are we all not the same person. But here is how you can tell what you are. And that you're always going to be shifting in response to your environment, to what you’re thinking, to what you’re eating, how you're sleeping. And so, maintaining balance in the face of all of that is important. And here are the tools for it.”

So, I just loved it because it was kind of like the user’s manual that we all wish our children were born with. How do I operate this? You know? And so, it's like our own owner's manual, how to kind of tie in and figure out certain things about ourselves. And one of the things that they talk about our doshas. And doshas would be your unique composition. And the biggest piece around it that I just love is that they talk about us being a microcosm of the macrocosm of the universe.
So, we are your individual cells expanded. And then, you know, the cosmo's are us expanded. And so, I always say, “So, then that means that everything that makes up the earth is inside of us. The elemental table is within us.” And so, if you think about that, then that means we're just like dirt. And so, I use that as the way to kind of describe the doshas. These are all Sanskrit words. So, Vata is more air and space.

And so, the person is a lighter body type, either usually pretty thin unless they are burned out. Short or tall. They will have thinner hair, thinner lips, and thinner bones. And they're highly creative and they get airy and spacey. So, they can be more prone to dizziness, constipation, and moving pain in their bodies. And osteoporosis when they're older. Constipation, they are drier. And also, things like scattered mind, brain fog, ADD. So, that would be a Vata.

A Pitta person is more fire and water. And so, like if you think about Vata being more air in space, the dirt they would represent would be sand. There is more air in space between grains of sand if you do this, right? And if wind or air comes up in the desert and blows it, then everything gets chaotic. So, a Vata person can get kind of chaotic in that environment. Pitta would be more like the rain forest fire. And so, everything, like if a bird flies over a rainforest and drops a seed, you don't have to cultivate it. It just sprouts, right? And so, Pitta people will get ideas and then they have enough fire to follow through and actually make them happen.

So, they're usually very highly intelligent. But then they run toward inflammation, fierier. So, anything red is Pitta, is how I usually say it. Then they can have a sharp acidity in their bodies. Which means a sharp tongue, a sharp mind, sharp intellect, and judgment. And so, that's Pitta. And they have a sharp metabolism. Before menopause for a woman, it would be like don't get between the Pitta and the dinner table. They get hangry, that's a Pitta person.

And then Kapha is more water and earth, which would be like clay. And you know, if you put a stick in clay, it will just stay there. Where if you put it in sand, it'll wobble and fall over. So, things get stuck in a Kapha body. They usually have more tissue, more bone structure, thicker lips, thicker hair, oilier skin, thicker skin, they're loyal, they're loving, and they're kind of like the elephant. When they learn something, it takes longer to learn it. But then they remember it forever.

And they also, hold on to things. So, that be holding on to hurt. It can be holding on, hoarding. Like wanting more time, more love, more friends, or more food. And they hold onto their weight and they run towards like water issues like Dema boils, things like that. Diabetes, sugars is actually fairly toxic even though Kapha usually likes sugar.
So, there’s a way inside the Ayurvedic Paradigm for helping people to mitigate whatever imbalances happened to each one of them. And it’s just lovely. You know, it’s a lovely way of thinking about it. And then we have like a Vata, Pitta, Kapha, stage of life that we go through. And then this idea that there are five layers to us. There’s the physical structure that has your DNA, it has all your organs, and your systems. And then your Chalker system, the electrical system connects you to the next body, which is your energy body, which we call Chi in Chinese medicine or Prada and yoga are key and Japan. And the electromagnetic energy field in our paradigm.

And then you move into emotional, mental, and then like higher consciousness, higher wisdom, intuition. And then there’s spirit body, which is called the Anamaya Kosha. And it’s the portal into the collective unconsciousness. And it’s what Carl Young called the collective unconsciousness. If we’re toxic in any of those layers, we don’t get to that place the way we would want to. You know, that’s the place where if you’re in the shower and you’re chewing on a problem.

Christine: Yeah, that’s a beautiful explanation. And it’s great, it’s 10,000 years old, right? These are common things that have stood the test of time. We all respond to our environment and they all are continued to be relevant. And you know, my understanding too is people are listening to this and thinking of themselves. You can be a combination, right? You don’t have to be just one dosha?

Dr. Ewers: You are never just one. You are actually a combination. It’s just like our fingerprints are all different. You are your own snowflake, right? So, your combination is yours and how it changes. Pulse diagnosis is the most accurate way of doing this. And in your pulse, there’s seven different layers.

So, it goes much deeper than what I said. And so, we’re all very different with our combination. What our bodies are asking us to do is maintain that balance we were at birth. And so, it’s like knowing what that is and what to do to keep that going. And it will never stay stable all the time. It’s always like this.

So, I think that’s another interesting thing that our culture, I think in functional medicine too. Where there’s like this expectation. I’ve been working with a lot of people to try and help them understand that autoimmunity is in cancer a call to start to embrace and embody
reality. Which is that we are going to die. There’s this beautiful Buddhist principle that says, “Everything you love, you will lose. Everything that lives dies.”

And that’s just like, “Why don’t we teach our children this?” We have these fairy tales of the handsome prince and the castle in the sky. We have these expectations that the body won't deteriorate, and it has to. Unless you’re in a traumatic car accident and your plane crash, you know, in order for your spirit to get ready to separate, your body as you age it will deteriorate.

And so, a lot of the work I have been doing recently is helping people really understand that functional medicine is not a magic wand that you never age. That you don't break down. What we are doing is helping you maintain as much as you can. But this whole idea that you have anti-aging is just crap. It's just not true. You are aging. And your cells are dying every single day. It's called apoptosis and then regenerating. And so, it's just this like moving into the rhythm of life instead of fighting it. I think a lot of times disease is a call to bring you into that. Like, “Oh, what is it that you are trying to teach me here?”

Christine: I think that's such a powerful message. Especially in America culture, there is this denial of death and those things that are uncomfortable to talk about. We probably don't do adequate preparation during our lifetime to really to prepare for that. And to make sure that we are in touch with that inevitability and how do we choose to live our life in light of this process? And probably as you often see when people are struck with an illness or chronic illness, probably before there body should be at the state of decline, right?

And this takes them out of their life, out of their engagement of life. And I find that when they can connect with their purpose and their sense of being and really what they want to bring and be on this planet before we all die, there’s just this renewed. I don't know, I believe it is kind of like an anchor to help them get well too. Just to envision this other vision of their life.

Dr. Ewers: Motivation, right?

Christine: Yeah.

Dr. Ewers: I always call this, like in my book, I coined this term misery to motivation ratio. That the more miserable we are, the more motivated we are to make the changes that we need. But the idea that the body's breaking down before it should, is also incorrect. You know, like we have this idea that like children shouldn't die and that's not true. You know, we are all supposed to move into our nineties and have an expiration date that is unified. It’s not true.
There are so many different ways of thinking about this, but the fact that a child has died before their time is not necessarily accurate. And that made me wonder. I was giving a talk from a stage and I asked the audience, “Where did we get that? It really messes us up.” And it was this really interesting question I was asking in the moment of this talk of, “Where did we get that?” That a parent shouldn’t have to bury their child. Yes, it’s the most horrific thing that we could ever think of and so horrible.

But the idea that somehow that’s not supposed to happen. That’s the part that I think, in my book, I always say, “Suffering comes from unmet expectations.” And if we have an unmet expectation that we all go into our eighties and nineties fully cognitive with bodies that work until the time that we die in our sleep. No wonder we’re so upset all the time and feel betrayed. That expectation isn’t based on any relevant factual information. Where did we get it?

Isn’t that interesting to contemplate? It messes us up as a culture. And so, I kind of think that it traumatizes us on a cultural level, that expectation. And so, it’s really embracing and embodying an illness as this wake up call to that fact. You know, “Oh yeah, I’m not guaranteed a lifespan of eighty-five plus years. I’m not. Or dying in my bed without knowing it.” That’s also statistically very tiny part of our population.

I think that that’s another kind of interesting benefit of illness is to wake us up to start thinking deeper thoughts. Rather than how much money I’m making or what my schedule is. You know, kind of living on that surface space. Really asking the deeper questions of what humans have to ask. So, otherwise we have existential inks.

Anyway, I got way off.

Christine: No, no. I think these are really important and profound topics. And absolutely appropriate for the space that we’re creating in the Summit. And, I feel obviously you’re seeing this through your work with patients, right? And you know, we were laughing when we started, we are not just giving people liberty talks, electrolytes, or Chlorella. There’s this whole other aspect to healing.

And I know that you’re really multifaceted in how you approach each patient case. That’s the language we’re trying to create here. We’re more than our physical body. And the more that we integrate these concepts, the more healing potential happens. And what healing looks like is probably a whole other conversation as you are going through these thoughts with us. Healing isn’t always tied in, wrapped in a bow.

Dr. Ewers: Barely. Again, changing an expectation to more in alignment with reality. The more we can do that, the happier we are.
Christine: I have no doubt. I have no doubt. Well, Keesha, I know that we could probably chat all day about life and all of these topics. Is there anything else that's on your mind or that you want to share as we wrap our conversation up? Anything around your work, Ayurveda work, or just your experience with patients? And treating this other aspect of our health?

Dr. Ewers: I usually will answer that question when people say, is there one last pearl of wisdom? I'll tell people to watch their language. I'm not talking about damn and hell. I'm actually talking about, you know, what are your thoughts? We recycle 94% of them every day, day in and day out. And when you allow yourself to get really quiet and contemplative. It's sort of like the ocean becoming clearer as the sand settles. Then the 6% of new thought that you actually have every day has a chance of being seen.

And sometimes in there, there might be a thought that is one to hold onto and sometimes a new thought may not be worth anything. But you get an opportunity to actually take a look at your patterns. And you know, are there a lot of, are you shitting all over yourself? Is there a lot of can't, won't, not good enough, not whatever? How is that working? Do a twenty-four examination of your thoughts.

But then as we were talking, I thought another one that's really good is and this is in Solving the Autoimmune Puzzle. Is a lot of times with my trauma patients, I'll have them write out a list because we were talking about unmet expectations. Of all the expectations they have of God, of life, of their body, of their spouse, their children, their parents, their work, the government, how the food should react with them. You know, all of these things. Write out the expectations in your journal. And look at the ones that actually have a semblance of realistic ability to them, like can they come true? And if they can't, can you cross them off? Can you reshape them? Can you reframe it?

I have an expectation in my marriage that it's not an open marriage and that we don't have infidelity. And that's not one I'm going to change. And so, my husband knows that, and he has the same one of me. And so, that's sort of a line drawn in the sand of an expectation that's not going to change. That'll be different for everybody.

So, it's like looking at those. What are the ones that are not changing? And that you want to hold on to? And then have those be very few if possible. And the others allow a little bit more softness and fluidity to them. Because with autoimmune disease in particular, Ayurveda says, “It's a crystallization of what's going on in your mind.” So, I always say a rigid mind means a rigid body.

So, the more fluidity, the more flexibility, the more softness that you can
bring to these mental constructs that you've built since childhood. The more freedom you'll have actually in your physical self.

**Christine:** That's beautiful. And I always like to say health as resilience. How can we create resilience and flexibility in our life? Ultimately, I think that's what we're all aiming for this sense of freedom, right? And what that looks like for everyone is different. This has been just such a lovely and heartfelt conversation. I really appreciate all the work you're doing. When you wear all of these hats and treat people on the deeper level, it's work. You know, it's really rewarding. But you are in there in the trenches with people. And I know you probably have all sorts of amazing practices to keep you going through that.

**Dr. Ewers:** Actually, it's not. Because this is how I teach my students. It's not me doing it. I just operate as a channel. People come in and I get intuition. And it's not me. Like this isn't mine. I don't heal anyone. And then it makes it so that it's not my ego doing the work. So, I'm not exhausted at all. It's regenerating, right?

**Christine:** Yeah. That's so great. I appreciate you reframing that because that's the way it's sustainable for you, right?

**Dr. Ewers:** Exactly.

**Christine:** Well, Keesha, how can people find out more about you and your work? And if you're seeing patients or still taking on new patients, how can people work with you?

**Dr. Ewers:** DrKeesha.com is my website. And you can apply to become a patient there. Or there are online programs that are available that are like Unbroken Program is do it yourself trauma healing. And it has those hard stops in that where you can go, if you can't get through this, then this is where you need to go. Faro or brain is what I call therapy. Go faro or brain, that can help you see the patterns and restructure.

I think I'm offering a webinar to your viewers to go deeper into this around like how all this affects your genetic expression. And how to make it so it doesn't express itself anymore. And a lot more around how trauma and genetics interact with each other. And then *Solving the Autoimmune Puzzle* is a great, like I wrote that book to pre-educate people.

**Christine:** Well, thank you. We'll have all of that information with this talk. We are so grateful for the work you do and sharing your time with use today. So, thank you.

**Dr. Ewers:** Thank you. And I appreciate the platform you've created. It's amazing.
Sound to Improve Electric Health
Guest: Eileen McKusick

Christine: Welcome everyone. I'm here with Eileen McKusick, and we're going to be talking about using sound to improve your electric health. Eileen is the creator of the sound therapy method, bio field tuning. The author of the book, Tuning the Human Biofield: Healing with Vibrational Sound Therapy, and the founder of the Biofield Tuning Institute.

She's been researching the effects of sound on the human body since 1996. Welcome, Eileen, I'm really excited to learn from you today and really share this topic with our community. You're the only one covering sound therapy and I know that you have such a wealth of knowledge and experience. So I'm really excited to dive in today. So, thank you for joining us.

Eileen: Yeah, great. Thanks for having me.

Christine: So let's just dive in. And we're talking about our electrical health. And the whole goal of this summit, the Body Electric, is to really communicate that we're more than our physical body. And there's this whole other realm of how our body communicates, and how we could receive healing. So what do you mean, when you say electric health?

Eileen: Well, I think we've been really conditioned to think of our bodies as chemical and mechanical. So that if something goes wrong, then you need drugs or surgery. But we are definitely electric and I think that everybody kind of knows who we are. I think it's really great you're doing this summit because I think people are starting to wake up to sort of the bigger picture that we are electromagnetic beings, and that we live in an electromagnetic environment.

So, people know that if your heart stops and you're near one of those things that jump starts it, that's electricity. Our heart activity is electric, our brain activity is electric. Our phones are electric, our blood, our collagen, like, every part of us is actually electric and there's all of this
light signaling going on. We've been really kind of taught about cell memory is lock and key and it's all very chemical. But Bruce Lipton's work, he says that you've got these little antennas on every cell membrane that vibrate like tuning forks, and they respond to vibrational information.

So this makes sense in the context of why sound moves us so much, why lasers work; why sound therapy works, because it's all working on our vibrational, electric vibrating body. The concept of electric health, when I discovered it, and started thinking about my health in terms of electricity, rather than chemical, I found it much easier to solve the health problems that I was struggling with. I just think electric health is so much easier and faster than the view of health that we're, I think, moving away from now.

**Christine:** I know, that's such a great point. And a big mission of this summit is, how can we find more elegant solutions for healing and accelerate people's healing? Especially if they're struggling with a chronic illness, I see a lot of people with chronic illness and they've been struggling for way too long. And then we're just really trying to figure out how we can reframe the way that we really view healing.

And I also see that when we use these other tools that employ biophysics; that healing is more profound and faster. It's really where we see the cellular changes. So, I'm really glad you have that experience too. So you obviously specialize in sound therapy and your work is with tuning forks. How did you get into this, Eileen? How did your journey begin with sound healing?

**Eileen:** Well, I became aware that I was interested in health science, human potential, this sort of gap between science and spirituality. I got interested in all of that in my teens, but I ended up going into the restaurant business actually. But the restaurant business was really bad for my health, I was working hundred hour weeks on my feet. And even at the age of 23, I was completely burned out. I had terrible TMJ. I had back pain. I had an adrenal burnout, completely, and I was really a mess.

So I decided that I couldn't really wait to get into holistic health, which was where I was really drawn. So I went to massage therapy school and I started a part time massage therapy practice on the side, while still running a restaurant. Just as a hobby something to kind of keep that interest moving along. And then I discovered sound, I read a bunch of books on the use of sound and color, and light, like vibrational healing.

Then I'm a researcher, I'm kind of like a rabid inhaler of information. So I really availed myself to a lot of information and being a researcher in the age of the internet has been so gratifying. But I got a set of tuning forks. I saw them in a catalog and I ordered them, and I started playing with them in my massage therapy practice. And I noticed right away that they were interesting and produced interesting outcomes. So, my clients, they started asking for sound instead of massage. So I did it as a hobby
for a long time. And I was just working sort of on and over the body.

In 2005, I started to discover energy and information in the field around the body. And when I started going to going into the field... and the way that these tuning forks work, you kind of bounce sound off people and you listen to the ping back. It's kind of like a dolphin. The dolphin is like, “Oh, this person in this pool of swimmers is pregnant,” and they just know, from the ping back. So that ping back has a whole language in it. And over the years, I've really decoded that language of vibration.

If the body is exhibiting some kind of malfunction or pathology, that makes a particular sound. All emotions have a particular frequency signature that can be detected in the overtones and undertones. And it’s kind of like the experience... I always ask people, “Have you ever gotten a bad vibe off of somebody?” and everybody has. So the fact of the matter is, is that whatever we’re feeling, whatever we're thinking, is giving off waves into our environment. And when a tuning fork comes into the zone of the body, these very high overtones and undertones are intersecting with these vibrations off the body.

And even though it's happening at very low amplitude and very high frequency, it still precipitates down into the auditory range. I have learned and I've taught thousands of people at this point, how to identify specific sounds in the body and how to work with them. And what's cool about the human body is that if you find an area around the body in the field that's really noisy, like it might be the record of alarm, for example; because I've come to see the bio field as where our memories are. That our memories are not necessarily only stored on some level in the body but are actually recorded in standing waves in the electromagnetic field around our body.

And my research has been mapping this field and discovering that very specific memories reside in very specific places around the body. So we can go and find that car accident that you were in when you were 19, and get into it. And it sounds like an alarm, like, “I was just rear ended,” when you get that adrenaline rush. And we can change the way the body references that memory. So the tuning fork, hanging out, reflecting that tone back to the body, the body hears its own dissonance. And it will actually work with that tone, to relax, to release that deep tension that's present. To start to bring breath and energy flow into a part of the body that was still kind of held in that trauma.

So the method that we use with tuning forks is just kind of combing through people's fields and finding these areas of noise, distortion, and resistance, and then just staying there and letting the body do the work. I say I train technicians, it's just your job to find where the noise is in the signal. Say there and reflect that back to the body and the body tunes itself. So, on a very fundamental level, what we're doing is we're just getting people to relax and breathe. That's really the essence of it because any kind of disorder in the body is rhythmic. Its tension, it's out of tune. And so when you just settle all that down and you bring yourself
into a greater sense of stasis, then the body just fixes itself.

**Christine:** This is so interesting and profound. And we have a number of speakers talking about how our emotional health or our traumas can affect our physical body. And you're really communicating this on this whole other way of maybe viewing how these traumas get stored. One of the themes also is that health is coherence and flow. And when we have trauma or pathology, you're actually picking this up as kind of a disharmonious signal, and people can kind of wrap their mind around that. That's really fascinating.

So I have so many questions. We have Beverly Rubik, who was one of the pioneers in energy medicine and bringing the bio field into science. She talks about the bio field, but if this is a new term for some of the people who are listening, can you just explain a little bit more? What do we mean when we're talking about the bio field?

**Eileen:** I think the simplest explanation of it is, it's the sum total of all the electrical activity in our body. Every cell has a little field, every organ has its field and its rhythm. So, it's a field of information and energy that surrounds and penetrates the human body. I've taken it a little bit further than Beverly. It was really exciting. My book is actually based on a master's thesis that I wrote in 2011. Because I was trying to understand, like, what I was discovering around the body, and I'd move a tuning fork three, four, or five, six feet away from body, and I would encounter resistance and a sense of mass and energy.

And I was like, “What is that? Is it electrons? Is it magnetic monopoles? Is it photons? Is it phonons?” Like, “I want to give a language to this.” Like, calling it chi or prana is insufficient for my mind. So I went off into academia to try to find the answer to that. And for a while, it was feeling pretty fruitless because I was searching PubMed and Medline for like ‘human energy field’ and ‘aura’. Then I came across the term ‘bio field’ and that opened up like a whole new world. Like, Beverley's paper on the bio field hypothesis, and other researchers as well. And that gave me something to grab on to that I could start to work with, in an academic context; that was really helpful.

But I've come to see the bio field as a toroidal structure, you know, like a bubble with a spiral down the middle. And so we have this sort of central channel where the positive current comes down through our head and the negative kind of... like the descending and ascending currents then circulate around the outer boundary of our field. So, our electric current, our magnetic field, and the health of our bio field, exactly reflects the health of our body.

What I'm finding in most people that have things like chronic diseases or autoimmune diseases, I mean, pretty much almost everything that I've treated is very often the consequence of having what I call a low battery; because we are batteries. I mean, this we know. I wish I had it with me, but we've got this little thing that you hold either end of it and it like
lights up and makes noise. It's because you're running electric current; your battery. And we need a certain amount of charge across our cell membranes and running through our system, in order for everything to function the way that it needs to function.

And so if I say to you, on a scale of 1 to 100, where's your battery at? And you say 50, that's kind of like having a business with 100 employees, and only 50 showed up. You know, is everything getting done? Is everything getting taken care of? No. Our body doesn't have the resources that it needs. And so if we start thinking about getting our battery meter back up and what that looks like, it's really simple. Are you discharging more than you're recharging? Most people are. Are you giving more than you're receiving? Most people are.

And a lot of us, if we've suffered a lot of trauma in childhood, that causes you to actually leak biophotons. And I don't know if you've talked about biophotons with anyone. We know from bio photonic research that organisms under stress leak more light. If you put a very coherent meditator in front of a biophoton camera, they're going to give off very little light because they're in a state of conservation of energy. But if we had trauma in childhood and we leaked all this light, and we lost all these bits of ourselves, it just takes our battery down. And that's really not easy to put back.

But in bio field tuning, that's exactly what we do. We find these areas of these trauma or stress, where there's actually energy; there's light that is stuck and frozen in the field. And the tuning fork comes in and it acts like a magnet. A vibrating tuning produces a weak electromagnetic charge, but it's sufficient to move the weak electric charge that's in the field. So we're able to kind of hook in, find these areas of energy, and actually bring them back into the central channel and restore them to circulation.

So that helps with dealing with past stuff. And then a big part of our work too, is like training people to learn to recharge more. To say no, when they mean no. To speak their truth. That's a really big one that sucks people's electric health. And if you're not following your natural inclinations, if you're not speaking your truth, you're not saying no when you need to, if you're having weak boundaries and people are taking advantage of you; that all sucks your battery down and then makes you really vulnerable to all kinds of dysfunctions going on. But if your signal is clear and strong and your field has been groomed, and all of your light is back circulation, then your battery goes up. And then your body's like, “Groovy,” because everybody showed up to work and everything's getting done.

**Christine:** What a great analogy and what a great visual that you're painting for people to understand this. You talked about that you're actually also mapping the bio field and looking at the anatomy of the bio field. Obviously, with the tuning fork work, you're engaging it, you're training people to hear things and heal the bio field. But is there like
a tangible tool or a camera, or a device that you're using to look at people's bio field at this time?

**Eileen:** There are a variety of tools out there but none of them visualize the field in the way that the tuning forks do, sort of sonically. The tuning forks, I call it like dropping a needle on an album and sort of reading the record of somebody's life; because at the outer edge of the field, like five to six feet away, we find gestation; birth. Then if somebody's 60 and I found the edge of their field six feet away, halfway through, I'm going to find memories from when they were 30. So there's a timeline aspect to the field.

And as a tuning forks pass through it, they're almost like an invisible decoder. They kind of reveal the pattern that is present there, the song of your life; the soundtrack of your life. So a skilled practitioner can go through and really tell people like every age where difficult things happened, the different emotions that were involved. So, in bio field tuning, we work with a map. And that's a map that's a consequence of my research, discovering that kind of each zone in the field is kind of like a file drawer. And like, every time you feel sad that vibration goes over here. And every time you feel angry that gets torn there.

And so we can really go through and get a very detailed analysis of a person's life experience. So it's diagnostic, in that it reveals where these tonal imbalance or stuck areas or noises are. But then it's therapeutic because just staying in that spot, like I said earlier, helps the body to release it. You know, at a certain level, we're indelibly impressed with our life. It's like, we're not taking anything away, we're just helping the body to integrate and digest, you know, sort of modulate that experience. So it's not so intense and sucking juice, and making noise.

**Christine:** Yeah, that's a great way to put it. So, when people work with a practitioner who does this work, how long does the session last usually? How long does this work usually take to get more coherence in the bio field?

**Eileen:** Well, the work is really cumulative. So you can receive it in person, you can always see that at a distance... which I didn't believe was possible. People asked me for many years if I could do it a distance, and I was like, “No.” Then somebody talked me into doing it and then I'd just go where I could. That I just pretended that this person was on the table and I did my usual thing, and I was able to read all the same stuff. Like, “This organ isn't working. You have inflammation here. The personality of your mom is this. You hit your head when you were five. A very stressful time in your 30s.”

And then we wouldn't even have any communication, like there was no phone, nothing. I just took notes. Then I got on the phone with him afterwards and I read my notes. And he's like, “All of that is exactly correct. And I experienced the state change.” So, I get that the distance thing is hard for people to wrap their head around. I mean, it was
really hard for me to wrap my head around; but it works, and it works consistently. And it’s easy to learn; people learn it and do it.

So if there isn’t anybody nearby, you can always try a distance one. But in person or distance, they’re about an hour to an hour and 15 minutes. You just lie down fully clothed on the table. We use a pendulum to determine our best angle of approach. We let the body’s organizing intelligence direct us where to go because you might show up with pain in your right hip but the pendulum says to work on your left hip. And then as I’m working through your left hip, I discover that’s where the problem actually is. And it’s referring and creating pain on the right side.

So it gives us the opportunity to let the body just tell us, “Go here. Go there, you know. And I think that that’s really useful because if you have a sore right hip, and you go to physical therapy, they’re going to work your right hip to heck and back. But maybe not even pay any attention because that’s not what the code is in the billing. And meanwhile, you’re not getting better because that’s not the problem. So the pendulum is a very useful thing.

And if people are like, “Well, that sounds far out too,” the way that we describe how a pendulum works is that your organizing intelligence, your magnetic field informs my magnetic field in a nonverbal way. And then that causes me to use micro muscle movements that are subconscious. So, who’s moving the pendulum? I am but I’m being informed by your greater intelligence about where to go. And we’ve really learned to trust the body, the body knows the order to work on things and it’s kind of amazing how it’s able to communicate that.

Christine: I’m glad you’re sharing that and going through that. Dr. Klinghardt taught me autonomic response testing, which is a form of applied kinesiology that works with the biophoton field. And what you’re describing is something that I physically experience on a regular basis. It’s like, when the patient has their bio field and I have my bio field and I feel like when our bio fields connect, there’s this other intelligence that we have access to. And that’s informing us all the time. So I’m glad you’re putting words to that.

Eileen: Yeah, absolutely. That gave me a little bit goosebumps when you said that because it’s true. We all know, there’s so much nonverbal communication that happens. You know, have you ever met with somebody that you resonate with so much and you know within just a few minutes of talking that you like know each other? You know what I mean? That whole field, something is going on that we’re able to tell that. That we resonate with.

We have this intelligence in our fields and our bodies that we’re not really educated about. In fact, most people are really misusing their minds and their bodies because what I’m seeing, and what I’ve seen for many years, is that most people are inwardly divided. Self against self. They have a very vicious inner critic. They have voices in their
head that they can't stop, and it all sucks juice. I mean, practically every autoimmune disorder I've ever seen, there was a sense of division within the person. There was this sort of perspective on the outside looking in and judging, and using the word and in very unkind and unproductive ways.

And I think, visually, our division we see in the world, where, I mean, is so cute at the moment; it's really just reflective of this inner division that's in people. If we want to heal that outer division out there, we've really got to heal this inner division within ourselves. And come around to a place of inner unity, and self-love and self-kindness, and self-respect; or we're never going to see it out there.

Christine: It's such a good point and I think it's huge. Our bodies are barometers, right? If you are struggling with physical issues, there's always the opportunity to kind of really heal on this level that we both want for people to look at your self-love and your emotional trauma. And all of the energetic mental, emotional, and spiritual issues that can come up when you're really looking at the root cause of these things. So I think it's really important.

Eileen: The root cause of most disorders, in my experience, not all but the vast majority is emotional. It's emotional. And the fact that in our culture, we're not allowed to really express emotion, unless you're a really good vocal artist. Like I saw Lady Gaga singing a song with such emotion and everyone was like, “Yay!” But if she'd thrown a tantrum at a party, people would be like, “Boo!”

Christine: Right.

Eileen: So a lot of us don't know what to do with emotion and we just stuff it. And the stuffed emotions, the emotions buried alive, never die. And every time an emotion arises and we suppress it, then that's an actual molecule. That's the work of Candace Pert, who discovered that every time we experience an emotion, it generates a molecule that goes into circulation, vibrating with the experience of that emotion. And if you start to get angry and you're like, “Oh, I can't get angry. I'd better go eat a brownie,” and you stuff that emotion down; that molecule is going to like hang out until it gets expressed.

It's the destiny of the waveform of every emotion repressed, and be expressed and then be reabsorbed into the body; turned into something else. So if we're stuffing all this emotion, it just piles up in us and then we wonder why we feel bad. Plus, it's a life force. There's energy in that emotion and the more emotions you stuff, the less life force you have available for circulation. And that's what starts to really drop the battery.

So a lot of our work is really around expressing emotion; expressing sound. Kind of digging out these old unexpressed cries or limits, or screams, wherever they are, and kind of releasing them; validating them. Witnessing them, releasing them, bringing that life force back into circulation, and then coming ideally into a place where we just let
our emotions flow. We don't resist them, we don't judge and we're just like a kid, like that's what kids do. It's like, “Oh, I'm freaking out. And now I'm fine.” And it's the same thing for adults. It's not the experiencing the emotions, it's the resisting, the judging, the holding back; the misuse of emotion that causes the problem.

But even the CDC says that 85% of disease is caused by stress. Well of course, stress is an emotional response. They I should say, “85% of disease is caused by emotions.” But that doesn't make any sense to go to a hospital and nobody asks you what's going on in your life. They just poke at you like you're some kind of meat machine. And nobody says, “What's stressful? What's happening? What kind of emotions are going on for you? What kind of stress are you under?” It doesn't get bridged. It's the elephant in the room, as far as I'm concerned.

Christine: Absolutely. I think it's such a good point. And as you're sharing all of this, do you see in your experience with patients and then also with your experience with interacting with the bio field, do the things that ring true...? Like in Chinese medicine, there's a relationship between certain suppressed emotions and different organs, for instance the liver. If you're having chronic liver issues or the liver is always taxed, we look at maybe suppressed emotions of anger and resentment. And the kidneys could be worry or fear. Do you see those patterns or do you see something different?

Eileen: No, no, we do. We see a lot of the same patterns, anger, definitely in the liver, also relationship with father in the liver. So, anger with father; that can really affect the liver. I see how hate affects the heart, and also despair. Hate, despair, depression, all this stuff kind of hangs out over here. What else is there in Chinese medicine? Yes, the kidneys. Although we actually find fear anywhere in the field, not necessarily in the kidneys. It can really kind of show up anywhere.

There's a little bit of correlation with Louise Hayes' work. Like, I find that the spleen really relates to the mother and how nourished or nurtured that we were. I mean, basically, I can tell you like any organ, what we've found that it relates to, and there's definitely crossover with other disciplines; because it's what's there and what's going on. And if you're quiet and you listen in, and you observe, you start to see patterns. I've worked with thousands of people, so I've had this opportunity to recognize patterns in people and understand what they are.

Just for an example, there's a really big pattern out there with baby boomers. A lot of baby boomers, we were pulled out with forceps or mom was knocked out. Hence, no bonding at birth. Babies were bottle fed on a schedule. I can't tell you how damaging that is to people. You might not believe it but when I saw it in person after person, there was a whole pattern of feeling unheard. Like you're not good enough; that your needs don't matter. People struggle to bond, there's sugar addiction or wine addiction in there because it was like Karo syrup and condensed milk.
I mean, there's so many of the dysfunctions that I've seen people in their 60s, and 70s, and like late 50s, it all goes back to this terrible birth invading practice. That then creates a whole set of problems that these people are living with. Trying to like heal themselves, through all this self-help, not getting anywhere; feeling guilty. And not realizing how deep the roots are. Beliefs that were formed, the stories and the patterns that were formed when you were pre cognitive and pre verbal.

And the thing with these patterns, these electromagnetic patterns is neural nets in the brain and the way that our energy flows in our field, energy follows established pathways. So whatever got laid down in those first few years, those patterns repeat over and over, and over again, as we go through our lives. It's very, like deeply rooted, visceral response, right? The sympathetic nerves, whatever it is, it's going to keep on moving. So what we're able to do is actually de-pattern those.

It's like, “Oh, here's venom. Here's venom, and here's venom, and here's venom,...”, We just kind of sweep through the whole things. It's like, “Bring back the neutral. Let's put you in neutral and de-pattern all that,” so that you're going to be less naturally drawn to having the same experience again. And it is really possible to break up, to interrupt these patterns and to start making different choices.

**Christine:** Yeah, I know. I am so glad you touched on that. I have a 13 month old, and I went through the whole process and did hypnobirthing. And when I was reading about kind of the horrors of where we've gone with the whole motherhood and the birthing experience, I had that thought about the baby boomers. That makes a lot of sense; the trauma and the patterns that they've gone through. So, that's just fascinating that you found that too because it was just a curiosity when I was reading the book. That people, when they start life in such a traumatic scenario; that obviously has a huge impact on their whole health.

**Eileen:** Yes, and beliefs. It just forms all these beliefs about the world. And a lot of it is, “I'm not good enough. I'm unlovable. What I say doesn't matter.” Issues around bonding, difficulty and like really, kind of doing this, and in relationship success.

**Christine:** Yeah, it explains a lot. So, Eileen, you talk about syntropy and levity in your work. Can you describe what those terms mean and how they relate to our health?

**Eileen:** Yeah, absolutely. Well, most of us know what entropy is. So, entropy is the tendency of systems to lose order over time; and it's often used, like the second law of thermodynamics. So when we're looking out in the universe, it's all going down. Like everything is falling apart, you know, going to pieces, it's just chaos. And the fact of the matter is that we talk all about entropy but we never talked about its opposite. And when I started doing my research and I realized that the term... so what is the opposite? The opposite is for things to come into order.

For you to grow a baby in your belly, right? That's a syntropic process.
You’re giving rise to order. You’re giving rise to complex life. Okay. So that in science is called negative entropy or neg-entropy. I mean, really? Negative entropy? I was like, “There’s no way I’m using that word. Like, that’s the dumbest word ever, for the most amazing thing ever.” Like, “I won’t use that.” Then I discovered that there is another term that was coined in the 70s, by a fellow whose name I can never pronounce; and the term is syntropy. So, it is that which gives rise to order, you know, the creative force.

The context is a little heady but I was reading about this astronomer, astrophysicist from Russia by the name of Nikolai Kozyrev, who taught all about entropy. But then he looks out into space and he’s like, “You know what? Yeah, stars are dying here but other stars are being born here. And order is being lost here but then order is arising here.” And instead of this, “Blah,” thing, it’s like, we are like the infinity symbol. It’s like order leaves here and then it goes there and just, that’s the way life is. It’s always kind of moving around and changing form. And this tree falls over and dies and becomes soil and now more trees grow up out of it.

So it’s that life springs eternal kind of thing, is what syntropy is. And just the idea of being... I remember as a mom, you’re like, “I’m a force for syntropy.” And your kids are like, “Oh, I’m a force for entropy.” So that’s syntropy and I think even just having the word and the idea, is really helpful for people. Bio field tuning is a syntropic process. Stress and life, and aging made your photons go, “Fffft,” and we come with tuning forks and go, “Pffft,” and put them back. So, that’s syntropy.

And levity, again, gravity; it’s a force that’s pulling us down. So we’ve got entropy and we’ve got gravity. And how does it make you feel if that’s all you’ve got? You’re like, “Whoa,” and I think a lot of people feel that way. I have a very different view of gravity than most people and I would recommend reading my book in order to really kind of get the bigger grip of this. But my observation is that gravity is the space around us, kind of pushing into the earth. It kind of comes into the center point of the earth and then it goes back out.

And everything, even in atoms this, there’s a different view of the electron; that it’s just this kind of pulse that does this and it’s not some unit flying around. But it’s, what is our heartbeat? What is our breath? What is sex? So levity is the opposite of gravity. That there is actually energy coming up from the center of the earth, it’s bouncing back up. Gravity is a little bit stronger, so we stay on the ground. But if gravity was all just... you know, everything would be flat, like there has to be an opposing force.

A lot of the ancient technologies that points to using sound to induce levity or to raise stones, definitely anybody who goes down those rabbit holes is like, “Yeah.” But even earthing, I’m a big fan of earthing; of getting out barefoot and really just receiving the updraft, the energy that’s coming up. Receiving it through your feet. When you’re walking
around in rubber soles, all you're getting is this and you're not able to discharge this. So, a lot of people just end up with a lot of inflammation because they have too much positive energy stuck in your body, too much electrostatic stuff, and things start to swell up.

But if you go outside barefoot and you get grounded, which I'm sure you've talked to somebody about earthing already, then you can discharge that excess electrostatic energy that you're carrying. You can recharge by lifting up... the first time I ever climbed a mountain in bare feet, I got to the top and I was like, “I feel like a mountain goat!” I had so much energy. I couldn't believe like how just taking off my shoes, like increased my battery and my health so much. I was like, “Really? It's as easy as taking off your shoes? Like, who knew?”

So I recommend that to everybody. That they really get outside and experience that levity. And I think just kind of bringing in this these two ideas, syntropy and levity, it's counterbalancing to that heaviness. It's grim if it's all just going down. But I think that we've all been kind of programmed to look at life that way. We've got this sort of built in apocalyptic kind of expectation of dissolution that is just part of our cosmological story that isn't even necessarily true.

Christine: No, it's such a great reframe, and energy to kind of engage with. Especially if you're really focused on healing your body, having these other perspectives. I love those terms and I love your explanation. And grounding has been a theme, many of our speakers have touched on that because first of all, everyone can do it. It doesn't cost any money and it's one of the quickest and simplest ways to really support your physical and your energetic body. So, no, I appreciate you sharing that.

Eileen: Yeah, and I just want to tell a quick little story around that. My husband and I the other day, we were having a little bit of a kerfuffle, which is something that doesn't really happen much anymore. But we were just like, kind of in it and went and picked blackberries, barefoot and he laid down on the grass. He just lay down on the grass, in the sun. And as soon as we came back together, like it was all gone, it was totally dispelled. Like that charge that people can get, lying on the grass.

Christine: It's a way more peaceful way to end a fight, you know. Great point. So, Eileen, I'm so curious and want to learn more from you, of course, and many people who are listening probably do as well. So, where can people get started? For patients out there or practitioners, you have a great website, and you have a lot of things that people can start experiencing. I saw you have some sound healing recordings, so people can already start listening to if they're interested. But yeah, please share where people can find you and how to work with you.

Eileen: So, we have a website, biofieldtuning.com. And there, you can learn about classes, you can become a practitioner; people love being practitioners of this work. It's very easy, it's very elegant, it's very noninvasive; it's very efficient. Their clients love it. And we have classes
actually all over the world. So you can learn about it there. You can also find a practitioner. We have practitioners all over the world, so you can find if there's one close to you.

I have also on that website, recordings of group sessions that I've done. So my practice became so busy that I was just booking months out. And it's not good to be a wellness provider who is not well. And I realized I had to switch things up. So I started doing distance sessions on groups, which I know sounds totally far out. And honestly I tell people, like, “I don't know that I'd ever sign up for distance group tuning fork healing.”

But thousands of people have listened to these and claim benefit. And it's so easy, it's like 20 bucks, you just listen at home; you can listen to it multiple times.

I've got one for all kinds of stuff. Like every chakra, every aura, every system, every emotion, there's a lot in there. You can kind of peruse that library. And then I also do live ones here and there, so that's an option. We have a YouTube channel. It's youtube.com/harmonicbalancing; that was like the old name for it. There's all kinds of lectures and kind of video clips there, so that you can learn more about it. So you can check out those.

And we also make a product. I think if you want to just do something at home, I invented a tuning fork called the Sonic Slider; that is the Schumann resonance, 7.83, times 12. So the frequency is 93.96 hertz. It's a tuning fork with little weights on the end and you activate it, and you actually just rub it all over your whole body. It's kind of like a vibration plate but it's more sort of direct and targeted.

And what you're doing is you're putting coherent mechanical energy into your body. So, it helps people to feel more coherent. It helps to raise their battery. It helps you to sleep better. There's all kinds of very cool things that that tool does to support your electric health. So I'd recommend checking that out too. It's called the Sonic Slider.

Christine: That sounds really fun and I want to experience that. I can see how you could feel really good after that. So, yeah. Well, Eileen, this was such a joy getting to know you and interviewing you today. And you gave us a wealth of knowledge. And I know people are probably beyond curious to learn more. So, I so appreciate your time today on the summit. So thank you.

Eileen: Yeah, you bet. Thanks for having me.
Hidden Causes of Diabetes and Weight Gain
Guest: Jonathan Bailor

Christine: Welcome, everyone. I'm here today with Jonathan Bailor. And we're going to be talking about the hidden causes of diabetes, depression, and weight gain. So welcome, Jonathan, I'm really excited to have this conversation with you.

Jonathan: Thank you so much for having me. It's an incredibly important topic and one that, honestly, I don't get the opportunity to talk about as much as I'd like to. So, I'm really happy to be here today.

Christine: Yeah. And as we were talking before we started the interview, you're obviously an expert in nutrition and exercise, and all of these diet and lifestyle changes that you're really guiding people to make. And this conversation is more than just about food and nutrition; but there's this whole other aspect and layer to who we are and how we make decisions and choices. So, can you share a little bit about how you came to this awareness and this journey? And what led you to look at these deeper causes as to why people make the choices they do for their lifestyle?

Jonathan: I've had a tremendous, both personal and professional, breakthrough over the past three years. And for that to make sense, I just need to give a little bit of background. My background is, I was an engineer at Microsoft for 10 years. And while I was doing that and before... I'm a geeky person by nature, that’s the engineer. So I like to think about systems and that's what biology is, a really complicated system. So it's fascinating to me, as is technology. Thus, I worked at Microsoft on the Nike Plus Kinect training and Xbox fitness.

And while I was doing that, just doing a bunch of research on human nutrition, exercise; things along those lines, because I always thought human performance was interesting. That turned into a book, which did really well and blah, blah, blah. And then we patented some technology. And I started my own wellness technology company, because I was like,
“Look, we've got this amazing information about nutrition and exercise. And if we can just get that out to the world, we can end the diabesity epidemic.” Diabesity is the combination of obesity and diabetes. “And we can save literally hundreds of millions of lives.

And that hasn't changed. So, still really excited about that. But what we realized is that bringing the correct information to the table, around what to put in your body, and how to move your body, while it is absolutely critical, it is radically insufficient; radically insufficient. Like, you definitely need tires on your car if you want to get anywhere but that's not enough. You need gas in the gas tank, any things along those lines.

And so over the past three years of taking all this information around nutrition and exercise, and working with real people, so not just being theoretical and arguing about whose diet can beat up the other person's diet, “My diet can beat up your diet,” but really causing lasting, lifesaving change in people; we've realized that understanding the deeper why people are eating what they're eating and moving the way they're moving. And the cause of that is so profoundly important.

And in fact, even like some of the... there's that level of it and there's the level of, there's the why that drives your eating and exercise decisions. And then there's also this feedback loop that involves emotion and mindset, and energy that no one's ever talked about when it comes to nutrition and movement.

Let me give you one example. There is a tremendous amount of research suggesting that... so, let's say you drink a can of Mountain Dew, something that everyone agrees, I don't care what diet protocol you love, most people are like, “Mountain Dew is bad for you. You probably shouldn't drink it.” Okay. So one could argue very reasonably, based on modern research, very modern research, that drinking Mountain Dew is objectively not as bad for you as feeling shame about drinking Mountain Dew, is bad for you.

And that includes the actual neurological impacts of the toxins and sugar in Mountain Dew, compared to the neurological impact of feeling like, “I’m bad because I drank Mountain Dew.” Like that negative energy that washes over you, the measurable hormonal impact that has on you, the measurable gastrointestinal impact that has on you, and the measurable neurological impact that has on you, is objectively worse than the measurable neurological, hormonal, and gastrointestinal impact that all the nonsense in Mountain Dew causes.

Christine: Wow.

Jonathan: So we've got to look at one, what is causing someone to drink Mountain Dew? The underlying reasons. And then we have to look at what happens to us from a perception and energy perspective, when we make those health choices. Because what frequently happens when we put these two things together, is we end up in these very negative,
energy sucking, downward, shame spirals. Where ultimately, when you really get down to it, 99.9% of the people we've ever worked with, don't have a, "I really like food," problem. We all like food. Everyone likes food. It's not like people who struggle with overweight or diabetes, like food more than other people.

What generally is happening is there was some event that took place in their life, oftentimes very traumatic, frequently it's sexual abuse, early in life, and instead of using opioids or alcohol, they're using food to help numb that pain; to help quell that negative energy. So that's not productive. But then they feel a lot of shame about doing that. And that's shame that causes them to do more of that. And then they get depressed. And then they get put on SSRIs, which actually worsens the metabolic complications that caused the weight gain, historically, and this is where you end up with, I believe the statistic is that women between the ages of 45 and 65, something like one in four are on some form of anti-psychotic or anti-depressant medication, while struggling with overweight and diabetes.

And for those people, there's no like, “How many blueberries should I be eating?” Like, “Pfft,” not the right question to be asking. It is really important to know that the six to 11 servings of bread that you were taught to eat growing up should not be the base of the food guide pyramid, like that's bad, you need to know that. And you need to eat more vegetables and high quality proteins, and healthy whole food fats. High quality food is important. But even more important, is having a high quality perception of yourself. And surrounding yourself with high quality energy that will drive those high quality nutrition decisions.

Because ultimately, Christine, and I'm gonna be very frank, if someone thinks they're garbage, they're going to put garbage in themselves. And if someone thinks they are a beautiful... you know, if you're a religious temple of the Holy Spirit, if you're not religious, just a beautiful temple, a miracle of nature, you're not going to pour Mountain Dew in a miracle of nature. I mean, most people wouldn't give soda to their dog or their cat but they'll drink it. And so we've got to figure out what's going on there, what's going on below the surface? And how do we turn that into more high quality direction?

Christine: Yeah, these are really big insights and big discoveries and things that when you're in this world working with people, I see a lot of people with chronic illness; and while we absolutely look at their physical body, there's often this huge, either trauma or energetic emotional layer that has to be acknowledged and healed, in order for their body to heal. So I see that in my world all the time. And so of course it makes perfect sense to me, and I know that you're educating so many people who are listening today, what you're saying is quite powerful.

While food is important, I hear you, and I think everyone hears you, it's not the most important thing. That these messages and these internal conversations that we have for with ourselves are more important.
than anything that we can do to really guide our physiology in the right direction. And so this is probably a big light bulb for a lot of people who are hearing us, and I know you're so passionate about this work, and you put a lot of education and the movie about this topic and everything, and you're discovering. So, if someone's listening to us right now, and they've been struggling with their weight, and they've tried 1,000 diets, and they maybe see short term success, and then they kind of find themselves right back to square one; how do we begin to help shift them and heal this mindset, so they can lead a healthy life?

Jonathan: The first step... and this is not from me, this is every 12 step program in the world. Every sort of change, evidence based change program, step one is awareness. You can't solve something if you're not aware that it exists. And let me give you a very concrete example of what I mean, in terms of awareness. If you've tried eight diets... because the average person who comes to work with us has lost 40 or more pounds, eight or more times. So if you're in a position like that, you tried many different dietary or exercise protocols. And you're thinking to yourself, “Okay, I've tried 11, it's the 12th one. The 12th one is going to be the one that makes the difference,” Or, “Okay, hold on. If I just buy one more diet book...”

And let me be clear, I've written diet books. So I'm not saying that these things don't serve a purpose. They do serve a purpose as step two, and a critical purpose. Like, if you don't know what to eat, that's bad and you will be unhealthy. You do need to know what to eat. But if you don't believe that you are worth treating well, no diet will work because you will not stick with it. Not because you're bad or not because you don't have enough willpower, but it's a little bit like... there's an analogy in a book called... oh, man, I really wish I could remember the name because I'm going to totally borrow it from the name of the book. It's like this... not The Seat of the Snow.

Anyway, I'll get you the name of the book, you can put it in the show notes or something along those lines. And it's a metaphor where someone has like a thorn in their shoulder. And instead of just pulling the thorn out, they like build this wacky contraption that allows them to function in the world without anyone touching the thorn. And they take all these extraordinary measures, without pulling out the thorn. And you can take all these extraordinary dietary measures, you can take all the pills and potions in the world, you can try keto or paleo or vegan or vegetarianism. And you can try this exercise program or that exercise program. And they will all work, as long as you do them.

But what you will find is it will be extremely difficult to do them. And what you will eventually discover is they can become effortless to do, if the underlying, “Who am I and why am I doing this?” and, “I am deserving of doing this,” gets locked in. And if you think that sounds like crazy talk, let me give you two, maybe three examples to make the point. First is, if you've ever been pregnant or know someone who's
been pregnant, you may have watched them make very radical lifestyle changes almost instantly. And without being like, “Oh, I'm so resentful of this fetus growing inside of me.” Like, “Oh, man, I'm just angry that I have to quit smoking now.”

The second most addictive substance in the world, nicotine. My sister's an example. Got pregnant, she stopped smoking in one day. And as soon as she wasn't pregnant anymore, started smoking again. But for nine months, somehow, miraculously, her addiction to nicotine went away. Another example. If you add up the number of people who are kosher or halal, or vegan, you end up with about a billion people, or more, worldwide.

Now these people do something that is not normal. They do something that requires effort every day of their life. And it's bizarre, a lot of their family members do it too. And they do it even though their kids go to schools that aren't all kosher or aren't all halal, or aren't all vegan. And most vegans that I know, don't wake up in the morning and just say, “Oh my gosh, today, I just really wish I could eat a steak. I really do.” Like that energy isn't there. The energy is, “I am doing this, I am eating this way because I see myself in a certain way. And I see the world in a certain way.” And the energy around why they eat is so radically different and positive, and based on like abundance, and what they want more of, rather than what they want less of, the same thing applies to kosher and halal. People who are halal don't avoid non-halal foods. I think pork, kosher also doesn't eat pork because they're not waking up every day and saying, “Gosh, I wish I could eat pork. I'm on the no pork diet.” They have a belief about themselves and about food that enables them to take actions that would be difficult for most of us, almost effortlessly.

So when you think about pregnancy and you think about religious or moral dietary practices, you can see that the mindset or the energy, or the reason that you engage in lifestyle change, can make lifestyle changes that are otherwise very difficult, almost effortless to comply with. And while there are absolutely positively certain dietary protocols that are more nutritionally beneficial than others, that will calorie for calorie result in more weight loss than others, absolutely, the fact of the matter is... and there was a really influential study, I believe, done at Stanford, where they took a very low carb diet against a very low fat diet, against like a zone, more balanced diet; and everyone ate the same number of calories in all of those diets, the same period of time. A very controlled, very good trial.

And what they found is that the people who lost the most weight, were the people who just did, whichever diet they were on. So the key factor was not which diet you were on, but just that you stayed committed to eating anything other than the low quality, toxic nonsense that most of us are eating every single day. So the question is not like, “What's the perfect diet?” The question is, “How do I shift my mindset of myself and
of the world, such that I have a deep burning why and positive energy around fueling my body with high quality?"

**Christine:** Yeah, I know, and that’s such a powerful way to live your life, to be that connected to. The stories that you shared are stories of people feeling connected to someone else, if they’re going to have a baby. Or connected to their beliefs or their philosophy, or this kind of bigger vision outside themselves.

So how do you walk people through this? So, maybe someone’s listening, they’re like, “Okay, I definitely need a lot of support with losing weight. I definitely don’t feel that great about myself right now.” But you can have that thought, and you can know that you need to change, but change is still really hard, right? So how do you walk people through this transformation?

**Jonathan:** It is very difficult, first and foremost, to have this kind of profound transformation in isolation. It almost always requires support, either from a group; a trained professional. So I mean, there’s a reason there are therapists and support groups, coaching programs and things along those lines, because having a supportive ecosystem to help… another way to think of this is, we will often do and say things to ourselves, that if any other human being on the planet did, we would either fight them, sue them or you know, run away from it. So the way we interact with ourselves in isolation, is generally very different than the way we interact when we’re not isolated.

And also very different than what we would ever hear another person say to us. Another person would probably, hopefully, never say to you, “Oh, my gosh, you look so disgustingly fat and ugly right now. Like, you should not even leave your house right now.” And I bet a lot of people watching this hear that in their head, multiple times a day, every single day of their life.

So, step number one is, understand that this is not something that you can do alone. And I say can intentionally and almost kind of hesitantly because I don’t want anyone to feel disempowered. But if you look at the data around support, and having meaningful human connection, to feel a sense of purpose and self-worth, it’s extremely powerful.

In fact, just as a quick anecdote, I was chatting with Dr. John Ratey at the Harvard Medical School. He’s a clinical psychiatrist. And he’s the gentleman behind many of the trials that caused exercise to now be prescribed a standard of care for… like, if you say, “I have depression,” if you get diagnosed with depression, your doctor will often say, “We can either put you on medication, get you therapy, or you can start exercising. Like, they’ll give you those options, which is cool. So he did a lot of the trials that show that certain forms of exercise can have as profound of antidepressant effects, as things like Zoloft and Prozac, without any negative side effects, blah, blah, blah.

The point is, they’re doing a very large study on Medicare B patients
in California. It's a correlative study, so we cannot draw causation out of it. But what they did is they asked many, many people to fill out questionnaires about what they do with their life. And then they were able to sort of judge both the quality and quantity of the survey takers' lives afterwards. They gave a certain number of points for, like, “Oh, you eat health food.

Okay, you get these points. Oh, you exercise frequently. Okay, cool, you get this many points,” and so on. And at the end of the data collection... the study hasn't been published yet but it will... they found that if you took all the goodness that you get from eating, and all the goodness that you get from exercise, and you put them together, that did not predict a high quantity and quality of life as strongly as perceived sense of support.

Meaning, believing that you felt supported and connected. I'll say that one more time because there's a lot of words there. In this tremendous study conducted by researchers at the Harvard Medical School, of Medicare B patients in California, the best eating and exercise did not have as much of an impact as feeling like you are connected and supported. So, how do you make this transition? Look, we only have a half hour here today. And we cannot unpack like all the psychology of human change and overcoming trauma and stress; that would be hubris at best, hubristic at best and foolish, at worst, to try to explain that.

But what I can tell you is that being at an event like this, finding supportive people, getting yourself enrolled in some sort of change based program that is not... and I'm going to name names, so please forgive me... Weight Watchers, or anything else, that's just going to say, “Hey, like, just eat less of the garbage food you're currently eating. Like, starve yourself. And maybe just exercise more,” they're missing the point completely.

You need to be in a system that understands that ultimately, what is driving your decisions or what is driving your story you tell yourself and the way you speak to yourself... and that's usually rooted in something way back that happened when you were like, five or 13, or some point of time in your life... and until we can unpack that...

And at the same time... see, this is the key, because there's a lot of programs that do the whole trauma thing, which is super important. And then the person is like, “Okay, cool. I'm over my trauma, and I still weighed 300 pounds because I still don't know what to eat.” So what I want you to do is to create a virtuous cycle, because it's also much easier to have a positive perception of yourself, if you are feeling great and have a lot of energy. And you can feel great and have a lot of energy, by making the right nutritional choices and by having the right physical movement.

So what we get is, instead of that vicious cycle we talked about earlier, where low quality choices cause low quality self-image, causes
medication, which causes more weight gain, which causes over... Now it's, you make slightly higher quality food choices, as you slightly improve the energy and story you tell yourself. As you slightly move better, which makes it better to make even better choices tomorrow, which makes it even better to have a better perception of yourself.

And then it's like, after a year of these gradual synergistic changes, you're in a place both spiritually and physically, and emotionally, where you're like, “I see life in color for the first time.” Like, “What the heck just happened?” And that beautiful thing is having all of those things get slightly better, over time, with support. And you've got to have all of them. And that's so key.

Christine: No, I love that. And that's been a message throughout the summit and some of the speakers, we had Lynne McTaggart actually on, and she talks about the power of eight and the collective, and kind of that group intention. And I know that you're taking this to the next level with really creating change and lifestyle and diet, and really with your big goal of reversing this no obesity epidemic.

Of course, I have to reflect on it, with us seeing this being such a problem in America right now, it makes me sad to see that there are a lot of people out there who have been through trauma or have this negative self-talk. And the more we can come together and support each other, it sounds like there's a lot more healing that can happen, than just losing weight.

So I think it's a really great reframe on a really hard and challenging subject that people feel really defeated, over and over again. So I think you're just doing really amazing work. And I know that we're having just a taste and an intro to this conversation and your work. And Jonathan, I'm sure you're quite active in creating these groups and communities, and getting the word out. And so how can people find out more about you? And if they want to work with you or learn more about what you found, in your research, how can people find out more about you?

Jonathan: Please just visit our website, which is sanesolution.com.

Christine: Great. So, I will be continuing to check this out as well. I know that we've just gotten to know each other and I've been really amazed about your energy and your passion for this work. And I know that you're helping a lot of people. So I'm really grateful that you're on our summit. And just thank you for taking the time.

Jonathan: Thanks for having me.
Dr. Klinghardt: Dr. Musnick, welcome to our summit. Thanks for agreeing to, to speak to us. I've known you for well over 20 years. And you were once known as one of the primary doctors to treat people with injections the prolotherapy and the PRP, and all that. And yet in the last few years, your reputation has much more blossomed, using non-invasive procedures, like working with different tools that use electromagnetic properties like microcurrent or magnetic fields.

In fact, I think the people that are watching this should know that a few months ago, I came to you quite desperately because I had persistent knee pain. I'd tried every injection technique on my knee and it didn't budge at all. And you gave me treatment for no longer than half an hour and my knee pain disappeared, and has not come back. So I know we have to take whatever you do, very seriously. It wasn't microcurrent, it was something else I think you used on me. What was that?

Dr. Musnick: Yeah, actually, I have treated you with both frequency specific microcurrent and pulsed magnetic field. The time that you’re talking about, where you're referring to your knee; that was pulsed magnetic field.

Dr. Klinghardt: The pulsed magnetic field. Could you describe that a little bit because it’s part of what I want people to know about?

Dr. Musnick: Okay, well there’s a number of treatments on the electromagnetic spectrum that can actually be helpful for people. As opposed to EMF being harmful. So we consider this, in some ways, energy medicine. So, pulsed electromagnetic field is abbreviated PEMF and there's different types. I would say there's different types of pulsed electromagnetic field because a lot of the pulsed electromagnetic field that's available today is a higher level milligauss.

It really spans the range from these pads that people buy. You know,
where they lie on the pads, like the Beamer and these other pads, to devices that are used to treat specifically; even all the way up to some of the devices that deliver very high milligauss levels. And I've sort of done a lot of research on this because I've been interested in non-invasive treatments for a long time, and I want to be able to get at the underlying causes and roots of the problem, but I also want to be able to heal tissues.

And if I can heal tissues with a modality that's not invasive, and have a really good outcome, I want to be able to use that; because I realized a long time ago that needles don't cure everything. But they also sometimes don't deal with the underlying cause of etiology. So, a number of years ago, I looked at all the pulsed magnetic field technologies that were available. But I want to preface this by saying, my major modality is frequency specific microcurrents that I use in the clinic.

So a number of years ago, I looked to see what the pulsed magnet of a few modalities were, because some of my patients were coming in with the mats and different things and asking me questions. And I also wanted to know what it was efficacious for, both in the research and in clinical practice. So, then I ended up with you with your knee, treating it with a particular pulsed magnetic field that's sort of a lower energy device, lower milligauss.

But that device also includes something called SCENAR technology and something called global scaling. So it's a rather unique device, most of the pulsed magnetic field did not have those types of technologies in them. There's only one sort of frequency and either low milligauss, like the pads, or high milligauss, like the coils. I haven't found a lot of benefit from the other types of units in treating specific conditions.

**Dr. Klinghardt:** Give the people a listen to some ideas, when you would consider using pulsed magnetic fields, rather than microcurrent or in addition to the microcurrent.

**Dr. Musnick:** Well, I never use them on the same day, that's for sure. So the way I think about this is, frequency specific microcurrent has specific, a, condition channels and b, tissue channels. And so it's really my go to, for most things, when I'm trying to treat specific tissues, because I can treat multiple tissues and the nervous system at the same time. Now, sometimes I think about pulsed magnetic fields for people, when there's certain conditions. Like some patients, they don't respond to frequency specific microcurrents, it's a minority, but some of them don't; they just don't.

So then I will go to frequency specific microcurrent first, and then I'll go to the pulsed magnetic fields. I also integrate low level laser in my clinic and I integrate that for specific reasons. But I think of it like spot welding, it's like, I'm going to put the laser on in particular area, with particular things in mind. Like, I'm not going to try to treat the spinal cord with
the laser. I’m not going to try to treat a whole nerve, I might beam in on a nerve root. So I’ll be in the laser specifically on a structure that I’m trying to treat. But if I want to have more efficacy with a broader area, especially an underlying degeneration, I do like the pulsed magnetic field device for underlying degeneration.

**Dr. Klinghardt:** Are you saying that my knee was degenerating? I’m just teasing.

**Dr. Musnick:** Well no, that’s a specific thing that I’m not going to get into, what I decided was wrong with your knee. Although I did decide that there was a combination for your knee, of issues regarding what’s called the coronary ligament, which anchors the meniscus. And I decided there was some periosteal issues, periosteal pain, and potentially some degeneration. And I wanted to treat all that at the same time.

**Dr. Klinghardt:** David, is it okay if you disclose to people a little bit more where they can learn the magnetic field treatment?

**Dr. Musnick:** Yeah. So I’d say, in terms of magnetic field treatments, there’s a number of websites. There’s Dr. Paulus, and he’s a doctor that has done a lot of research on pulsed electromagnetic field. So I want to give a preface and just save people a lot of time because I mean, I studied this extensively, a lot of research on pulsed magnetic fields, based on what was done with “NASA technology”. And there’s a lot of misinterpretation and a lot of misunderstanding. So there’s a lot of people quoting, “Based on the NASA research, we do this... that,” or, “We use this particular frequency,” and a lot of it wasn’t really that accurate.

Then when you hear some of the talks from some of the people that were actually involved with the NASA experiments, the PEMF information wasn’t as accurate as people are sort of claiming; that you’ve got to use this frequency or that frequency. So a lot of pulsed magnetic field is not necessarily frequency specific.

So it spans the spectrum from the pads; that there’s different pads and mass, like the Beamer, and there’s a number of other companies out there. There’s QRS, there’s a lot of them, they’re all fairly low power; they’re less than one milligauss. And I haven’t not found specifically that I can have a patient with a specific diagnosis and treat them with that. I need to be able to have more confidence in either literature or my clinical experience to be able to say, “This is going to be efficacious. We want to bring you back for this treatment.”

So then there’s... I actually did get a coil based system that was like 3,500 milligauss; that was extremely... I’d say it moderately strong, it’s not as strong as some of them that are 15,000 to 2,000 milligauss. But I didn’t find the efficacy that I wanted to find, treating like arthritis. Some of the biggest challenges I had were treating really difficult arthritis cases. So I wanted to see if that type of high milligauss treatment would treat difficult to treat osteoarthritis. I also do a lot of biomechanical assessment and put them on certain supplements; that I find, based on
the literature might be helpful.

So I do it all together and prescribe exercise; but I didn't find those high milligauss treatments to be that efficacious. And I must say, I used them for a month, but some patients had five or six treatments, which I thought was enough time to really test that. So, I use a piece of equipment that's a lower dose of a milligauss. Should I reveal what that one is?

**Dr. Klinghardt:** Yeah, if it's okay with you.

**Dr. Musnick:** So, I use a piece of equipment from a company called NES Health. It's called miHealth. It's a combination of pulsed magnetic field with SCENAR technology, and with what's called global scaling technology. And it's sort of very particular to this company, they've developed a device that has a whole sequence that you have to do, in terms of treating with different programs on this device. It's either applied directly to the tissue or off the tissue in broadcast mode. And I found it to be helpful with osteoarthritis. I felt it to be helpful with chronic pain. I felt it to be helpful with certain nerve issues.

So, I use that if I need something to work fairly quickly. I also use it if I haven't had the results with frequency specific microcurrents. And I have treated numerous patients with osteoarthritis in the knee. I mean, a fair number of patients that were scheduled for knee replacement; that then I did a sequence of treatments with this pulsed magnetic field with glucosamine sulfate, vegan based glucosamine sulfate, and a highly absorbable curcumin, and a strong fish oil. And that along with the pulsed magnetic field, about six treatments, they basically said, “I don't want to get the knee replacement at this point in time.”

So I can say that I've had fairly good success with degenerative osteoarthritis of the knee, specifically with this device. I have also treated some fairly obese people that did not respond to the frequency specific microcurrent for sciatica or for low back pain, and I've had some reasonably good results with them with this particular device.

**Dr. Klinghardt:** I just wanted to add that Dr. Musnick gave me only a single treatment. And before the treatment, I was hardly able to walk up the staircase. And after the treatment, I was able to walk with Dr. Musnick up Mount Rainier. Now, I cancelled out the last little bit also. But when we went sledding on garbage bags down Mount Rainier, so I could do that immediately afterwards. So I was really surprised. So, David, let's go on to the frequency specific microcurrent. I know in the same production, we also have an interview with McMakin. And so we don't have to go through all the theory and how it was invented or so.

But how did you get there from being one of the more written up and well known sports medicine doctors? Really you were known for your exercise science that you had behind it and the injection procedures? And then you moved on to using the frequency specific microcurrent and have an excellent reputation now with that. That many people get
Dr. Musnick: Well, you mean, how did I arrive at this? Well, it’s a funny story, but I’ll tell the brief part of it. I’ve been teaching for the Institute of Functional Medicine for many years, giving lectures. And the real true story is that two years before taking the training in frequency specific microcurrents; that would have been... I took the training in the summer of 2009. So two years before that, I was giving a big talk on osteoporosis, osteoarthritis, and exercise prescription in Baltimore, Maryland. And I flew in from Seattle, and then the next morning, I could not move my neck. I literally couldn’t move my neck. So I was going an hour early to see the lecture hall where all the doctors were, just to see where I might be giving my talk. And Dr. McMakin, who knew who I was, but I just didn’t know she was, she said, “Dr. M, how are you?” And I turned my whole body, I could not turn my neck. So I rotated my whole body and I said, “I’m fine. How are you?” She said, “How could you be fine, you just turn your whole body?” I said, “Well, I’m not fine. I must have slept funny.” And she goes, “Would you like to see if I can help your neck?” I said yes. And then literally, I couldn’t move it. Literally, I had a really inflamed facet.

And I had an hour before the lecture, so she must have worked on me like for 40 minutes. And I got off the table and I had full range of motion and gave my talk, and then I forgot about it. A year later, something similar, only with my lower back. I couldn’t move my back, just from sitting on the plane, and whatever. I mean, it wasn’t like I couldn’t move it but it was hurting a lot. And since I knew who she was at this time, she said, “How are you?” I said, “I’m fine. Except my lower back is really tight. It must have been the plane or whatever. And it’s hurting. And I’m going to give this big talk.”

And she said, “Do you want me to treat you?” and I said, “Sure.” So she treated me and my lower back was like, better almost instantly. I went and gave the talk. And this time I didn’t forget about it. I thought, “This is so valuable that I think I’m going to just break down and take the training.” I mean, most doctors don’t take 40 hours of training in something. They go to a lecture or something or they go to a seminar. This is 40 hours of training. So I did that in 2009 in the summer. And it was a steep learning curve. But I was committed to this because I had then talked to all these different practitioners about what results they had with it.

And then I decided that I wanted to get so good at it that I would go to every advanced meeting. And then I started teaching, I combined functional and microcurrent, and gave talks on insomnia. I gave talks on healing tendons, and then eventually put together a program to heal the brain after concussion; with a combination of frequency specific microcurrent and supplements, diet, exercise, and brain training. So it’s been a long learning curve, but it’s been worth it because there’s so
Many things I could not get done, that I can get done with FSM. For instance, I can treat the spinal cord and I can treat the pain processing centers in the thalamus. So I can treat a lot of painful conditions. And I always think about, “How do I need to treat the brain, along with the rest of the body?” I’m always thinking about the brain and the nice thing about this is you can treat the brain with this. And I also like the fact that I know that I can greatly decrease inflammatory cytokines with this, in any region of the body.

Dr. Klinghardt: Let’s just talk about that. I know like your other reputation that has emerged in the last few years is your work with traumatic brain injury. Would you say a few things to us, to the listener, how you make a diagnosis on the brain injury, and then the role of the frequency specific microcurrent in treating it? Because I know you’ve had fantastic results with that.

Dr. Musnick: Yeah. Well, I mean, as the listeners probably know, someone can injure their brain by direct contact of the head with something, but they can also injure their brain with acceleration, deceleration. And so I make a diagnosis based on the patient having cognitive problems. What I do is I do a real detailed assessment when the patient comes in and I make a diagnosis based on cognitive problems, memory, focus of attention; executive functioning. I asked a lot of questions and they fill out a pretty in depth questionnaire.

I also have what’s called a brain region localization questionnaire. And I have them fill that out so that then I can find out where the symptoms are, in regard to which part of their brain. So what’s nice is, if I can find the symptoms in regard to which part of the brain, then with frequency specific microcurrent, I can then determine which part of the brain I need to treat, and then treat it. And, of course, I have to decide what condition frequencies I’m going to use and what I’m going to try to accomplish for the FSM.

But the program that I designed, really looks at the pathophysiology of head injury because it’s not just labeling, “Someone’s got a head injury, and then you get this treatment for it.” It’s like, we have to address... there’s a lot neural inflammation, there’s excitotoxicity. There’s the blood brain barrier issue, when the blood brain barrier becomes permeable, and people develop antibodies to it.

And there’s oxygenation issues. So there’s a whole bunch of pathophysiology. So I also use the frequency specific microcurrent to specifically treat the pathophysiology. I designed a program to use both supplements and frequency specific microcurrents, and limiting electromagnetic fields to heal the blood brain barrier.

Because as and your listeners know that if someone has antibodies to the blood brain barrier, that’s a very serious problem. It’s even more serious if they have antibodies to the small intestine because if they have both, then the brain will be having potentially autoimmune
reactions and serious neural inflammation, with a permeable blood
brain barrier. So I use the frequency specific microcurrent, along with
specific supplements, and electromagnetic field protection to heal the
blood brain barrier as well.

**Dr. Klinghardt:** Give us like a best case report, from your recent
patients. Like, just describe to us a case and then what you did, and how
many treatments. And maybe what kind of contact you used to make
the current go into the body. I was surprised when you treated me,
about the nature of it, which I think people should know.

**Dr. Musnick:** Yeah, that's right. I did treat you. Okay, I see so many
because they get referred to me by the emergency room and by other
doctors. So, I'll give you an example. I saw a patient, I think she's mid-
40s, literally was dancing in a dance place and someone on the second
floor dropped a MacBook Pro computer. And somehow it left their
place as the DJ and landed on her head and her shoulder, and gave her
a head injury. When she first came in to see me, she had word finding
problems, she couldn't focus her attention more than 10 minutes.
Headaches, brain fog, problems doing her work; she was a pretty
sophisticated body worker.

Anyway, so in my evaluation initially, I also ran lab work for antibodies
to the blood brain barrier and antibodies to the small intestinal lining;
and she had positive antibodies to the blood brain barrier. So that's a
test which is antibodies to the S100B protein... or the antigen. At the
second visit, I said, “We've got quite a big task here because we've got a
lot of areas of your brain to heal.” But she also had a pretty severe bone
bruise on the scapula and a shoulder problem, and she had bone pain
on the skull.

So one of the things that frequency specific microcurrent has trained
me to do is get very specific with figuring out every single tissue that is
involved with the patient's problem. Because if I can figure out every
single tissue that's involved in the patient’s problem, then I can decide
what I can treat with the FSM. So in other words, one tissue that I've
really come to be fond of is the periosteum. It sounds funny. It's like,
I've got a Super Outback. So if I had a bumper sticker, I might say, “The
periosteum is a neglected tissue.” And raise awareness about the lining
of the bone because the lining of the bone can be painful and most
doctors miss it.

The nice thing is, there is a frequency in frequency specific microcurrent
for the periosteal lining of the bones. So, I knew when I saw this patient
that I had to heal the periosteal lining of her skull and I had to heal a
periosteal lining of the scapula, and I had to heal the muscle. Those are
sort of muscular skeletal things I had to use the microcurrent for. But
then I had to help heal her neck and her brain. So then I designed the
frequency specific microcurrent programs and also used some that were
preprogrammed because there’s some that are programmed. There's a
basic concussion program. And it depends which one you're using but...
Dr. Klinghardt: Let me interrupt you briefly, David. Can you get that all in, in one treatment or are there sequential treatments for the periosteum, for the muscle; for the brain?

Dr. Musnick: Well, yeah. I mean, this gets to be difficult. The more complicated the patient is, in terms of all the tissues that you have to treat... and it depends on where you have to treat. Like, let’s just say she had lower back involvement, well, I can use one unit on the low back because I have to have a positive and negative context. So I can put that on the lower back. And then I can put the positive and negative leads. A positive on the back of the neck, a negative on the front of the neck, and it seems to flow into the brain.

I always start that way. But sometimes, if it doesn't seem to have enough effect, then I'll actually put the negative lead over the forehead. And occasionally, I've actually put gauze, going right into the eardrums and occasionally, I've even put gauze into the nose to get into the brain, on really tough cases. You can't treat it all in one visit. So, usually what I do is see them once a week or sometimes twice a week initially, and sequentially work on these tissues. When you're treating the brain with this though, you've got to use the sort of sequence of how you're treating it. Because initially, you're trying to decrease inflammation and you work on certain other frequencies.

But then you can get a lot more sophisticated because you have to determine if the Vagus nerve has been damaged or there's been Vegas dysfunction. And there's a whole protocol to treat the Vagus nuclei in the Vagus nerve; because you can have Vagus nerve issues with traumatic brain injury, and numerous other conditions. And then if you treat the Vagus, you get much better results. So it's just time consuming for these patients. I don't usually want to treat someone more than an hour and 10 minutes, an hour and 15 because it's just a long time for that.

Dr. Klinghardt: So go back to that case. So, what happened with her?

Dr. Musnick: She resolved all the brain symptoms. She got back to the sophisticated body work. She had a little bit left over have a little bit of light sensitivity. But her brain fog resolved.

Dr. Klinghardt: How many treatments, would you say?

Dr. Musnick: I think seven; seven treatments. But you've got to understand, I also put her on certain supplements to deal with the pathophysiology. I designed a brain injury diet and put her on that. Exercise is really important for the brain because it creates neurotrophins like brain derived neurotrophic factor. So she was exercising. And the sleep is extremely important. So I don't often just use this modality, just by itself, for brain issues. I often use it just by itself for musculoskeletal issues and have had very good results with many different patients.

Dr. Klinghardt: David, let me ask the most important question about this case. Did she break the MacBook computer or did that stay intact?
Dr. Musnick: I don't know but I'm sure the Mac was broken because it hit her and then went on the floor, from the second story.

Dr. Klinghardt: Let's talk about the Vagus nerve. The Vagus nerve has now emerged in the literature as something that's actually important; and I know it connects the gut with the brain. And there is more and more now, in our type of literature, about the dysfunction and infections in the Vagus nerve. Just say a few words about that and how you use the FSM to treat it.

Dr. Musnick: Okay, so the first thing I've got to do with any patient is figure out if it's an issue. Every brain injury patient, I look for it, but I also look for it in small intestinal bacterial overgrowth. Because any patient that is constipated, with GI problems, I'm thinking about the Vagus nerve. Anybody with dysautonomia, I'm thinking about the Vagus nerve. So I'll do an assessment. I'll check their pulse to see if they have a rapid pulse. I'll check to see when they say, “Agh,” if the parietal arch is raised. And then depending on the situation, I'm going to say, “Okay, look. I suspect the Vegas...” I'll also check their gag reflex.

And then the way you can treat it with frequency specific microcurrent is quite unique, it's quite nice. Because you treat the vagal nuclei in the brain, and at the initial parts of the treatment you sequence those. We talk about sequencing in FSM because you sequence treating them with the 40 on the [inaudible], which is decreasing the inflammatory cytokines. And so you treat like 40 and 89, which is the midbrain and 40 and 94.

So you treat the brainstem, you treat the midbrain, before you then treat the Vagus. But in the same treatment, next, after you do that, then you use certain frequency conditions to treat the Vagus.

So for instance, the Vagus would be on the tissue frequency, it's 109. So when you treat the Vagus, you're going to use a number of things. You can actually use 81, which actually stimulates the Vagus; stimulates secretions of the Vagus. You're going to use 49, which is increasing vitality in the Vagus and sometimes I use actually 124.

But sometimes I will actually use other frequencies in addition to that, if I think someone's got a virus or bacteria, or something else going on, because the Vagus can transfer retrograde substances from the GI tract. Especially in small intestinal bacterial overgrowth but this has also been shown in head injury.

So I will sometimes use other frequencies on the Vagus on the conditioned channel, including toxin frequencies; hormone frequencies; depending on what specific things that patient has going on. I've noticed some significant improvements in patients, in terms of gut function. I've also noticed some very interesting things, it seems to calm people down; it makes them less anxious. But definitely improves their gut function.

Dr. Klinghardt: Can you say some things, both the way that in the last couple of years, the SIBO diagnosis has emerged, more often than not
with people struggling with their gut and getting bloated, and having digestive problems. And I know you've been successful using FSM as part of your treatment. Would you just say a few things about that, a few words about that?

**Dr. Musnick:** Well, I think one of the neglected part of SIBO treatment is treating the nervous system. There's different things that happen in small intestinal bacterial overgrowth and it depends how bad it is; like methane SIBO is the worst. Because methane SIBO really seems to cause dysfunction in the migrating motor complex to the enteric nervous system, and possibly in the Vagus. So, what I find is, some people do not respond totally to just the methods of treating SIBO, which is motility agent and things herbal or medication, to kill the SIBO.

So, my the theory is that if you don't get the motility right and you don't get things moving properly, then you're not going to necessarily get any underlying causes of why the SIBO occurs. So you could kill the bad stuff in there in the methane producing bacteria, but it will come back. So the concept is, integrating FSM, treating SIBO, you have to approach the Vagus nerve the way I talked about. But then when you approach the Vagus nerve with SIBO, you're going to add frequencies for bacterial toxins in there. And then you're going to also treat the enteric nervous system.

So, if you treat the Vagus nerve, you put the positive lead around the neck and the negative lead around the waist, because you're trying to treat the whole length of the Vagus nerve. If you're treating SIBO, the other thing that I also test, is I test for intestinal permeability and test to see if they have antibodies to LPS, zonulin, and occludin; because if they have that, I'm going to also use FSM to treat that.

And so then you use different condition frequencies on the A channel, with the small intestinal frequencies to treat the SIBO. Because the theory is, then you're decreasing inflammatory cytokines, you're improving cell signaling, and you're improving ATP, theoretically in the small intestine; and treating the nervous system. And so I've had better results incorporating FSM, than before, when I wasn't incorporating it.

**Dr. Klinghardt:** Can you give us a best case, from your recent patient load?

**Dr. Musnick:** The best case is when you say to a patient that had SIBO, “Well, your symptoms are great. You're barely having symptoms. You're barely having any gas or bloating. And you can tolerate all these foods but you have a tendency to have SIBO. So let's be very careful of sugar, and getting enough sleep.”

So I never tell anybody, “Well, you absolutely don't have SIBO, and you'll never develop it again.” I'll say, “We reversed it in a lot of ways. And your gut seems to be working a lot better.” So, sometimes they don't need the ongoing motility agents. Like a number of them lately, they don't need the ongoing motility agents. They don't need so many courses of the
antibiotics, you know, Xifaxan or the herbals.
And the other thing, you can actually work on the ileocecal valve with the FSM. So I often find that I'm having to work on the small intestine and the large intestine as well, because I don't find many people with SIBO that don't have large intestinal problems as well. The statistics on the chronic SIBO patients are not that great. Like, if you take the statistics and say, “What percent of people will totally resolve this?” there's a lot of people that will recur, 50% or more will recur. So I find when I'm treating people this way, it's a lower percentage of people that will recur or have frequent recurrences. And they seem to tolerate more foods and do better.

**Dr. Klinghardt:** Now, David, with your treatment with head injury and GI problems, you moved to be really in your own league with that. What would be your recommendation for practitioners and lay people that listen to this, how to get anywhere close to where you are? What kind of courses should they take? And are you available as a teacher? Or will you in the future be available as a teacher to communicate? You've gone through a tremendous learning curve.

And I know the field well enough and I know you well enough to know that this is something, really the whole world needs to learn about. It's a revolution in medicine, not just in orthopedic medicine; that was your background.

But now you've moved well into the arena of internal medicine, which really I know you're board certified in that. So you kind of come back home with that. But it's a revolution in medicine. And just to give people some idea, if they want to get anywhere close to what you shared with us, to apply that on their own. Because I know, if everybody who listens to this now starts referring to you, you're going to have a waiting list of 25 lifetimes.

**Dr. Musnick:** Well, first of all, I do consultations in my clinic for FSM and for head injury, but I also have expanded the head injury information to treat cognitive impairment. Because all the information on the pathophysiology, there's a big overlap with cognitive impairment, a huge overlap; because then you're talking a lot about neural inflammation. And you're talking about mitochondrial dysfunction in the brain.

So there's a few things. In the May 2019 edition of The Townsend Letter, there's a five page article I wrote. So people can go online and Google 'Townsend Letter May 2019, Musnick', and probably find that article. What I find is, for some reason, when they Google it, they don't get the reference list; I'm not sure why.

Now number two, I'm finishing a chapter for a neurology textbook, the textbook is called Integrative Neurology, and it should be published in the fall or the late fall. And my chapter is on healing the brain after concussion where I'm going into quite a bit of detail about this. The difficulty is, in a chapter, is that you can't go into as much detail on
specific doses of nutrients, and how you stage things as well. So yeah, I do some teaching. Like I've taught in the Advanced Microcurrent meetings, like the past two years, three hour workshops on healing the brain, integrating functional medicine, and microcurrents.

And what I eventually would like to do is probably do at least a one day seminar on this because there's so much information. You start getting into just understanding the pathophysiology of everything that happens after a head injury, and neurodegeneration, and it's quite a bit of information.

And then you talk about how to stimulate neurotrophins and the growth factors, and synaptic neurogenesis. It's quite a bit of information. So if anybody ever wants to know if I'm teaching whole courses, all they have to do is contact my clinic at www.peakmedicine.com. And my reception staff usually knows about that or if they don't, they just ask me.

But the problem is, as you know, is that when you want to teach a whole course, as opposed to a lecture, you have to have a venue to put it on. And it's been a little challenging, being able to put on a whole day or two because there's so much information on this.

But like I said, it does apply to cognitive impairment and neurodegeneration. The whole overlap between healing the brain after a head injury and the information on the pathophysiology of neurodegeneration is so interesting. And oftentimes, what's also interesting is, so many people that you wouldn't think have had a head injury, have had a head injury. And you're seeing them for Parkinson's or you're seeing them for something else.

And then you find out they fell skiing or they fell off their mountain bike, or they slipped on the ice or something. And that was an injury which could have led to what we call primed glial cells, where the primed glial cells then change their phenotype, and then are much more susceptible to activation by inflammatory triggers. And so there's a lot of fascinating information about this. And I find, the FSM is very interesting because you can treat inflammatory cytokines very well, when you're trying to heal the brain with it.

Dr. Klinghardt: Let me ask you, there's a couple of small questions before we end our interview here. I see a lot of people with chronic Lyme disease or chronic Epstein Barr but clearly, it seems like the inflammatory trigger in the brain, in the central nervous system, there's an infection. Would the FSM still be a good tool to include in the treatment for that?

Dr. Musnick: Yes. So here's the concept, and you're probably extremely familiar with this concept, is, you can either go after trying to kill these things, which doesn't seem to work very well; or create an environment where they won't thrive. And so what's interesting, I found is, if you do everything you can to decrease electromagnetic field stress with these patients and increase t regulatory cells, and heal the gut so that you're
not having immune dysfunction in the brain... because imagine you're having an autoimmune attack in the brain, then these infections can go unregulated.

But if the immune system is working much better in the brain because you don't have antibodies to the blood brain barrier, and you don't have antibodies to different brain tissues, and you're controlling neural inflammation, then you create an environment where Lyme disease and Epstein Barr is not going to reactivate as easily.

So that's the approach I've taken because I mean, you know this, I do not keep up extensively with everything in life. I know about it. I've gone to lots of lectures but I don't consider myself to be a foremost Lyme expert. But I treat a lot of people that have Lyme and other things. And I found when I approach it this way, it works better. But what is interesting is that with FSM, there are a number of frequency combinations for viruses that seem to work very well to decrease reactivation. If they have Epstein Barr, or they have herpes viruses or something, I can't tell you exactly the exact mechanism, but the frequencies have been worked out.

You know, in people that are having these symptoms, there might be a reactivation of Epstein Barr; we have all the lab tests to show that that's going on, and I will treat them. I've got a patient right now that's got neuropathy and all kinds of things with Epstein Barr reactivation. So I'm using it as part of her treatment.

And part of what you think about doing is, you find out if the blood brain barrier has antibodies, and you've got to heal that. And then you find out if there's antibodies to the intestine but you're also going to treat the brain directly with the frequency for viruses. As well as to decrease neural inflammation to try to calm down the system, in terms of these co infections or viruses. But I do find it useful.

**Dr. Klinghardt:** David, I have one last question. Now, you know that we see quite a number of autistic children in our office and I know that so far, you haven't been forced into that yet. But if you would speculate, you know, the autistic brain is an inflamed brain. With the leaky blood brain barrier, they have leaky gut; they all have Vagus nerve dysfunction. Would you see any reasons to not treat children?

**Dr. Musnick:** No. So, you may not know this but years ago, I treated autistic children.

**Dr. Klinghardt:** Yeah, I didn’t.

**Dr. Musnick:** In an environmental clinic. I was very involved with that for two years, at least one day a week in an environmental clinic; because I studied environmental medicine extensively and ended up treating these kids. At that time, though, I wasn't doing FSM. So, no. These kids have very inflamed brains. And, like you said, they get the blood brain barrier issues, they get the Vagus nerve issues; they get the gut issues. I think one of the main issues is, number one, there's no side effects from this treatment, which is nice.
But the issue is, can the kids stay still long enough to get the treatment? So you either have to apply it through moist towels, and graphite contacts or with adhesive pads. You could apply it with an adhesive pad and tape it onto the kid, and then put a fanny pack, where you put the microcurrent unit in the fanny pack. And then they can walk around and move around.

And so I don't see any reason why an autistic kid couldn't be treated with this, as part of their treatment regimen. Especially to decrease the neural inflammation, to get the Vagus nerve working better, and to treat the intestinal and blood brain barrier barriers. It seems like it would make a lot of sense.

Dr. Klinghardt: Thanks, David. I just want to say some concluding words that I think is important for the listener to hear. The interview you just heard, actually, this is the future of medicine. I've been a medical doctor for 46 years. And I've been through a lot of similar phases in medicine that Dr. Musnick has. Except he's always been ahead in many ways. Well, I mean, you were board certified in internal medicine and did a lot of cardiology in your early years.

And you've been through all the medical drugs, and then you became a master in orthopedics. And then you became a master in functional medicine, which is really doing all the medical stuff with vitamins and herbs instead.

And you ended now, on top of the heap of all of us, using the microcurrent for all these conditions we have no answers for. So I just wanted to make that point. What people just listened to, it's the future of medicine. And I want to congratulate you and I'm kind of proud and honored to be your friend. That I can be a witness of that. That you moved ahead of the pack of us in such a beautiful, elegant way. And I don't know, maybe you say a few concluding words before we end this talk.

Dr. Musnick: Okay, well, you know, one thing is that I will be teaching frequency specific microcurrent for Frequency Specific Seminars, starting in 2020. And I've been assigned the visceral part. So I'm going to be integrating functional medicine with teaching frequency specific microcurrent. So if a clinician wanted to learn this, but they really were also keen on integrating functional medicine with FSM and microcurrent, then they could teach the course that I'm going to be teaching; the visceral part of the course.

There's really three parts of the course. And in that, I'm also going to be teaching about the Vagus. And it's possible that Frequency Specific Seminars may at some point, sponsor me to do a full day workshop on healing the brain. Or who knows, maybe you and I will do it sometime; integrating all this material.

The other thing is, it is a learning curve to use any modality effectively, not laser so much but frequency specific microcurrent is a significant
learning curve. So I’d suggest if anybody says they want to have the incredible results that we get, get ready for a good learning curve, but it's worth it. It's worth it. It requires thinking but especially in 2020, when we start teaching it as individual modules through Frequency Specific Seminars, I think it’s going to be much more understandable; much more usable. It's worth the learning curve and a lot of people can be benefited by it. And it’s got a very low side effect profile. So I’d say it’s just a nice tool to integrate.

**Dr. Klinghardt:** David, I have one request because I want to save you from getting hundreds of email messages and contact message from people asking for the training. If you would put on your website, some recommendations for who they should contact; where to find the information and that you keep updating that, so people don’t have to call because otherwise I know that this very well; that what you’re teaching and what you pointed at today is so important and so foundational.

It doesn’t matter if somebody is an ear, nose, and throat doctor or an acupuncturist, or a massage therapist, it’s a tool and a set of tools and skills that apply to everybody. Maybe one last question, have you gotten into the American football teams yet because they all obviously need this treatment?

**Dr. Musnick:** Yeah, I've had some NFL players as patients. And the interesting thing is, some of them call and of course, they want to be treated that night. And so I spent three hours with some of them. I've seen swelling go down, literally within three hours, when someone had swelling for months. And I've seen some pretty amazing things happen. So, I think professional sports really needs this more, especially for their concussion protocol. Hockey needs it; the NFL needs it more. It's been introduced a little bit in certain teams, based on the practitioners.

And the other thing I'd say, is if someone's looking to refer to a practitioner, they can go to a website called frequencyspecific.com, and find a practitioner. And they can also go to my website, peakmedicine.com and look at either the frequency specific microcurrent page or the brain page. There's also an interview that I did for the Broken Brain docuseries.

And we'll try to have a part of the site that lists the lectures that I'm doing. I'm actually giving a lecture at the Forum for Integrative Medicine next year, on how to heal the brain with functional medicine and frequency specific microcurrent. That's next March, in Seattle.

**Dr. Klinghardt:** Thank you. That's very helpful.

**Dr. Musnick:** It's a short one. It's like an hour but you need a lot more time than that. But anyway.

**Dr. Klinghardt:** You forgot to mention soccer. The women just won the soccer World Cup. It's incredible and beautiful, women actually playing the best of the world in soccer. But we saw that on TV, they get head
injuries and not as severe as someone's in American football, but they're still there.

**Dr. Musnick:** yeah, they're heading the ball and they're getting... you know, I will tell you one thing that I did want to say that's super important; is that children and teenagers with head injuries really need this kind of care, because it shows up when your kids are starting to have learning disabilities that didn't have them before. Not wanting to participate in school. Not having the brain endurance to do their work in school.

And the problem is that, say if a kid has a head injury, they get referred to a neurologist that doesn't address the pathophysiology. Then they go to a few different therapists, but nobody's addressing the pathophysiology. So I really think a lot of attention needs to be spent with the kids.

And I've seen a lot of kids where they're playing soccer, they've got head injuries from soccer or just like from repetitive heading. That the parents and doctors need to pay attention when these kids are developing problems, either as kids or adolescents because they need the best care. Because there's a concept of brain reserve, where people decrease brain reserve. But if they don't go below the level of brain reserve, they don't have symptoms.

And when a kid is having symptoms, that's serious because they should have a lot of brain reserve. And they have symptoms; that means they've gone below the level of brain reserve. So that to me is the 911. We have to look at the pathophysiology. Microcurrent is amazing for children, they do so well with microcurrent, and much fewer treatments. And they seem to like it; they respond. So it's a great way to also help children.

**Dr. Klinghardt:** So, thank you, Dr. Musnick. I do encourage you, I would love you to write a complete book on this. I will be the first one to translate that into German. And then the other, we'll translate it into Italian and Spanish. And its information that the world needs right now. The brain is the most threatened organ, and I know you agree with me, the environmental toxins and Wi Fi environment, the 5G coming.

So threatening and brain injuries that may have been tolerated to a degree, 20 years ago or 30 years ago are no longer tolerated. And so this is a phenomenal tool you've just introduced us to. I know for time reasons, we need to leave the interview here. I have 1,000 more questions that I'm going to ask you in private, when we go hiking next. So, thank you. This is the official end of our interview. Thank you, Dr. Musnick.

**Dr. Musnick:** You're welcome.
Frequency Specific Microcurrent
Guest: Carolyn McMakin

Christine Schaffnr ND: Welcome, everyone. I am here with Dr. Carolyn McMakin. And we’re going to talk about frequencies, how they change cell signaling, cell function, and structure.

Dr. Carolyn McMakin developed frequency specific microcurrent and in 1995. Started teaching it in 1997 to see if it was reproducible. And has been teaching it since then, creating a body of 4,000 of FSM practitioners in 23 countries.

She has published ten peer-reviewed articles and an FSM in Pain Management textbook, and *The Resonance Effect*. And she lectures around the world at medical meetings on the topics of pain management and inflammation to teach FSM courses.

So thank you, Dr. McMakin, so much for being here. This is such a joy for me to interview you today. And I’m really also grateful for your sponsorship of this summit.

But you have been pioneering kind of really leading the way if we want to call it the use of energy medicine and really looking at the body from this electrophysiology point of view. So I think it’s going to be a really fun conversation. And I really want our audience to learn a lot about frequency specific microcurrent and how it may either help them in their practice or help them in their health. So why don’t we just really dive in and ask how did you really develop frequency specific microcurrent?

Dr. Carolyn McMakin: It was coincidental, I guess. I started practice and went back to chiropractic college and went to chiropractic college when I was 42. I was a pharmaceutical salesman for 16 years before that, so I was introduced and trained in medicine in an allopathic model.
Then did premed chiropractic college. Started practice at the age of 47 in 1994. My partner gave me a precision microcurrent machine as a graduation starting practice gift. And we started treating myofascial pain and chronic fatigue patients in '95.

And he had a list of frequencies that he got from an osteopath. Who bought a practice in 1946. That practice came with a machine that was built in 1922. And it came with a list of frequencies.

So George Douglas went down and worked with Harry Vangilder for three months in California. Brought the list of frequencies back, put them in a drawer. In 1995 we started dealing with chronic fatigue and fibromyalgia patients. And George said, you know here this machine had ten channels, I wonder if that was the frequencies that would work on a machine. I said, what list?

So that's how it started. We started using frequencies for inflammation and allergy reaction and practicing on patients on my two days off. On Tuesday and Thursday. And then the clinic grew as the frequencies became affective in treating nerve and muscle pain.

And so we started out treating nerve and muscle pain. And then we found out how to treat the spinal cord, and fibromyalgia, and the gut, asthma, it builds with clinical research basically.

The first year we spent figuring out what frequency went where, how to use them, finding out whether they were safe. So if a frequency didn't help what you had or wasn't effective, would it do you any harm, was it safe to use a frequency that didn't work. What if you guessed wrong.

The device and the frequency list is to treat; the device is to treat, the diagnoses comes from in here. And your understanding of how pathology, physiology, the patient's condition, and history, physical exam and all of that. So that's how it started. Purely trial and error. Mistakes. I wish I could get some of those patients back that I had in '97/'98/'99 because now we're a lot better. And more efficient at helping them.

But the results in muscle pain were so profound in '95 and '96 that I decided we had to teach it to find out if it was reproducible. We done as much placebo control as you can do in private practice. So the machine was turned away from me, my assistant would push the buttons, I didn't know if it was turned on or what frequencies were running. We blinded me, the patient's always blinded because the current is subsensory.

And so we started teaching it in January 17, 1997, it was a two-day class. It was horrible. Like a six-page Word document. And then by June, there were a couple of people, four or five people that bought machines from Doug Casey who is a MioMedic dealer. The precision micro dealer.
They bought machines, and by June we had enough reports back to know that it was reproducible. And then I kept teaching it because it would be immoral not to.

So that’s how it got started. And then it has built.

**Christine Schaffner ND:** And I know you have quite the following now. For maybe someone out in the audience right now who's, we've lost them at the word frequency, can we just maybe take a step back and say okay, what are these frequencies? You've touched a little bit about how osteopaths developed them, but how does our body even communicate, and what's really happening when the body is receiving these frequencies? What is happening to our body, why do we see an effect?

**Dr. Carolyn McMakin:** That is a really good question.

So the first thing to know is that frequencies are all around you. So we think of a frequency of where you turn your radio dial, 101.5 or 99.1, or whatever. So that’s a really high frequency that transmits radio signals.

But if you use your key to open your car door that's a key and a lock. Most of us have cars that open with a little key fob now. That little key remote uses a very specific frequency to open your car door. Only your car door. You may have five cars of the same brand, same year, all next to each other in the parking lot and when you click your remote, only your car responds. That's a frequency.

We are taught to interpret frequencies as infants as children. So the color that's behind you in that painting, that red color. That's not actually red. It's a frequency. And as children we are taught, mom points at that painting and said do you see the red stripe? Do you see the blue bird, right? Those aren't colors those are frequencies that are interpreted by our eyes and our brain as color. Because of the way we're wired.

So the body is built to respond to frequencies. What we've found over time is that the frequencies are number one very specific and number two they always do what they are described as doing somehow on this list.

So there's one frequency it's 40 hertz, now the frequency for your key fob is much more complex, many more places, but it's the same principle. Forty hertz is the frequency on the list to reduce inflammation.

We have two channels. One is the condition, one is the tissue. So if you wanted to reduce inflammation in the nerve, you put 40 hertz on channel A. It's just a number, it's a frequency. And let's say, 10 hertz on channel B, because that we have data on.
And the body appears to respond to the frequency by, like your key fob on the outside of cells there’s like little antennae’s, protein receptors that are connected to the genetic machinery inside the cell.

When the frequency hits that tissue, the data suggest that we are doing is changing how the cell signals inside of the cell. Changing cell signaling in such a way to modify what the genetics of the cell are doing.

So in response to certain difficulties as a certain cell; let's just say the spinal cord because we have the best data on that. It encounters inflammatory substance that damages the spinal cord pathways and the spinal cord begins to express the genes to release inflammation.

We found out in 1999/2000 that a particular frequency, 40 hertz on channel A and 10 hertz on channel B, which was described as the frequency for the spinal cord would reduce body pain in fibromyalgia patients who got their fibromyalgia from spine trauma.

So 40 hertz on channel A, 10 hertz on channel B, you connect it around the neck so goes through the spinal cord, put it to the other contact down at the bottom of the feet. The current flows through the body. But the pain goes down. From an average of a 7.4 to 1.4 in 90 minutes. That's not possible. There is no way medically for that to happen.

So we had 25, I actually had about 45 cases when I took this – I did a Grand Rounds Presentation at NIH in 2000. I told the group, we've done this 25 times, it never doesn't work. It always works. But it only works on this.

Somebody measure what we've done objectively. So this micro immunochemist came up and said, you send me some spots of blood on blotter paper, special blotter paper and I will tell you what's changing.

So he sent me the blotter paper, I call the patient that I knew had this condition that we hadn't been able to help with any other treatment two years before. And we started. We had five blood samples from her. And ultimately we ended up with 13 patients.

And what happens when we do the frequencies to reduce inflammation in the spinal cord is that the inflammatory chemicals in the blood, and apparently the spinal cord go down at long rhythmic rates by factors of 10 and 20 times in 90 minutes.

Medically, cytokines, these peptides, cytokines are very hard to change. When they change they change slowly over months. They're tremendous side effects. And the problem with the biological drugs that lower these cytokines is not – they drop them below the normal range.
So we have this data, we've had it now for almost 20 years, 19 years. And when we discovered this cell signaling model for how FSM works, we went back and looked at the data. And all of the cytokines after 90 minutes stopped in the normal range. We aren't dissolving the cytokines. The only way the data makes sense is possible is if we are changing cell signaling back to normal. So the cell in the spinal cord is no longer secreting these inflammatory products. So that's the data that says how the frequencies work.

When we talk about energy medicine it has an effect on people where people get kind of whoo whoo, like oh, if I have good thoughts and vision white light it's going to be fine. It's like actually, no. You know? The frequencies have very specific effects. And if you use a frequency, you have good intentions, but you use the wrong one it's not going to work, and it might actually do something that you didn't want it to do.

So I'm fairly data-driven because my objective has been to get FSM out into medical credibility. Energy medicine is, I don't know, flakey in general, right?

Oh, use these frequencies, and it does everything. So I want to bring it in bounds and keep as data-driven as we could. So what data we have supports this model. And really demonstrates how it is the frequencies worked almost everywhere by changing the way cells work. And they have to be very specific. I can keep talking unless you want to ask me another question.

But there's a really neat example of that. When you have – somebody will say, “I have Achilles tendonitis, or a have tendinopathy in my shoulder,” right? Well there's a frequency for reducing inflammation, and there's a frequency for repairing torn and broken tissue. I don't even know what that means. I don't know how it works.

But we had somebody with an Achilles tendonitis, itis means it's inflamed. And the patient was actually me in 2009, ten years ago. And I thought tendonitis is inflammation in the tendons. So I treated myself for 11 months, 10 months. Using the frequencies for inflammation in the tendon, chronic inflammation in the tendon. It did absolutely nothing. It would hold for 10 minutes. As soon as I walked it would be back. It's like, “What on Earth?”

Then I had a friend of mine treat me when we were at a medical meeting. And she said this just feels yucky like it's shredded inside. So she picked the frequency for torn and broken in the tendon. In one hour the tendon had gone from two thumps thick to normal. The pain was completely gone, and the tendon was normal size and never needed another treatment.
It’s like what did we just do? One year later one of our practitioners from Australia came up to the symposium, and come to find she’d done the research. At the symposium she pointed that tendinopathies or tendonitis is not an immune system response. It is not basically inflammatory. When the tendon experiences tears in the connective tissue the cell body in tendon that’s down by your ankle changes the genetic expression in that cell body. When it can’t fix the tendon. When the tendon is not repaired within 24 to 48 hours the genes in that tendon cell body change. And begin to express the genes to secrete inflammation: cytokines, CGRP, substance P. So it will hurt.

And treating to reduce the inflammation never worked. I treated myself three times a week for 10 months it didn't do anything. One hour with the frequency to fix why the cell was secreting those genes, turned off the genes, repaired the tendon, and it was a one visit fix.

And it works in shoulders. It works in the jaw, it works in the Achilles, the wrist. It's fascinating. It works in Ehlers-Danlos. EDS patients, it's temporary because they have a genetic abnormality. But you can take an EDS patient from 120 degrees of finger flexion down to 80. It takes an hour. It doesn’t hold, so that's where we have home units for them to treat at home.

So that’s how the frequencies work. Where they came from is one thing. And honestly, we’ll never know where they ever came from because all of that research is lost. I know where I got the list, but I don’t know how the original physicians in 1910 to 1922 developed the frequencies. That’s gone, all of that research is gone. When that generation died and when the FDA made it illegal it just all went away. But the use of it has been just breathtaking.

Christine Schaffner ND: Yeah. These stories are – I know you have so many stories like this, and that's why you continue to train practitioners and keep people like myself really engaged. Because of course we want these elegant ways to heal really tough cases, right?

I'm glad you mentioned that. Because I was going to make sure the audience understood that this was a medicine, this was a field of medicine that was very popular at a time that because of politics and everything those people who did that form of medicine were silenced and that research was destroyed.

And so your role in this has been by divine intervention, right? You have a list and a machine, and you were able to allow us to have this information again. And you’re putting the pieces together. So I just want people to understand this invaluable contribution you've made.

And so Carolyn, again, for people who these are new concepts. So it's all about getting the right frequency because it’s frequency specific.
And through that treatment, we restore the cell to normal functioning; whatever insult or injury has been why it has been in the state of disease.

But it’s restored to normal functioning, and that translates into symptom improvement. And so for some people, it can be a one time fix and others it might take multiple sessions.

**Dr. Carolyn McMakin:** Absolutely.

**Christine Schaffner ND:** Do you want to speak a little about kind of . . .

**Dr. Carolyn McMakin:** That range is?

**Christine Schaffner ND:** That range?

**Dr. Carolyn McMakin:** So for some people, something simple like tendinopathy it can take just one or two treatments. But for more complex illness, let’s just say gastroparesis and SIBO, they kind of go together, and they’re very complicated.

There’s two pieces of it. One is what the frequencies do to the tissue and the nervous system. And the other is what we call the stable state. So if you look at – the best example is ice. Ice is completely stable, H2O is completely stable as a solid as long as the surrounding environment is zero degrees centigrade. It’s completely stable as a liquid as long it’s between one and 100. And it’s completely stable as steam as long the surrounding environment is 100 degrees centigrade.

So if you have someone who let’s say has a viral and mold exposure. And/or that’s usually it, virus, mold, maybe simple dysbiosis. But the gut gets inflamed. They have a strong stress response. The stress centers go up in the brain. That turns the vagus nerve off. The vagus stops at being efficient at closing and opening sphincters. So they get reflux and because the vagus also makes the gut move the gut slows down, and when the sphincters don’t work right, and the gut is slow, and the ph is off, then the right bacteria aren’t there. And you get this combination of gastroparesis and SIBO, right?

Well, you can give them probiotics until you’re blue and it’s not going to work. The only way to fix that is to quiet, for us, quiet down the stress centers in the brain. Turn back on the vagus, treat the gut for the effects of the abnormal bacteria and the mold.

And have the patient do all of the functional medicine things that you would do or integrative medicine things you would do. You do put them on binders for the mold, or you do put on antibiotics for the pathogens in the gut. Or, and I do, anyway, put them on a hypoallergenic diet.
Usually gluten, corn, milk, are the biggies, sometimes eggs.

Get the allergens out. And because we're able to deal with that whole process with frequencies, there is a frequency that reduces inflammation. Well, in a mouse model, in animal studies we reduced the frequency to 40 hertz on channel A, and 116 hertz on channel B to reduce inflammation in the immune system.

Reduced lipoxygenase mediated inflammation by 52 percent in four minutes in every animal tested. With no exceptions. And it's a time-dependent response. So that runs four minutes. It reduced cox mediated inflammation by 30 percent in four minutes, which doesn't sound as good. But that's equivalent to injectable toroidal. So the frequency is really powerful, and it slams down the inflammation.

The current, that's the other thing, this is electrical current. The current by itself in three different studies increases ATP production by 500 percent. So if you can turn back, quiet the stress centers, turn back on the vagus, knockdown inflammation for two to four hours, and reboot the gut. And you do that, and the patient goes on the other adjunctive therapies that clean up why they got into trouble in the first place.

So kill the mold, kill the parasites, kill the pathogens, whatever. It turns it into two weeks instead of two years, right? In a standard integrative medical or functional medicine practice, their data is 12 to 14 months. We've never had an IBS even a Crohn's case that takes more than three weeks.

So I make it sound longer. And okay, I said four to six weeks instead of four to six months. But the reality is there pain is reduced, and their function is better when they get off the table. So then when you tell them, by the way I'm going to ask you to go off of all of these foods you really like, but just for six weeks.

And they go, well my gut doesn’t hurt anymore. I feel better. Okay, what do you want me to do? And there's a couple of things for the practitioner. Start from a different place.

Because the inflammation is down, the ATP is up. The nervous system is working right, and you have patient compliance that they'll do the other things that you want them to do. So you start from a different place, and it just speeds up the whole process.

So we were well-known for pain management applications. Disc locates, neck, low back, leg, whatever. But the exciting thing to me is the visceral applications and how it can be an adjunct to help a practitioner accomplish their patient treatment goals in weeks instead of months.
And the problem with integrative medicine or functional medicine whatever you want, is it costs too much and it takes too long. I mean, that's just it. You can tell people to do all of this obnoxious, expensive stuff and you say, yeah, but it's okay because in six months you're going to feel great. Uh huh, right?

Okay. So if you don't have that diet and conversation right away and you have your interview with them, decide what needs to done, do the treatment, they get up off of the table. The frequencies have this effect. They make people stoned. There's no other word for it. The endorphins in the blood work, the endorphins go up by a factor of 10/12 times. Like times. From eight to 88. It's ten times, 11 times.

So they get floaty. They get all feeling good; it's all good. So you get them out of pain, they get a floaty. And you're now their best friend, and now you can tell them, oh, by the way, there's this gluten, corn, eggs, milk thing that I need you to do for six weeks. Okay.

Christine Schaffner ND: And six weeks is not a long time when you think about everything these patients have gone through, and I've heard you talk a couple of times. That's what's resonated with me that I feel really passionate about what we do. I think we help a lot of people, but I see people struggle for way too long. And it costs way too much money, right, for everyone.

And so how do we shorten that time, and I think this is such an inspiring system to use. And so Carolyn one of the things, am I correct if we have the right frequencies, so if we're on the right track there should be some positive feeling in the body. So it shouldn't be a question mark for the person.

Because it's all about getting the right frequencies, right? So if you're not on the right track and you have to rethink the treatment plan that would be the case. Because again we're in this paradigm where sometimes things work, sometimes they don't. But we keep trying, right?

In your experience, do you find if you're on the right track, you have the right frequencies there should be some immediate, positive improvement?

Dr. Carolyn McMakin: You know right away. So the seminar that I teach, this year and for the last five years has been four days. Starting next year we're putting it into two/three-day modules. It needs more time. But half of the seminar is diagnoses.

So the frequencies make that approach possible because within minutes, seconds sometimes you will have a positive response. The tissue gets soft. Patient starts slowing down their blank rate. They start
feeling better if you’re on the right track.

This last seminar we did in Philadelphia is the best example of that I've done in years. And that is this lady, I don't remember what her clinical degree was, but she had, she said I’m up pacing in the back of the room because my pain level is a seven or an eight. I tore my SI joint, my sacroiliac joint. And I've got this tremendous hip and low back pain. And I have had ten years, I guess.

So when we got to the lumbar spine practice. I'm like, okay, let's show people how to deal with a torn sacroiliac joint. So I did the physical exam that you do to demonstrate that the sacroiliac joint is torn. You push on the ilium. You use the leg, you push down. Completely negative, it didn't change her pain at all. Her pain level was a seven. It's like how did you this? She had done a backbend in yoga. And went back too far too fast. And she was told that she had torn her SI joint.

Well, her SI joint clearly was not torn. So treating for a torn SI joint would've have done nothing for her pain. What else could it be? I did a sensory exam, and the nerves were numb and hypersensitive all the way down her leg. She had tractioned, she had not torn, she had tractioned the whole lumbar plexus. Ever nerve from L1, T12, down to her foot on that left side was just screaming. It's like well, nerve pain's easy.

So we put a contact on the low back, we put the other one all the way down her leg, because you have to go from where the nerve starts to where the nerve ends. So there had to be a part of the contact at L1, L2, L3 all the way down the leg.

And we ran just inflammation in the nerve. And the pain started dropping inside of about two/three minutes. It starts at the bottom and goes up. Sensation was normal at the end of – it took about 60 minutes. But she had been in pain for 10 years. Never below a six. And usually between a six and an eight. Worse at night, that’s the other clue it was nerve.

So between the diagnostic approaches that we teach, how to tell if it’s a facet, or a disc, or a nerve, or the brain, or whatever, how do tell that? And then the protocols for those particular applications are completely standardized at this point.

So you get an immediate feedback. If you do the right thing, the patient usually feels better by the end of the visit. It’s not 100 percent. We don't fix everybody. Sometimes they've had too many surgeries. Their emotional complications are too complicated.

Patients who’ve been told it's all in their head or it's all emotional. When you have the ability to treat the brain, and the nerve, and the spinal
cord, you find out it's physical. And once physical pain is gone, you still have to deal with the emotional part.

Who am I if I'm not in pain? This lady went from ten years of 24/7 level six to eight pain, 24/7. She was completely pain-free in 60 to 90 minutes. Had to teach her to walk again. So she was disoriented for almost 24 hours. The look on her face was really priceless because who am I? Who am I if I'm not in pain? So navigating that with the patient involves emotions. They get angry. They have grief. But that's all easy. Once you get the pain down, you can have that conversation.

**Christine Schaffner ND:** And I want to talk more about the emotional aspect in a moment, because I know FSM is a tool for that.

Out of curiosity have you worked with practitioners who use applied kinesiology, or we use autonomic response testing or some type of bioresonance equipment that helps them get the right frequencies in an easier way? Do you feel like that's a helpful tool, or have you see that yet?

**Dr. Carolyn McMakin:** Well, I got exposed to autonomic response testing and muscle testing, applied kinesiology, all of that. I'm a chiropractor, so I started seeing it go in 1994/1995 right after I graduated.

And yes, it is a very effective tool. And I have watched really expert muscle testers become completely delusional and miss obvious clinical things because they forget that the challenge that you have with muscle testing or autonomic response testing is that the tester is part of the system. So as my observation, because I watched really expert practitioners over about two to three years just completely miss the boat.

Anyway, so my observation is number one once the tester has an idea about what they're looking for that is what they're going to find. The other challenge with that is you can ask yes/no questions. So that's whether you use a muscle testing, or pendulum, or stick plate or whatever you use. You can only as yes/no questions. So then you only get the answers to the questions you ask.

So if I had relied on muscle testing and this patient who said I have a torn SI joint, well yes, she had some SI joint dysfunction, if I hadn't thought, oh, the nerve could do this. It would never have come up in the muscle test because I wouldn't ask, right?

So a combination of informed intuition, clinical expertise, and you can use muscle testing as confirmatory or as an indicator. But relying on it exclusively is in my experience disastrous. Devices that allege to do
the diagnosis, I've worked with those for 15 years. Phasics, and son of phasics, and the grandson and the nephew of phasics. And all of those electronic devices that do diagnoses by checking meridians or whatever. They miss the boat because it's an algorithm. Somebody, some person had to tell the machine how to interpret galvanic skin response and current flow in response to certain inputs. Somebody had to program that system.

And what they say is correct, yes the patient is grieving because their grandmother died, but that is not why they have low back pain. They have a lumbar facet and they are grieving. But the device picks up the grieving and the remedies for the grieving. But completely misses the boat for the spinal cord or the nerves. So yes, it's an adjunct, it is seductive because it gives you a quick answer that doesn't require you to think clinically, does that make sense?

Christine Schaffner ND: Yeah. I was just curious of your experience. And I agree. I use autonomic response testing in my practice. But again, it's one tool out of this whole other piece of the picture. And I agree with the equipment out there is really fascinating and I'm always wanting to check and see if anything add value to how we can help patients.

But there is something about interacting with the patient. Your clinical expertise. Pattern recognition. All of these things that the human mind is so better at, right? So I was just curious your experience there.

And then before we go into the emotional piece, I have a couple of other curiosities with the clinical picture. Have you had success with tinnitus? And how have you, what kind of themes have you seen with tinnitus since that's been a challenging symptom in our office?

Dr. Carolyn McMakin: Everybody’s office. And I had tinnitus, I've got a genetic difficulty with metabolizing nonsteroidal anti-inflammatories. And so I had tinnitus and ended up with hearing aids. But I have a friend that's an audiologist down in Portland. And I asked her about tinnitus and she said tinnitus is central. It is like phantom limb pain for your ears. Tinnitus comes from the brain. When the brain loses input from the cochlea. And we always lose higher-end tones first, because those hair cells are the most fragile.

When the brain stops getting input in the higher tones, the brain makes it up. It's like phantom limb pain for your ears. So before I got hearing aids, I had wicked tinnitus.

And I took all of the supplements, and I did al of the stuff. And it's like nothing worked. I did that for two years. I finally gave up. Got hearing aids. When I put my hearing aids by tinnitus goes down by about 80 percent.
Christine Schaffner ND: Wow. Yeah. That makes a lot of sense. So just the brain is trying to make up for the sound that it has lost. So if you resolve the hearing deficit, the tinnitus resolves, wow. And that's great. And hearing aids, there's more and more technology to make those more user-friendly and accessible.

Dr. Carolyn McMakin: Oh, they're magic. Mine can connect to my cell phone, and you can't even see that I have them.

Christine Schaffner ND: Yeah. Yeah. Great. Carolyn another just clinical curiosity for me, you mentioned EDS, and I more patients that have EDS. So that's a hypermobility genetic predisposition. And some of them have that cervical instability, which affects, again the vagus nerve, can affect a lot this whole syndrome we see with EDS patients.

So you said, in short term, you can get less hypermobility with the treatment. But have you seen any other clinical cases that you feel that FSM is helpful for?

Dr. Carolyn McMakin: Yeah. With EDS it's like magic. You run it; usually the pain in the patient's hands and neck are the most bothersome. So we run the frequency for torn and broken. I would love to know what that frequency is doing, but we run a frequency for torn and broken. And in the connective tissue, 77, the ligaments, 100, the tendons, 191. And those are all different types of connective tissue.

But the surprising thing in the cervical spine has been torn and broken in the dura, that was a surprise. So treating those four. It takes an hour. It's time-dependent, we need to find out at some point what we're doing. But after an hour the range of motion is pretty close to normal. The pain goes down. The pain doesn't go down when you treat for inflammation. The pain goes down when you treat for torn and broken.

A whole other learning curve. And then once you get the cervical spine stable so you can treat torn or broken and disc. Because the disc annulus is connective tissue. So you treat the c-spine and the connective tissue, you can do it on the whole body. Usually, just for a demonstration I do from the neck to the hands. And then you can address the vagus nerve directly if you run it whole body. It's probably going to take longer.

But it suggests that you will affect the connective tissue that's at the basement membrane in the skin, the gut, I don't know about heart, I don't know about the visceral stuff. But the clinical response in a limited number of cases were under 20 that I've done myself. So it's been 100 percent, even I don't believe it's going to be 100 percent all of the time. We'll have to explore more types of cases to find out what our limits are.

But yeah, it's extraordinary. And then you turn on the vagus, and then
you deal with the mental an emotional part of I've been in pain, and I am disabled, now I'm not in pain. Am I still disabled? And I still have to treat myself every three days or four days, how does that work? So that transition actually takes a while, that's four to six weeks or maybe a couple of months. And then transitioning off of medication is another piece of it.

Christine Schaffner ND: I'm really curious, and I will absolutely want to see this in our practice. And I'm sure we will be messaging you in how to support these patients because it's a hard diagnosis. And there's a lack of knowledge and tools to help.

Dr. Carolyn McMakin: Well, it's a lack of tools. I mean we know what it is, but there's no, as far as I can tell there's no other tool that lets you change it in 60 minutes.

The other thing that's the hardest to get your head around and that what changes everything when you use frequencies specific microcurrent is it's a tool that lets you do what is otherwise impossible. So the lady with the torn sacroiliac joint, there's no other tool that lets you treat the whole lumbar nerve plexus and get it better in 60 to 90 minutes. There's no other tool that lets you take a patient with Ehlers-Danlos from 120 degrees to 85 degrees in 60 minutes.

So it's that tool. The center more about teaching people how to think about how to use this tool, rather than teaching them a list of frequencies.

Christine Schaffner ND: Yeah. I know, absolutely. I hear that message for sure. And then, so absolutely there's this host of physical ailments that you can treat if we're thinking about them in the right way, and have the right diagnosis. And picking the right frequencies we can really see miracles, right?

And then there's this whole emotional piece. I know when I looked at the list of frequencies, they're frequencies for different emotions. And then there's a PTSD program. So how does frequency specific microcurrent work on kind of this emotional level?

Dr. Carolyn McMakin: I have to assume that the mechanism is going to be the same as it is for everything else we do. But the frequencies for the specific emotions are 970 hertz on channel A. And the frequency on channel B for the organ associated with that emotion in Chinese medicine. So if somebody is just wicked angry. You treat 970 on channel A and 35 on channel B, which is the frequency for the liver. So the liver is the organ associated with anger in Chinese medicine.

The emotions that create the most distress or difficulty for patients are
usually terror or fear, anger, resentment, hurt feelings, and to some extent grief. Although what we found with grief is that the grief is usually underneath emotions like anger, resentment, and fear, right?

And when you run the frequencies for those emotions, it’s like letting the air out of a balloon. The distress associated with the emotion itself just sort of quiets down.

When you look at emotions, for example, let's take anxiety. Let's just take anxiety. So you can think of anxiety as being associated with fear or worry, right? But anxiety is complicated. So anxiety is almost always associated with an upregulation in the medulla in the reticular activating system that says, oh, my gosh there's a tiger here in the mid-brain: the thalamus and the amygdala. Oh, my gosh there really is a tiger here.

So when we treat somebody let's say for PTSD, we treat to quiet the mid-brain stress centers, the medulla, reticular activating stress centers. The sympathetics, right? So the sympathetics and the mid-brain respond to or secrete epinephrine and norepinephrine, they're stress hormones.

Well, those stress hormones create the emotion of anxiety. Your life is at stake; it is a very primitive stereotypic reaction. So treating anxiety is not only running the frequencies for fear because we have frequencies that we know really work for the mid-brain, the medulla, we've got data on quieting heartrate variability in 60 seconds by quieting the sympathetics. We have data on bringing up the parasympathetics. So you coordinate all of that.

And for example, you do that, and not much happens, well then you have to look at why is the patient anxious? Are they only having panic attacks in visually, busy, complex places? They've got a vestibular injury, right? They only have panic attacks at night in their sleep. They have a vestibular injury. So we talk about that.

If they have anxiety just 24/7 you go looking for mold, at least I do. Because of one of the common side effects, especially for the neurotoxic molds, but any of the molds. Create a weird combination of anxiety and depression, right?

So what are the other causes? So there's a whole section in the course about emotions. And there are slides that say, look at anxiety. When is it? What causes it? What's the stable state that will make the anxiety go away? I can get rid of it temporarily, and make the patient more comfortable. It's not going to hold unless we fix where it's coming from, right?

Christine Schaffner ND: Yeah, I'm thinking about many patients right now as you're talking. There's a trend, a lot more patients are
understanding they're in this kind of constant fear state of this whole idea of limbic retraining, and this whole tool that people use at home to help them get out of the sympathetic response.

**Dr. Carolyn McMakin:** I've got to tell you limbic retraining is – it's like using a key fob to open a car door lock. When you can turn down the amygdala and make somebody completely stoned in 20 to 30 minutes, it's a whole different ball game. When you can quiet down the mid-brain, the medulla, and the sympathetics all at one time it's limbic retraining isn't months of mediation. It's done.

**Christine Schaffner ND:** Yeah. And that's the hard part. I think it's helped a lot of people and I'm really happy about that. But the time commitment that patients have to – it's hard, it's been hard for them.

**Dr. Carolyn McMakin:** Once again, compliance is a big issue.

**Christine Schaffner ND:** Carolyn, I know I could talk to you all day long. So I would love to wrap our conversation up. And what are you most excited about in your research and kind of your study right now? I mean you've been using this tool for 25 years now. Wow.

**Dr. Carolyn McMakin:** What's really exciting is the level of practitioners we have now, it's like we've taken a step up as the classes have gotten bigger. And we're no longer the new kid on the block. There are more practitioners that are willing to do, or are interested in doing, or have an experience already with doing published papers and clinical research. So that's exciting.

That's coming up. We had a paper published this year from Cleveland Clinic on torticollis. So that's a step and there are more practitioners at that level who will start publishing papers.

The most recent clinical development has really been treating the vagus. For years I was so nervous about treating the vagus, because the first patient I treated was in a cardiologist's office. The patient was in ventricular tachycardia. Heartrate of 135/140, and I ran the frequency to increase secretions in the vagus, and his heart rate went from 140 to 67 in about 20 seconds. Scared the heck out of me.

It took about two or three years ago for us start working with this on normal patients with normal heartrates and find out if the heartrate's normal then treating the vagus and to increase secretions didn't do a thing. It does however turnaround gastroparesis and SIBO.

So the new clinical work that we're doing with the brain and the nervous system is really exciting because the patients are more complex. The stable state is more complex. Clinically that's the most exciting.
And just the growth of FSM in the last two or three years since the residence effect has come out has been really satisfying. So the seminars have gone from 10 or 15 people to 30 to 40 people. So there's more practitioners out there. More people are using it. I'm getting better at teaching it.

And then collaborating with different equipment manufacturers and different clinics like yours and doing these podcasts and getting the word out. Has just been the most exciting recent development in the last year or two. It's been really fun.

And I really appreciate you having me on and letting me contribute to this energy medicine summit. Because it's an important tool for clinicians. And the concept that it can be very specific. It's not just magnetic field that's going to make you feel better in general. It is very specific.

And that gives you direction and kind of a certitude. You're really clear about what outcomes you're looking for and what this particular treatment is going to do. So that's part is really exciting. Thank you for asking.

Christine Schaffner ND: Yeah. Thank you so much for all of your contribution. I know this has been a lot of work on your part. But I know it's probably seeing the results that you do every day keeps you going.

And I read your book The Resonance Effect. If your curious out there and your listening to this conversation, and you want to learn more. I think that's a great place to start. It talks about Carolyn's story and just a lot more about what she's seen over the years with FSM.

Carolyn is also a sponsor of the summit, so there's lots of information, and if you want to learn how to become a practitioner and use this work in your practice, please check out her website frequencyspecificmicrocurrent.com. We'll have all of the information in the notes, and then again, she is a sponsor, so a lot of her information is already on this site.

And I just can't thank you enough, Carolyn. I hope this is the first of many conversations that we continue to have. And thank you so much for the work that you do.

Dr. Carolyn McMakin: Oh, thank you so much for having me. And congratulations on this important contribution to awareness on energy medicine. Thank you so much.
Pharmaceuticals and Electroceuticals
Guest: Barry Bruder

Christine: Welcome, everyone. I’m with Barry Bruder, who is the president and cofounder who launched the vision of IASIS Technologies in January of 2013 to introduce their micro-current neurofeedback to the world. The driving force behind various passion are the brave women and men of our military fighting for our freedom, those in law enforcement, and fire and rescue.

We have a really exciting talk today, where we’re going to talk about pharmaceuticals to electroceuticals. And I’m really excited to have this conversation. So, welcome Barry.

Barry: Thank you.

Christine: Well, Barry met Dr Klinghardt a few months ago. And Dr. Klinghardt was really excited about his unique form of neurofeedback. And we were really wanting to have a neurofeedback on the Summit because it’s such a powerful tool using biophysics to help heal the brain and nervous system.

And so, Barry, is a wealth of knowledge. He has a very unique technology that helps a lot of people. And before we learn about his company and his neurofeedback approach. I would love to hear Barry, your story and how you really became passionate and about neurofeedback and created this technology.

Barry: Thank you. Thank you so much. I really appreciate that, Dr Schaffner. Having the privilege of sharing for you and for Dr. Klinghardt, Debbie Floyd, Klinghardt Academy, and all of your wonderful doctors, clinicians, and students. Because it is very, very important I will into a little bit of my past and what sort of was the inspiration that led me
here. But I will just simply say that I think that it is incredibly important since from here down, we have so many wonderful modalities and approaches to help people to heal themselves. But from here up, we have been limited and moreover, we have not had the effectiveness and efficacy supported by science and research. And let's kind of face it in our country, if you don't have research, you’re a nice person with a nice idea.

The fact that we have a published study, by the grace of God, in Brain Injury Journal with UCSD and the VA. And more that we'll talk about later, is the beginning of that. To take a step backwards into my own past. And what led me into neurofeedback. Lots of years ago, I made a decision that I needed to talk to a friend, Dr. Hyla Cass, author, brilliant psychiatrist, and biomolecular psychiatry. Which as you and many of your audience today know is all about nutraceuticals, and when possible beyond pharma.

And nothing wrong with but nice when we can functionally, interactively incorporate, sometimes a little bit less invasive approach that doesn't hurt the kidneys, the liver, et cetera, et cetera. And help our body to heal itself, which I believe we're basically a self-cleaning oven. And if we have what we need, we can. That's a very multidimensional approach.

So, I contacted, Hyla, and sat down with her. And she said, “Well, you just need to go and do neurofeedback.” And I said, “What? I'm not sticking electrodes on my head. not happening.” “Barry.” “Yeah.” “Shut up and go stick electrodes on your head or you are you going to take some drugs.” And I said, “Okay.”

I went to this fella and he was doing LENS, which is an acronym for low energy neurofeedback system. And I did. I definitely walked in with a whole heck of a lot of anxiety and depression. I had lost my mom sometime before it. I was going through challenges, like we all do. Not like bigger than anybody else's. I was really kind of very challenged and not feeling good. I did that session. And quietly, inwardly thought, “Where is my anxiety?” And of course, I looked at the guy, the doctor who said, “Well, what's up?” And I went, “I don't know.” He said, “Anything you are aware of that's different?” And I said, “No.” I didn't really want to give him the benefit.

After three months of seeing that doctor twice a week, I said, “Well, I think this could be real.” “What?” “Okay, I think maybe it's real, okay?” After six months, I said, “Doc, I need to do this.” “What do you mean?” “Well, I feel compelled that I need to learn this and I need to do this for people because if this can do what it's done for me, and I am arguably like most of us, one of the most skeptical people that I know. My experience proceeds my belief. And unless it does, I'm not going down that road. I'm science-based. And unless there's a basis of real,
true science behind it. I really don’t even want to look at something. Especially if I’m using it with my children.” And he was so grateful that I had probably sent at least 50 people to him by then. Because of all the people that trust and believe in me that he and his wife sent me to go become a LENS provider. And I did.

I trained with Len Ochs up at Sebastopol, California. And I became a LENS provider. And gosh, it was just stunning and amazing the results that I was getting right out the gate. And almost immediately, having run nonprofits for women and children with HIV, AIDS, and military first responders. I turned to my wife and I said, “Laura, there must be something that can help people to achieve and during sustainability more swiftly.” And she went, “Oh my gosh, you are never going to retire.” And I said, “Well, no, probably not. But I will have more balance and we will have a vacation one day.”

And I literally searched the world. I mean, I talked to people in France, in Holland, in Russia, in China, and all over the United States. I couldn't find it. I couldn't find when I was looking for. And I probably had the lack of a belief that I couldn't figure it out with the help of very brilliant people, who are, who I am not.

So, I put together a team of scientists, researchers, software engineers, and hardware folks. And created the protocol of five preset protocols that became the basis and the foundation of IASIS and those protocols are the protocols that were used for the pilot study that was published in Taylor and Francis Brain Injury Journal that has IRB approval from the VA and University of California San Diego. That a principal investigator, Dr. Ming-Chun Huang was for that study, the principal investigator on six marines. The results in the words of Dr. Huang, “Beyond promising.”

That led him, at that stage, to present it to the VA seeking the possibility of landing in a good position for what's called a VA merit study. And to his surprise the IASIS UCSD proposal landed in the top 4.2 percentile. Placing it in the number one position for a grant to be funded to the University of California San Diego for 175 veterans. For PTS and little m-TBI, mild to moderate traumatic brain injury. That study, again under Dr. Ming-Chun Huang is now in year two of a four year double blind study.

Simply said, it is stunning that the federal government, given the screaming need of the horrible number of suicides within our country exceeding 100,000 that have taken their lives. Where only a little over, not that any deaths are acceptable, a little over the few thousands rather than go into [inaudible]. The brothers and sisters who have taken their life that have comeback from the Middle East, like Vietnam era. Out fathers, our grandfathers, taking their lives. Unacceptable.
That is what has been one of, and probably the primary force that has driven me toward pushing hard to become the hub research for IASIS. And later, if you are interested, I can talk about the current additional research studies that are underway.

**Christine:** Absolutely. And that’s such a hopeful story. Of course, you know, the PTSD that a lot of our military suffers from and first responders. And then we are seeing really, I believe, an epidemic in just America and probably the world of an increase in anxiety, depression. All these mental health symptoms that a lot of people struggle with. And we talk about that in the Summit as well.

Barry, when you created this team, you have this personal experience with neurofeedback. You used a specific set of equipment that you literally needed to evolve to get the results that you are seeing now. So, what really makes IASIS microcurrent neurofeedback different from just all the neurofeedback out there? Why is it so powerful? And why are we seeing those results in your research study?

**Barry:** Thank you. So, the reason that IASIS is different than all other neurofeedback. Let me first say that biofeedback has been around since the 50s. Barry Sterman from UCLA study days all the way until the early 90s when Len Ochs was working with other brilliant scientists it evolved and developed LENS. I stand on the should of many giants, brilliant, brilliant people. Biofeedback still has a great place. Sue and Siegfried Othmer and their system and their brilliant work. Len Ochs. There are so many wonderful, brilliant systems. And they all are effective in their way.

But for me, I needed to find, which I could not, a system that would help to achieve leading us to the leading edge of enduring sustainability but in a fraction of the number of sessions with the diminished occurrence of reactivity. And when I say reactivity, we’re saying where there may be a little bit of over stem.

And some degree of tired, wired, spacey, headache, nausea, or the exacerbation of the symptom. I was seeing a little more of an occurrence of that when I was provider with LENS, then I was okay with. And I wanted to find something that would diminish the potential of that. And I wanted to be able to get to that leading edge of enduring sustainability in a fraction of the number of sessions. When I could not find it. I decided I had to develop it, as I was mentioning earlier. And that led to the creation.

So, I went to the software folks that were working with us and I said, “These are the protocols that I want to develop. These are the structures of the offsets that I have in mind.” These are going from a gentler protocol from the first, which we called genesis to balanced energy to activation to activation plus and then neuroblast, where we would with
each ascending strength and, dynamic structure of each protocol. Shake the tree of the CNS, the central nervous system, that much more with each evolving protocol.

Based on our very carefully written guidelines of care within our training manual. Which is a living, breathing document, not standards of care, not a finger wagging at, “You have to do, and you have to do.” And it acknowledges and creates space for the fact that this is an art form as much as it is a science. And that there are certain words, verbiage, language, and understanding.

We all have to be on the same page because we look at individuals ranging from fragile to hardy in their CNS. As we are observing where they are based on what's happening under the hood with their nervous system. We look at them based on measures of reactivity. The more measures of reactivity, where we look at head, gut, sleep, hyper acquis, photophobia, and then all of the bag of goodies that they may come in with. We assess based on how many measures of reactivity, how strong of a protocol we start off with. But always, always, starting off with the gentlest or slightly more, in rare instances, to make sure that a person is not a late reactor.

So, while there is a lot of phenomenal neurofeedback, I have not seen this level of rapid, yet orderly progression, from even as early as the first, second or third session in the ballpark of 85% of individuals who report from their own observation. “Gosh, I'm feeling that something positive is happening. Can't quite put my finger on it. All the way over to where the heck's my anxiety?” In the first, second or third session. Is it enduringly sustainable at that juncture? No, for the most part it's not.

But I began to see early on from the protocols that we had created that a very high percentage of individuals were having a positive response much more swiftly. In so far as them reporting their patient driven observations to us, with diminished occurrence of reactivity by at least two thirds.

And that for me, made all the difference in the world. Because if we have preset protocols, the strength of which is established by offset, and the structure of those protocols in a series of protocols that may be learned in not very complex, hundreds of different options in protocol. Why? If we have a series of protocols that are five.

And we have the variables of which protocol, how many site pairs? How many exposures to that stem? In my sensing, this is one of the most important things that we can really use to assess. And if we are doing this and this is what we are looking at in terms of how we establish a session with an individual. And instead of taking weeks, it literally takes days to learn this approach, the IASIS approach. We are off on the right
foot. And we have something that is almost immediately helping people to feel better.

And when we have the, excuse me, the screaming need of the suffering consensus we live with in our brothers and sisters today. I don’t know about you, but I don’t know that twenty-five sessions are acceptable when someone wants to take themselves off the planet.

Christine: Absolutely. And Barry, so it sounds like you evolved your system to help with decreasing side effects, reactivity, and taking into account people's individual sensitivities. And that also you're seeing results within shorter sessions. If people are listening, and they have tried neurofeedback before or they've dabbled in it, one of the things that I think has been hard for us as clinicians at Sophia is that the number of sessions it takes to see the result. It's hard. Especially our clients come from in and out of town. We are always looking how we can we shift people's system within a few days rather than a few weeks with the tools that we have at the clinic.

So, I'm sure people are thinking, “Okay, but how does this work?” So, how does IASIS, the microcurrent technology, how does that actually work to help change the patterns in the brain that are feeling these suicidal thoughts, anxiety, depression, what have you? How does this technology work?

Barry: Sure. So, the double blind study, which I brought up a few minutes ago. In that study, we are looking at mechanism of action. And it is believed, I can't say that we have all the research completed. It is believed that the IASIS approach and the mechanism of action has a lot to do with the fact that we have the neurofeedback, which we referred to in the phrase used by Dr. Ming-Chun Haung, as LIPUS, low intensity pulses using transcranial electrical stimulation.

So, this approach is stimulating pulses that are approximately three trillionths of a watt or three Pico watts. A cell phone is three watts. We are talking about approximately a millionth of a cell phone. The tiny micro pulse of energy goes into the gut, the heart, and the head. Which we believe to be through, more or less, a galvanic response where it's going through the fascia. And allowing for an increase in what we believe to be Gaba serotonin, endorphins, dopamine.

And immediately elevating the calming, parasympathetic nervous system. As it does that it immediately sends a message to the freeze state that people in many cases and adrenal burnout are in. Allowing for the fight or flight to begin to diminish and the production of the homocysteine, cortisol, adrenaline, norepinephrine levels to begin to diminish. Allowing auto neuro regulation.
In a nutshell, that's what we believe to be the mechanism of action. Now, I'll go one step further for folks who really want to have a little better, deeper sense of how, as I mentioned earlier from here on up. There are two studies, which I will make available to you and you can forward to the members of the Klinghardt Academy.

They are researched studies by Xie and Marasco. And in those studies, it talks about when there is trauma, when there is injury and of course trauma, maybe war, cult abuse, sexual abuse, having been blown up by an improvised explosive device, being bonked on the head in my football game as a junior in high school, or being blown up by something under my Humvee in Fallujah. Whatever the heck it is, trauma in my book, after having had the privilege of working with and trained with a woman named Dr. Elizabeth Kubler Ross a number of years ago.

And having led a decade of trauma loss workshops throughout the country. Trauma from the third trimester, all the way to here, today, for all of us, in my sensing is the greatest of all pandemics. Trauma is what I believe and have experienced from my own. To lead to a lot of the sympathetic freeze that we live with and don't quite know how to turn off. And while meds and pharma may be helpful. I'd like to find something that I can use with my children and the rest of the population and share with you and your population, that can assist people in what is called in these two articles, metabolic clearance.

What is metabolic clearance? How the heck do we get the stuck alpha and beta amyloid proteins in the brain that we know? We need a certain amount of alpha and beta amyloid proteins. Or they wouldn't be there. But how do we get the over-abundance of essentially frozen, over abundant, high amplitude delta waves that Xie and Marasco found to be, more or less, in the area where the damage was. Where that individual suffered that blow from that mild to moderate or worse traumatic brain injury. And how do we get that to begin to move?

So, what we found is that IASIS is stimulating healthy, normal delta waves as the dominant brainwave frequency. We all have all these various brain waves that most folks know about. Alpha, beta, theta, delta, gamma. And when we sleep, and we have REM, rapid eye movement, there is hopefully a sufficient amount of delta.

Well, IASIS, is stimulating healthy delta during the daytime when we are having an IASIS session. The healthy delta, low amplitude healthy delta waves go into the brain and nervous system where the high amplitude abnormal delta, as proven by Xie and Marasco in this study, are in an overabundance in the brain. And it helps. The healthy delta meets the unhealthy aberrant abnormal delta. And it allows the beginning of metabolic clearance.
It has been stated in the research that is all over our wonderful Internet. That the glial cells that are part of the glymphatic system in the brain. As you all know, the lymphatic system in the body, the glial are sparked and triggered in a really wonderful way. And activated by the healthy delta wave. Which allows the beginning of the metabolic clearance helping to basically fire up that glymphatic system. And it is believed that in the average human adult, when the glymphatic system is doing its job, there can be a detoxification in the brain of as much as nine pounds of toxicity from the brain per year. Which when I heard that, I was like, “What the heck? Are you kidding me?”

I heard one doctor, who is a member of our clinical team. And by the way, all these docs and all these clinicians that are part of our clinical team completely volunteer to answer and be in support of everybody that has questions about how to get the most effective, optimal, usefulness out of the IASIS system. Dr. Ryan Mcwhorter in Montgomery, Alabama, he told me this about the glial and the glymphatic system. And said that a lot of functional medical docs are actually building up, putting bricks and blocks under the top of the bed to create an angle so that gravity can help clear.

And we believe that this is why. As early as in one to three sessions, people are saying the kinds of things that are comments that were so positive that I heard from Dr Klinghardt. As well as, all these military and first responders say, “What the heck? My anxiety is so diminished. My anxiety, impulsivity, depression and pain, from migraine, headache, and show many different things.”

One of the things that freaked out Dr. Ming-Chun Huang the most was, all these marines had the patch. Because they are not allowed to smoke. And they said, “Well, gosh, you know, Dr. Huang, I don’t have any craving for nicotine at all.” And I remember Dr. Huang, “Barry, can you imagine the implication for addiction.” Well, I’ve got people now seven, eight, nine years with no recidivism from opioids, who from early on said, “I hate you. I don’t even want a joint. I don’t want to drink.” The implication for so many different conditions. Well, as Dr. Huang put it, “Beyond promising.”

Christine: No, I love this conversation, Barry. In a lot of my talks, I talk about the glymphatic system. Because I feel like it’s such a foundational way to look at neurological disease. And really, we can oversimplify it and say, if the brain is not able to detoxify well then, we are going to see this increase in amyloid beta, this increase in waste, in increase in toxicity. And this leads to neuro degeneration. And you know, really why we’re having this Summit is to have an eye opener. You are educating me today. We have this whole other non-biochemical tool to help stimulate and increase the glymphatic systems effectiveness.
And so, I think this is just brilliant. We have patients do inclined sleeping. WE do have a lot of opening the lymph dream in the neck. So, when we open up the glympathic, the brain starts working better that it has a place to go. I haven’t heard or thought about how healthy delta waves can actually increase lymph drainage out of the brain. It’s really exciting for me to just sit here and take this all in.

So, Barry, before we kind of move on. Many people might be listening and thinking, “Okay, can this help them?” But also, with using microcurrent technologies and neurofeedback. Do you find that there is anybody that this technology is not for? I know that in some systems if you have a history of seizures or conditions like that, it might not be a good treatment. But what’s your experience? Do you feel like that is true?

**Barry:** So, in terms of individuals for whom there may be a contrary indication. In the words of, Dr. Frank Shallenberger among others, “If you have a brain, this is helpful for you.” And he goes on to say, “I wouldn’t hesitate to use this on a pregnant woman, on a baby, on any person, at any age, in any condition.” I have not seen this be contraindicated for any segment of the population. Nor have I seen it not be helpful for virtually every condition.

Does that mean that IASIS helps every single person? I don’t think so. I don’t think anything helps every single person. While I don’t think that this is necessarily the be all end all. I do think it’s one heck of a spoke on the wheel. And as an ad junked modality to the many other sort of modalities and other spokes on the wheel that functional integrative approaches are utilizing. I think that it is extremely helpful.

In my experience, there is not actually a contraindication where someone has a metal plate in their head or a pacemaker, that they shouldn’t. There is not a contraindication in that regard. We’re talking about a millionth of a cell phone. We’re talking about a modality that is so non-invasive, that’s helping the body heal itself. I never say that IASIS heals anybody. Because I don’t really believe that things heal people. I believe that people heal themselves. We are essentially a self-cleaning oven. With a lot of help from our friends. We get what we need to heal.

Now do I think that bipolar is something that is going to have a reversal? No. Do I think that it will diminish anxiety, reactivity, and impulsivity that can help the quality of life of those individuals? Absolutely. Paranoid, delusional, Schizophrenia, do I think that anything is going to [inaudible]. Look for many of those people, they may need their Invega injection and that’s what they need. And who am I? Look, I have people every day come to me and say, “Gosh, I feel like I’m so much more sensitive. I might not need as much of my medication. Barry, can I go down?” “Don’t ask me. Go talk to your doc.”
I'm not going to get in trouble with your doc. But you know it happens, invariably they go back to their doc, they have a conversation with their doc. They become more sensitize and require less medication. And in many cases, they find that with their doctor together, they're able to work with the doc and titrate down on the amount of their medication. Which for me is an exciting thing to hear. But gosh, that's not a conversation for me. I'm not going down that rabbit hole and having that conversation with them.

But I have not found this to be in any way unhelpful for pretty much anybody with any condition. Do I think IASIS is going to fix a rotator cuff injury? No. It's not designed to structurally heal somebody. It's not surgery. And it certainly isn't going to fix a physiological condition. But where there is a nervous system implication, I've seen it be helpful for pelvic floor dysfunction. I've seen it be helpful for, by individuals that are on the website, IASISTech.com where you can go and listen to these success stories with real people talking about how it helped them.

So, where there is a neurological implication, we've observed and heard from patients, from clients, from doctors that it has been very helpful as an approach to help and assist people. But I have not found it to be contraindicated or unhelpful. However, that said, if there's a person with their arms folded saying, “Oh really? You think you're going to be able to help me?” Well let me just tell you something, “Life sucks and then you die.” “And you can't help me, you know.” “Okay, maybe I can't.” “I didn't say I don't want to do this.” I'm not here to tell anybody what to do. I'm here to invite people to help themselves, if they want to do this.

The thing about IASIS is, if it's going to help people, you've got to do it. And the biggest thing in the guidelines of care is setting appropriate expectation for what is possible. And what's not possible. And that's very, very important to me. I'm not here to tell somebody what to be or say or do. But goodness gracious, I've seen this thing be crazy helpful. But for it to be helpful, you have to do it.

And you have to do it with a certain amount of regularity. Because this works through reach and frequency. The reach of the energy and into the brain and nervous system. And the frequency, which is really based on level of acuity. How acute a person's condition is, that we may see someone two or three times a week versus once a week until they get to the point of, again, what I referred to earlier, as the leading edge of enduring sustainability. And then they may cut down and go once a week, once every other week, once every third week. And music to my ears, “I don't think I need this.” You know what, “I don't either. Hallelujah. See ya. Call me when you feel like you need a little tune up.”

Christine: I think you mentioned a lot of great things. And Dr. Kelly Brogan is on our Summit as well. And she talks about the power of
mindset and belief in healing. The combination that intersection has to be ready and willing for something to work for it to have the most benefit. And she quotes some really fascinating studies around that.

So, Barry, with your technology, do you have to go to somebody who's trained in a clinical setting? Or is there a way to do this at home? Or a combination? How do you approach home therapy, if it's even needed?

**Barry:** IASIS, MCN, microcurrent neurofeedback, relative to who works with clinically this technology. We know that legally we don't have to put this into the hands of licensed clinicians. But we do. We hold ourselves to a really high level of scrutiny and all of our providers. Because we have become a hub for research. And we want to make sure that if and when regulations change, we will already have been going down that road for a long time. Actually, in fact from the beginning.

That said, individuals that have IASIS systems are licensed clinicians or those who work under the auspice and the tutelage of our providers who definitely in the state, the country in which they come from, they have licensure. That's very important to us. There's not at this time a homebased model. There may, at some point, in the future be a relaxation device that is in support of [inaudible] stimulating some of that delta.

However, at this point in time, I will tell you there is not. And there will never be a time for any sort of home based model will ever render the clinical model and approach, which is, in my opinion, more intricate than I would ever want to see an individual be utilizing in a home based approach.

And the clinicians who have IASIS, will never have to be in any way concerned that there will be a point at which there would be an obsolescence or not a need for them. There will always be a need for them. And if an individual goes to the IASISTech.com site. Smack dab in the middle of the banner at the top, find a provider, enter the zip code, and it'll show you a map of all the folks that in Canada, Asia, Europe, and all through the U.S. are working with the IASIS technology.

And it is now that we have the year two of the double blind, it is spreading. And getting a lot of traction through the U.S. especially. It is not hard to find someone. And they may not be around the corner from you. But I have folks all the time say, “Well, I want to come to you because you're training these people.” “No, there's someone within an hour. Go to these people. I've trained these people. They are very skillful people. They are loving people. Got to them.”

**Christine:** And I appreciate that. Because as you're improving, you know, the health of the brain, the health of the lymphatic system, and
everything we talked about how you support the body as well. And how that is usually within a clinical mindset of how we get the best results with that. So, I know when we try to open up the glymphatic system, do binders, and all sorts of things as the brain gets healer and can clear waste better to minimize any side effects. So, that would happen systemically. So, no, I think that's really wise. And I think that that's how we can help people the most.

So, Barry, where do you see the future of IASIS and just really neurofeedback in general, as a tool that's probably way underutilized in the U.S. and in our medical system. What is exciting to you? And what do you see the future as you are learning so much about this technology through the research that you are doing?

**Barry:** Well, I'm very excited to share with you that the University of Texas at Tyler, we have, Gloria and the Gary Duke. Gloria is a RN Ph.D. who is the Associate Dean of Research at the University of Texas at Tyler. And Gary Duke who is 40 plus years as a psychologist. Both of them, have proposed research studies to their IRB at the University of Texas. And while it normally takes months. Literally in minutes, their IRB gave approval for two new research studies that are not in the beginning stages of, one for Alzheimer's, the other for anxiety and depression.

And we are now in discussions actually with Gloria and Gary Duke with a group in Houston of Matthew's Hope Foundation. Larry Wedekind who is the founder and CEO of Integra Net Health, who lost his son, Matthew in 2015 to an opioid overdose. And started Matthew's Hope Foundation in his room. His dream is abstinence based recovery. And wants to get and see IASIS all over the country to help in recovery centers through abstinence based recovery approach. And we're in discussions about an opioid study now with the news and the University of Texas.

So, the first answer to your question is to see this in every recovery center throughout our country. Secondly, to see this in hospitals everywhere for palliative care. I know that Medicare has stopped paying for benzodiazepine and hospitals to throw drugs at our elderly or individuals who are dying to essentially help them to sleep. IASIS has been found to be very helpful for insomnia and sleep. And I would love to see IASIS in every hospital in our country as soon as possible. I would like to see that we would be able to attain, which is in the works a Medicare code to help with our elderly and folks that need Medicare coverage and Medicaid coverage.

I would love to be able to see IASIS in the hands of every, every functional integrative practitioner and doctor in our country. And beyond our country. And not just in the hands of the very courageous and brilliant students like the members of the Klinghardt Academy and you Dr. Schaffner and Dr. Klinghardt.
But also, that it would finally dawn on our psychiatrists and psychologists who are also very much embracing IASIS. But that their brothers and sisters that are out there might be tapped on the shoulder and consider IASIS.

I will mention that, Dr. Victoria Brown, in Orange County. A doctor who is working in psychology. And said, “Barry, I want you and your folks to know that among the populations that I work with, at risk teenage girls. I have achieved more in five sessions with IASIS being used with my at-risk teenage girl population than in five years of talk therapy alone.” People don't say things like that. I often times say, “Mama's don't lie.” When you hear a mother talk about her child on the spectrum, who never spoke. And after one session says, “Mama.” At the age of five. A fourteen year old boy who never spoke and after three sessions. I'll tell you one little brief, tiny stony.

Lawrence never spoke a word. After the first session, humming a lot. After the second session, mom said, “Never stopped with row, row, row, row, row, row, row, row, row, row.” And I said, “This little young man is starting to want to talk.” And after the third session, Maria comes in and I said, “Well, what did you notice?” “Well, I'm kind of embarrassed, my mother lives with us. And she was yelling at me. And Lawrence walked up to my mom and looked her in the eye and said, “Shut up, Grandma.”” And I said, “Oh my God, what did you say? What did you think?” “I really wish he would have said I love you mama. But I'll take shut up grandma.” Mama's don't lie.

When you hear these kinds of comments from people. They're all over the video success stories and doctors talking about their experiences in working with. Doctors, like yourself and Dr. Klinghardt, they don't do things lightly. People like you and Dr. Klinghardt. And the members of your academy are very thoughtful people who do their due diligence before they decide that they're going to do anything. It took a lot of thought and careful research before the federal government decided to invest in the VA merit study for IASIS with UCSD and gave them that IRB approval.

I am blessed and grateful to be here to share with you and the members of the Klinghardt Academy. And all I ask is that you give consideration to a modality whose time has come. Are the other modalities wonderful of neurofeedback? Absolutely, so.

But I know that for my children, I want to know that it has the efficacy, the research behind it, and I want to know that in one to three sessions that I can attain the beginning of enduring sustainability that will allow my loved ones, my patients, my clients, to be able to go forward. And sustain the benefits that they have experienced. And IASIS microcurrent neurofeedback is able to bring that forward for individuals who, in the
screaming need, of the times that we live in require such modalities to accompany the other wonderful mortalities that exist. Like hocket, ozone, and the various nutraceuticals that we are using. The time has come for electroceuticals in our world. And we are blessed to be among the playing field of many wonderful forms of nutraceuticals and low intensity pulses of transcranial electrical stimulation, which IASIS is.

Christine: I love that. I love your vision and your mission. You are already so much on your path to achieving these things. And thank you for sharing these stories of hope. If you’re listening out there and you’ve been struggling for a long time. Know that there are tools that you might not have tried that are beyond just biochemical approaches to really having a healthy brain in treating your anxiety, depression.

And the suicide story is one that’s dear to my heart. My stepfather committed suicide after struggling with addiction with alcohol for a long time. So, I’ve seen that firsthand. And several of my patients have these stories. So, I know how much people can struggle when they are trying to do this on their own. And just purely using the biochemical approach. And so, I think this is just really exciting and I’m just so excited to connect with you today, Barry. And I appreciate you sharing your story and your mission.

And if people want to learn more about your company and your technology or how to find the provider, how can people learn more about you?

Barry: Sure. So, the first way that I would love to invite people to learn more about IASIS MCN would be to go the website. And they can do that two ways. They can either look up MicrocurrentNeurofeedback.com. Or, they both go to the same place, IASISTech.com. There is a phone number on there. You can email for information. You can call the phone number. And I will call you back or one of the operators who is on our front line RN, will call you back. We will be more than happy to do that and be as responsive as we can to share more information so that you can do your homework and due diligence. And see if this might not be helpful and a skillful approach for you to consider.

Christine: Well, thank you, Barry. All of this information will be in the show notes and I really appreciate you being on the Summit. And thank you so much for your time today. Thank you.

Barry: Thank you, Dr Schaffner. I thank you and Dr. Klinghardt. And Debbie Floyd immensely for the privilege. And look forward to being with you and meeting you in person. And offering support for all of your members.
Dr. Schaffner: Welcome everyone, I'm here with Dr. Luis Garcia and we're going to be talking about Biomagnetism, Bioenergy and Beyond. Dr. Luis Garcia growing up in a medical family follows the passion of his father and grandfather and chose this field with a vision to serve the people. He received his Bachelor of Science degree in biology from Boston College in 1997.

And his medical degree from Universidad de la Sabana, I'm not going to be able to say that correctly, in Bogota, Colombia in 2005. And then Dr. Garcia served as Medical Director and Chief Science Officer at “Salud Futura” Clinic in Bogota, Colombia until June 2010, where he worked with Neurofeedback, Neurol therapy, Ozone therapy, Homo toxicology, Neuro linguistic programming, Chelation therapy, DMSO therapy, Bioenergetics, Nutritional therapies, Biological medicine, Traditional Western medicine and Biomagnetism.

His extensive practice has given testimony of how biomagnetism may improve the lives of those with diabetes, fibromyalgia, chronic fatigue, lime allergies, memory problems, digestive, respiratory and cardiovascular issues among other health complaints. His goal is to stabilize the body's pH and stimulate the immune system through the use of magnets and bioenergy.

Dr. Garcia, I've heard so much about your work. And I'm so excited to interview you today. And this being the Body Electric summit, we have to talk about Biomagnetism in us. We just shared your bio; you have a ton of experience and we were chatting before this call. You really are on the front lines of seeing the same patients that we see at Sophia. And I know that you've learned so much through really your clinical practice and you just have so much valuable information to share with us today. So thank
you for being here.

**Dr. Garcia:** Thank you very much for having me.

**Dr. Schaffner:** Yeah. So many people might just be -- this might be a new concept for them. And they might have heard about magnetic therapy or magnetism, or magnet therapy, but really what is biomagnetism?

**Dr. Garcia:** Sure. So biomagnetism; bio means life, the magnetism, or the magnetic energy that life has, and so, falling to some deals with the use of magnets. As we can see here, I have three different sizes. And so I'll pull up the large ones, here is red, and on the other side is black. So there's North Pole and the South Pole magnets. And when you place these on the body, it can help correct different energetic imbalances.

And so the trick is, not necessarily trick but the most important thing is placing them correctly. So normal magnetic therapy oftentimes only uses one magnet place on the body, whereas in biomagnetism, it uses two magnets. So it's actually a very specific technique, where you need to use a dual placement of magnets in opposite directions or polarities, to either draw the energy from one to the other, or push the inflammation away from an area.

So magnets will move hydrogen protons around in the body. So when we have inflammation, or infections, or dysfunctions in an organ, in an area, a space, bone, kidney, ligament, joint, organ, you can use the magnets to draw the protons either away from the area or towards the area, thereby increasing circulation, reducing inflammation, restoring the natural pH to that particular area. Just like a swimming pool or an aquarium that has to maintain its pH balance through the use of magnets, you can help restore that pH balance to the different organs, and so thereby reactivating the body's normal functions.

**Dr. Schaffner:** So you brought in this idea of hydrogen and pH. And maybe for the average listener, they don't understand how those are connected. And you know, you studied biological medicine and homotoxicology, and this is a big foundational piece of, I would say, European biological medicine, looking at the terrain and looking at pH of the body. So please, share more about this idea.

**Dr. Garcia:** Absolutely. So our body functions optimally at a pH of about 7.365, to be exact. There's a slight difference between arterial blood pH and venous blood pH, as well as the pH found in different organs such as the stomach, it usually has a much lower pH to help digest food. But when there's an infection and dysfunction, inflammation, when our body is off in any particular way, that pH balance, that matrix, that zone is no longer appropriate or optimal for that organ to function appropriately.
And so through the use of the magnets you can restore.

So when we eat alkaline foods; the majority of fruits and vegetables, they have a pH greater than 7, they’re 8, 9, 10 range. The more raw we eat them, the higher the pH value, and so pH stands for hydrogen potential. It lets us know what the particular hydrogen, not necessarily content, but how our body responds to it. And so even though we may taste a lime or lemon, sure, it tastes acidic, but it creates an alkalinizing response from our bodies.

So when you have normal neutral pH tap water and you add a lime or lemon, you squeeze that into it and then you drink it, it will actually have an alkalinizing effect. And so it helps our body detox, it helps restore pH balance to our overall body, as opposed to when we eat highly acidic foods, such as hotdogs and hamburgers and wine, alcohol, cheese, pastries, microwavable foods, preservatives, chocolate popcorn, black tea, coffee etc. All those no, no foods that we’ve been told for years that we all know about, but unfortunately, choose to eat on the weekends or whenever. They will acidify us and they'll drag our body's pH down as opposed to the healthy fruits and vegetables which will help maintain it higher.

So my recommendation for everyone, and obviously my family and I follow, is that we eat a 80/20 diet which 80% alkaline, as much as possible; fruits, vegetables, salads, obviously raw is best. Sometimes will steam them, boil, depends on what we’re having. But you can have 20% slightly acidic. So slightly acidic foods are chicken, fish, Turkey, eggs, quinoa, beans, lentils, rice, etc. So those are okay in about a 4:1 ratio or 80/20%. But the no, no foods are the ones that I previously mentioned.

If you have an upset stomach, and all of a sudden, you’re having cheese, you’re throwing in pizza, you’re having a hamburger. Well, of course, it’s going to make your stomach even worse. The best thing that you can do for an upset stomach is have something that’s alkalinizing. And that will help your body detox, like you know lemon water or have an Alka Seltzer which will alkalinize and raise the pH.

The other things are conditions that will also acidify our body the most are; stress, worries, lack of sleep or overworking. If normal work week hours are maybe 40 hours a week, but you're working 60, 70, 80 hours a week. Of course that’s going to drag you down and rob your body of all of those extra hours of sleep and rest that your body needs to be able to raise and maintain that proper pH. Unfortunately, even though dairy whether it’s cream, yogurt, kefir, milk, pasteurized or raw, organic, you name it. Even though the majority are in the 7.0 range, which is ideal where you'd like to be. Unfortunately, all dairy products will feed virus, bacteria, fungus and parasites.
So once again, if we go back to the gut and our micro biome, is off, because we have an excess of bad bacteria or too much yeast or certain gastrointestinal viruses, or even parasites in our gut, in different areas. We have dairy and that's just going to feed all them and it's going to add fuel to the fire. So if you have a fire raging, whether you add alcohol, wood, paper, plastic, gasoline, they're all going to make that fire rage to different extent.

So through the choices in our food, and our lifestyle, we can help maintain a certain alkalinity or an alkaline balance to our body. However, if I have a headache right here, say it's a sinus headache, just over my eyebrow, it's not like I can eat raw broccoli and that broccoli is going to go and it's going to alkalinize the area in my prefrontal lobe and get rid of the headache.

No, however, if I use a magnet, and I use the black side of a magnet to push the hydrogen protons out of that area to push away the inflammation, I can place a black magnet on the right side and a red magnet on the left side. And the color I'm mentioning is the color it goes towards the skin. And this will increase circulation between my prefrontal lobes and it will also have a drainage effect.

So not only will it help pretty immediately drain whatever is kind of causing that headache, but it will also improve the flow of red blood cells in the area. And so how do I determine or how does a therapist that performs biomagnetism technique know exactly if you place is a black here or red here. Because oftentimes, if that doesn't work, then you can try red over the area of inflammation and then a black on the bladder to drain that inflammation down to the bladder so that you can pee it out later.

If there's excessive inflammation, or if it's a very acute trauma or something happened, you can also use the kidneys to drain that inflammation through. You can also use the inguinal lymph nodes or you can use the liver to drain. And so how are we going to turn all that? Through either autonomic response testing, or what we call muscle testing that we work in biomagnetism. You can work either through the feet, or the hands.

And so with the feet, the majority of us practitioners like to work with shoes. And these are normal, say work shoes, that simply have the front cut off, so that all different sizes can fit in there. And so we have the person lay down. And so if they're laying down in that direction, their feet are facing up. I have their heels here. And so if you can see the edges are lined up.

When I place a magnet over an area of inflammation on patient, one of their legs will shift and they'll have a muscular contraction. Not sure
if you can observe this chain here. But that lets us know that, okay, there is inflammation in that area, now, where do I place the second magnet. And so until you find the exact specific spot for that second magnet to go whether it's the liver, the kidney and you name it. It could be anywhere on the body, the leg will not restore back to its normal position. And so only through the muscle testing or Kinesiology, can you determine where you have to place that second magnet?

So once again, just to conclude this topic that I kind of went around a lot. I can't stress enough the importance of our nutrition. However, when we've done all that and it still doesn't work, that's when you have to go to some other technique. And so in this technique of bio magnetism, or what I like to call dual placement technique, because it involves the placement of two magnets in pairs. That's when you can restore the leg length of the individual. And you know that -- okay, here's where the body goes back into its optimal, metabolic and pH balanced alkaline state.

**Dr. Schaffner:** Thank you for sharing all that. And I'm glad you touched on this whole idea of setting the foundation for our health and this whole idea of excess acidity and how that usually leads to a lot of symptoms. And you know, Dr. Klinghardt for his lecture on the summit talks about autonomic response testing and how that works. And many of us who are in the field of treating people with complex chronic illnesses, we all have our tool to really check in with the body and figure out how we can prioritize treatment.

And so if this is a new concept, if you're listening, many of us on the front lines who are treating patients, we wouldn't be able to see the results. I believe that we all do if we didn't have a technique like this to check into someone's individual body and prioritize, because without that, you're just really guessing, you're just making educated guesses.

So you know, and I just like to share here too like -- you know, many patients find this accuracy in 20, even 50 doctors. And so they have had this opportunity for that other methodology to work. And unfortunately for chronic illness, we're left short with results because there isn't that acknowledgement or I think that the paradigm isn't there for every doctor to check in with the patient like you're saying.

So I just wanted to put that out there. So Dr. Garcia, you're talking about obviously using magnets and it's very specific. They're used in pairs, they're not used alone. And you know, the light bulb for me that has turned on hearing you is how you're increasing flow, and drainage, and circulation to the areas where there are problems. Ultimately, I do see a foundational piece of why people are sick is this lack of proper lymphatic drainage, lack of micro circulation, low oxygen in the tissues.
And so can you talk a little bit more about how these paired magnets, you know, what you've seen with increasing the lymph drainage. And what I'm hearing is that you can get a symptom improvement pretty quickly. But is this something that you maintain the results, or do you have to do repetitively? Do you teach patients to do this at home? Or is it always in a clinical setting, but just sharing a little bit more about that?

**Dr. Garcia:** Absolutely. There was kind of a barrage of questions.

**Dr. Schaffner:** Yeah. I didn't mean to overload you. But yeah, please do. And so go with wherever you want, but I think this whole idea of how the -- you know, just breaking this down for the listener so they understand what's happening.

**Dr. Garcia:** Absolutely. So in my sessions, particularly, depending on the issues, the imbalances that I find, I prefer that the patients take home magnets with them so that they can reinforce the work that I have done and continue the progress going. At the same time many of the -- the majority, I will find certain infections and have to recommend that; you know what, this cough that you have had for the last six weeks that you've taken numerous antibiotics and it hasn't worked. I feel energetically that other family members are sharing it. So even though we could do a culture analysis of the flame that comes out and say it would come negative for a strep, I still find the pH imbalance that's left over from that strep infection.

So they received antibiotics and it “got rid of” may have eliminated the strep, yet the inflammation is still there. So they may go, you know, another four weeks before finally the cough goes away, but it's now a reactive cough. It's just inflammation that's left over and the body hasn't recovered appropriately.

So through the use of magnets, I simply restore the pH and the body heals, sometimes instantaneously within minutes. Other times it may take 24 hours, other times it may take two or three weeks. It depends on how much inflammation there is, and what other underlying issues are occurring. But oftentimes -- so the mother took the antibiotics, she still has the cough, yet one of her sons also has the cough.

He hasn't taken antibiotics, but if that mother goes home, within two or three weeks, her son has given her back the strep, and she persists with strep. And she'll take other antibiotics, yet it is now inside the home and it's going from child to the husband, back to the mother. And so it just becomes a merry-go-round, then six months later, the entire family has been on antibiotics and it just around and around and around that goes.

And so by having them take home magnets, she can place the magnets on their lungs, on different areas of the body to help stabilize the pH
imbalance where either the strep infection was hiding out. Or where it was causing the most inflammation, whether coughing causing the reactive cough or the flaming throat or the post nasal drip, you name it. And so that way, we can take care of the entire family and that way her issue will go away, much faster.

So it's not necessarily focusing in biomagnetism therapy on the symptoms as much as the underlying issues. And so that's where, unfortunately, conventional medicine errors, because they focus just what's your symptom. You know, you have a headache, let me give you an anti inflammatory so that you no longer have a headache.

No, you still have the inflammation. It’s just your body can’t feel that symptom. You've turned down the volume. You haven't actually solved anything for that individual, much less raised were stimulated their immune system so that their body can overcome whatever was causing that in the first place. And so the mental focus should be okay, why is the body responding with inflammation in that particular area? Is there an infection, is there an emotion? Is there a nutrient deficiency? Is there a toxicity overload? No, what is going on?

And so through the work of biomagnetism and the bio energy work that is done with it, you can determine exactly what is going on. And so in some individuals, they have a massive headache because of underlying emotional issues that they have. They're going through a major divorce, and as much as they don't want to admit that all that stress is causing that, they can take all the pain killers they want, but that emotional stress that they're going through, is what's causing that.

And so everyone is different, but once again, using the bio energy work, and learning how to think about disease and health in a different light is just so amazing for patients, because once again, they've been for years suffering from a lot of these things. And nobody has been able to come up with the appropriate solution until you start thinking outside the box. And stop thinking about; well, let me just turn down the volume. Because ultimately the volume is going to be raised in another organ, in another area through a different mechanism.

And the body is just going to continue to keep trying to talk to that individual and show them different signs and symptoms, yet, they're going to take another painkiller, something else that's stronger. And so ultimately, you're throwing the body off in many more ways on a chemical level, on an energetic level, on a nutritional level because you continue eating the same foods that are unhealthy for you.

And just to give a few examples -- And once again, everyone is different, but I personally do not leave home without my magnets like the Hurricane Express and other never leave home without them. And so
this past 4th of July, we went up to Lake George with friends, and it’s a huge lake Upstate New York. And you rent the boat and you go for hours. And so I took my magnets and I put them in my pocket and I said -- you know, I never know, I never want to be without them.

We rented the boat, we were on the water five minutes, and my friend’s wife said, “Oh, I think I have to go back to shore. I’m feeling nauseous. I’m seasick, you know, starting to do this to you guys. But I’m about to lose it.” And I said, “I have my magnets.” And I pulled them out of my back pocket and everyone’s like, “No, you did not bring your magnet.” And so I said, “Okay, this should be easy enough.”

And so, in her case, I grabbed her arms. Because you can do the muscle testing through either legs or works with the person’s arms. Not only can you do the muscle test of when you try to push it down, that’s the [inaudible] ART, or you have them make a fest. And so if there’s a positive response, one arm will contract relative to the other, or it will actually extend relative to the other. So in this case, I simply grabbed her arms and I asked her body very specific questions in terms of what is the underlying cause of your imbalance issue? Why are you getting seasick? Is it due to an infection and imbalance in pH, this that.

And I got my appropriate responses and so I figured out that I needed to place two magnets behind her head in this particular direction vertically. One black magnet on her medula oblongata; the brainstem, and the other magnet on her cerebellum. And fortunately, she was wearing a baseball cap, so I slipped them underneath. And then I asked her body energetically, will you require another pair of magnets in order to alleviate this seasickness? Her body responded, no.

And so I asked, okay, how many minutes? 18 minutes, we had to leave the magnets on. And so I said in how long will she receive improvement? And so I muscle tested, use the bio energy technique and responded in about eight minutes, she’d start to feel better. So I said, “All right, let's anchor down. Let’s wait about 10 minutes and then we’ll start the boat back up again and see how she feels.” And so we did that. And then she said, “You know, I think it's gone.” We took off full throttle and her seasickness was gone. And we were able to continue with the rest of the three hour boat ride.

And so you know, all it took was less than 20 minutes of leaving the magnets in the back of our head. And so she no longer needed to take any type of medication or look for acupuncture points in the wrist or elsewhere. It was simply a matter of placing two magnets in the exact location that her body responded where she needed it. And so because of that particular location, amongst the answers and questions that I did, I was able to figure out that she had scrambled eggs that morning, and they were little on the wrong side.
And so it was because of those eggs they happen to contaminate with a particular virus that goes to the cerebellum and causes some equilibrium or balance issues. And so, once again, that was solved pretty quickly and we were able to enjoy the rest of the afternoon on the boat.

**Dr. Schaffner:** That's a fun story. And what I'm thinking too is you know, the magnet pairs seem kind of like a simple a pretty elegant, but very simple technique and you've studied. And Dr. Garcia so I mean, when I read your bio, you're very well educated. You've studied a lot of conventional but also like alternative techniques and you have stuck with bio magnetism. How did you find bio magnetism and really, what made you so passionate about it?

**Dr. Garcia:** Okay. Yes, excellent question. And so it's interesting because after college or as I was in college, my father who went to Columbia to learn medicine a little bit better, only because Medicine in Colombia is seven years as opposed to four years here in the United States. And so I thought, ooh, seven years as opposed to four, but all right, I'll give it a try for a year. So I went for a year after college and just loved it, fell in love with the country, the culture, everything.

And realize that, yes, I would become a more well rounded medical doctor if I did the training in Colombia, only because here in the United States, it's over the four years of medical school; it's two years academics and then two years rotation through the different specialties. In Colombia, it's also two years academics but five years of rotations through the specialties. So in the United States, as you know, it's six to eight weeks rotation through each individual specialty, in Columbia it's six months. So it's six months of review, six months of surgery, six months of Pediatrics, six months of you know, you name it.

And so, by the time I graduated, I had delivered over 150 babies by myself. And so you know, you're kind of thrown in the water and either you sink or swim. You got to learn all these things very quickly. And so I did that. And after graduation, I said all right, I feel like I can conquer the world. Let me open up my own medical practice. And I did and in those first few weeks, a patient came to me and said, “I have reflux. I've been to top three gastroenterologists in the city. They're older and you know, you're recent graduate, what do you have? That's new for me, that's going to take away my gastritis.” And I said, “More antibiotics?”

And he was like, “No, you can't help me then. You know, I thought you were bringing something new to the table. But if you're talking to me about antibiotics, I'm not interested.” And so that just hit me hard. Like, wait a second, I just spent seven years studying and what do you mean it's not helping. And so that was frustrating. And that kind of led me on this path to look for what else is there that isn't conventional medicine. And that's when I started to study neuro therapy, homeopathy,
homotoxicology, little bit of acupuncture, this and that.

And so I started to incorporate them. And so I would see people with gastritis and say, “Okay, I just learned these homeopathic drops. And so take this, take 10 drops of this and then three hours later, take five drops of this.” And it was combining like, whoa, that's too much, it's complicated. And so I then learned neuro therapy with procaine and so they would come in and I'd say, okay, let me do this gastric circle and let me do these points and is nerd. And they're like, it hurts. I'm afraid of needles, this is nerd. And when they come back a week later, okay, it helped, but you know, I don't like needles, what else do you have for me?

And so then I learned ozone and so I use ozone injections over the same neuro therapy points and combined with homeopathy and homotoxicology. And so, you know, yes, patients gotten a little better. But still, it was so many things that I had to combine. And then I was always thinking, okay, I got them better a little bit, but it's still not 100%. And they're coming back every four or five months, their gastritis or whatever issue isn't chronic, but it's still coming back.

And so that's when I found out biomagnetism. And I met a doctor that when I spoke to him, he said, “Look, I do biomagnetism and my life can be divided into before biomagnetism and after biomagnetism. And if you're as open as I think you are, this is going to be the therapy that beats all therapists.”

And for someone to say that my life can be divided into two. Those are big words. And so I started looking it up and before I knew it, I was in Ecuador and learning biomagnetism from Dr. Goiz himself. He invented this technique over 30 years ago. And so, while I was at the course he asked, in the first day, who here has an arm or a leg that's longer or shorter than the other? I raised my hand because for my entire life, my right arm was longer than my left. So was my father's so was my grandfather's.

And so when I discovered that in myself, I was about 15. I was going to the gym and I was doing bench presses and lat pull downs, and it was always uncomfortable because they were slightly off. And so what I asked my father, “Dad, what can be done about my arms? They're uneven.” He said, “Son, it's genetic. One of your sons or daughters will also have it. There's nothing you can do about it, you know, welcome to genetics.” And at the age of 15, you're like, okay, that's what my father; medical doctor says, I got to go with it.

When Dr. Goiz fast forward, that first day of class asked that, I said, “Well, I've had my right arm longer than my left my entire life.” He said, “Come over here, lay down.” He placed two magnets on my body, and ever since my arms have been even ever since, just with biomagnets.
So what I ended up having was a pH imbalance. I had acidity in my left shoulder that forced and caused a small muscular contraction here. I swim for over 40 years, I did all types of different sports, nothing ever released that pH imbalance that I had. The only thing was to appropriately, very specifically placed magnets, then released that contraction. And allowed for my arms to be the exact length that they were that I was born with, just I acquired a low pH imbalance. And so that blew me away.

And being a conventional doctor, or having that conventional training, yet having experienced all the other different techniques and modalities, I said, “Wait a second, this can’t be so miraculous, let me really try this out. And let me prove this to myself.” Because the things I learned during that seminar were just way too miraculous to kind of fathom and really put my head around.

So when I got back to my office, I told my nurses; right from now on, I’m going to do magnets on everyone. And I’m going to do some experiments, and this and that. And so I started to see patients with urinary tract infections. And I would have them, go to the lab, drop off their urine sample for a culture for analysis, and then come back to my office that same day, and I would do the magnets on them.

And I would detect that they had the pH imbalance issues relating to either E.coli infection or klebsiella infection, or you name it, urinary tract infection. I would place the magnets on very specific areas of their body where those infections were hiding out causing inflammation and the UTI. And then I would have them come back three days later with the lab report. And the lab report would say either E.coli, klebsiella or whatever bacteria that I actually had detected. And I would ask them, “How did you feel after our session?” And they would all respond; felt great, the burning, all the symptoms disappeared and I feel good.

And so I would then have them go back to the lab, drop off another sample, have it cultured and then come back another three days later. And everything would be negative and clear. And they would not need any more antibiotics or any antibiotics, period. Yet they came for chronic UTI.

Once I started placing magnets on them, it cleared permanently. And so I did that for pneumonias, for bronchitis. I did that for renal or kidney stones. I did it for gallbladder stones, for many different issues that you could prove with laboratory analysis. And so I would first see the alternative analysis, I’d place the magnets and then have them a week or a few days later, go back to the lab, get another analysis, and it would be cleared. And so it was just amazing how fast some of those things resolved.
And that for me was just an eye opening awakening experience to realize that, wow, I didn't need to write a prescription for painkillers, for antibiotics, for anxiety medication, for you name it. And so I just started testing and applying my knowledge, and going to more seminars. And before I knew it, I had gone over a year without touching my prescription pad, because I didn't need to write anything for them. I was solving it with using the magnets. And so that kind of what led me to where I am.

**Dr. Schaffer:** Yeah. It's a wonderful personal journey. And obviously, you know, your patients tell you every day to stick with this and the results you're seeing. You know we talked about a lot of different conditions that people -- you know, people might be thinking, “Is bio magnetism a therapy that I should try from my own body?” You know, I of course see a lot of chronic illness and there's this whole conversation about chronic Lyme disease. And you mentioned the fungal and parasitic infections and heavy metal toxicity. And then we're all exposed to herbicides and pesticides, and EMF and all of these things.

And so do you feel that, you know, with the chronic nature of the conditions we're seeing, that people really to maintain their health -- like, do we just have to continue to use bio magnetism to maintain our health? Do you really see curative and you know, people can get to this next level of health, and ensure maybe for maintenance. But just kind of reframing how we look at these chronic conditions.

You mentioned a really great example with the strep. And then kind of the imprint and the pH that left behind that wasn't resolved as well as the exposure that was going. You know, my goal here is to help shift the paradigm of how we think about these things in this conversation. So just maybe giving people more help out there who might be struggling with these complex chronic illnesses, and how this tool can be so helpful for them to regain their health.

**Dr. Garcia:** Yes, absolutely. So this tool is, I would say, honestly -- of course, it's going to be my experience, because I've been doing this now for 11 years. With my knowledge of all the other techniques out there, I would say this is the one that really can unite them all. Only because of the bio energy aspect where I can ask the body; is there an underlying nutritional deficiency, is there an underlying toxicity issue? Is there an emotional issue? Does this require magnets to rebalance, etc, etc.

And so, the majority of the time, 9 out of 10 times; yes, the body will benefit from the magnets. And occasionally, or I would say, 8 out of 10 times there are absolutely other factorial issues involved. Just like cardiovascular disease we all know has to deal with genetic issues, sedentary lifestyle, high cholesterol, hypertension, diabetes, smoking, etc.
The majority of issues and conditions have to do with also underlying heavy metal toxicity, nutrition, nutrient deficiencies; have to do with a low magnetic energy state. And so with the magnets you can restore that state. Has to do with pH imbalance issues, has to do with emotional issues, has to do with other spiritual issues as well. There are so many different factors involved that through the use of the bio energy work, that bio magnetism requires, you can actually pinpoint which one is higher on the scale.

And so you mentioned Lyme disease, which is what I tend to see the most of now. And so I do have a YouTube video out there where I talk about Lyme disease. And in my experience, Lyme isn’t just about the Borrelia burgdorferi infection. It’s about all the co-infections that are involved, that unfortunately, everyone is only thinking about, “Okay, maybe there’s would be B. burgdorferi, or mycoplasma pneumoniae.” But nobody’s thinking about is there underlying Epstein-Barr, Cytomegalovirus. Is there fungal issue because of the overuse of antibiotics?

And so there’s Candida overgrowth, and there are other yeast or mold toxicity issues. And are there other bacterial infections such as an underlying tuberculosis or underlying Yersinia pestis species, or underlying parasitic infections, such as malaria. And so I’m finding more and more of that Lyme patients have underlying malaria. And so you would think -- but wait a second, Malaria is in the United States. How is that possible? No, it actually is, unfortunately.

And so somebody goes down to the Caribbean, or goes to Africa, or Europe, Latin America and they're bitten by a mosquito, and then a week later they come back to the US but their immune system is strong and healthy. They were on vacation, everything is status quo, but then one or two months later, their immune system dies. And that's when outcomes the malaria or the Zika, or whatever infection they acquired down there.

And then they can be bitten by a mosquito and then that mosquito takes in their malaria and then it bites their neighbor, or somebody in Central Park, who hasn’t flown out of the country, now they have an underlying issue. So Bartonella can be spread through mosquito infections. And so people are being bitten by mosquitoes and black flies and green flies and all these things constantly.

And who’s to say that a fly or a mosquito isn't biting a deer that has Lyme, and then that mosquito a week or two later bites a human. It now give that human the infection from the deer, or whatever animal it had. And so unfortunately, mosquitoes, flies are spreading a lot of this. And so when I apply biomagnetism therapy to these individuals, I find these layers of infections. And so I first in the first session, I’ll get rid of one or maybe two layers of infections. And then in the next session, I’ll be able
to see other layers that were underneath.

And so our body is like this glass that is able to withstand different inflammation, infections, imbalances, emotions, trauma, you name it until it reaches its limit. Once it's reached the top, it will spill over. If it spills over here, you've got neurological issues over here. You've got muscular-skeletal issues over here, digestive over here, sleep issues, hormonal imbalances. And so with by biomagnetism, you can actually through the bio energy work, ask the body and be able to ascertain what the most important things are, so that you can bring these levels back down.

So that the person will regain their health in the most optimal, efficient, ecological way. And so, you know, is it about first addressing heavy metal overload issue? Is it about the nutrient deficiencies? Can you do them at the same time? Yes. Is it about the pH imbalance and low magnetic energy state? Absolutely.

And so, once again, for me it has been the overall unifying factor where I often have to tell the patients; look in your particular instance, it's your relationship with your husband or your children that's causing this underlying stress, which is causing a lowered immune system, which has allowed for this infection to take over.

And so you can use these supplements to help raise your nutrient status, then your immune system can kind of kick in a little bit more, but you also have these heavy metal toxicity issues. So you want to take some chelaters and antioxidants here, but you also have to work on your relationship with your son or your daughter or your spouse because that is what, behind the scenes, is bringing everything down.

Bioenergy energy work of magnetism that you can discover all of those things. And so you can place the magnets on different areas of the head that will help reduce the sympathetic nervous system; the fight or flight response that makes you be on edge and with anxiety and hyper vigilant state, so that you can kind of bring things down. So that sure, what would normally set you off and put you in a state of anxiety or insomnia. All of a sudden, you're like, it's not so bad anymore.

And so it helps change your mind set when you can reduce all of that information that you have going on in the brain. And so it's kind of like when we stay up late at night or we haven't slept well the night before, how do you feel the next day? You're groggy, you're cranky, have a short fuse or short tempered; you know, somebody could say hi, and you're...

Biomagnetism during the sessions, you tend to feel very relaxed, very mellow. You're in a sort of hypnotic state, yet you can also learn to maintain that through the placement of magnets to keep everything at a
much more stable place energetically, or rather, in terms of pH balance in your brain, in your central nervous system, in your muscles, joints, etc.

**Dr. Schaffner:** And I love that you shared this framework. I have a similar understanding of -- you know, what our patients are going through too. Chelating lime is a great way to dialogue about the complexities of what we see, whether it’s this whole ecosystem. And there’s not just one infection, but all of the infections that you shared.

And then you know, the layers of toxicity and trauma and how that all intersect. And so, obviously, this is a tool that you found to really work on all these layers. I think that’s a really important framework. As we’re shifting people’s idea of how you get better when you’re suffering from a chronic illness. It’s not just one thing and one treatment or you wouldn’t be so sick, you know, that would be a lot easier.

So Dr. Garcia, what are you most excited about and where do you really see the future of bio magnetism? You’re obviously at very full practice and you’re training other practitioners to get more people access to this form of therapy. But what is exciting you the most about the future of bio magnetism right now?

**Dr. Garcia:** That’s huge. I love it. So what’s exciting me the most is the results, you can’t deny them. And so just the other day one of my patients that her daughter happened to have some dizzy spells. So of course she brought home the magnets and places them on herself and her boyfriend. And she was able to heal herself of those dizzy spells after she’d learned the proper placement. And so the mother was then at a friend’s house and she had a huge vertigo attack.

And she was carrying the magnets in her purse. And so she texted me and was like, is it okay if I place the vertigo pairs on my friends or the dizzy pairs on my friend. And I responded; Yes, of course by all means do it. And she did it, and in less than three minutes her friend’s vertigo attack that usually when they came on, lasted for days, it resolved completely.

And so here was one of my patients that were able to solve somewhat something for somebody else. And so there’s no denying that it works. One of the challenges in the future is going to be you know, how do we get this out there to the masses, so that they can find out about it. And unfortunately, we don’t have the millions of dollars worth of research that you know, industry has in order to prove this, but it is absolutely growing from just word of mouth.

You know, once patient has a tremendous experience of that. And they told the other person and the other and just, you know. Now, not only do I see that mother and her daughter, but because their health
improved. I saw her three other sons and I'm yet to see the husband, he'll be in soon. And so it just spreads because everyone is observing these improvements. And it's all by word of mouth. I've done no advertising whatsoever. It's just people realize that, oh, my goodness, this person was in terrible shape. All of a sudden, they are in such a much better healthy state. What did they do as a result?

And so what I'm most excited about, once again, is the future of biomagnetism after we get it to the masses. And so the way I'm trying to do that is through offering seminars several times a year and training others, whether it would be health practitioners, or housewives, or people that have never had experience in healthcare. Because all you need to know is, study and read and practice and use the magnets in very specific areas of the body to create that stable pH environment that allows for the body to then heal.

So I'm definitely very excited about the future, say 5-10 years from now, obviously, not next year. But there are thousands of therapists out there that can continue spread the word and have just these tremendous healing effects and experience experiences with their friends, with their family. And really, wow, I no longer need to suffer with the different conditions; everything from seasickness to breathing issues, etc. Just last two weeks ago, I was seeing a patient, she was lying down but her caretaker had horrible asthma attack.

And so I told the individual lying down and I said, “Do you mind if I place a few magnets on her so that I can help her breathing?” And so I immediately placed maybe 12 magnets on her and immediately, almost instantaneously, her asthmatic attack disappeared. And so she went from the wheezing to absolutely breathing calmly, and she couldn't believe at the end of the 15 minutes when I took the magnets off.

And she was thinking; why did I leave my inhaler at home? And how could I have not brought it and it must have been the walk, it must have been the heat, it must have been something. She was blown away, and I happened to run into her this past week. And I said, “How have you been doing?” She said, “Amazing. I haven't used my inhaler since. And my lungs feel completely better.” And so for an individual like that, sure, I'm going to have to see her maybe one or two more times and then teach her where to place magnets on herself if that event happens to repeat itself. So in some cases, you can teach the individual. All right, where do we place magnets? Are there on the top of your lungs or on the sides of the lungs or at the back of the lungs; to help restore balance to the lungs either from the sides, from the back, from the front, from different areas.

So that you're maintaining that proper pH balance that was thrown off through different conditions, whether it was the atmospheric pressure
or the heat or an infection or dysfunction, whatnot. Fortunately, through magnet, you can start to restore that and get the body to heal itself.

Dr. Schaffner: Well, I really appreciate you sharing all of your knowledge and your passion and these stories. And through this summit, we're getting the word out. And if people want to learn more about your work, or how to train with you, or how to learn about more about biomagnetism, where can they find you?

Dr. Garcia: Sure. So you can visit my website, which is www.usbiomag.com. And there's all the information necessary. And another thing that I did about two years ago, which also has been helping out the community and the masses, is I developed an app that you can download on your phone whether it's Android, or Apple system, iPods, etc. And you type in the different health issue that you have, it will guide you towards where you place the magnet on yourself and where you place the red magnet; that can have a balancing restorative effect for your body if you place them in the correct areas.

And so not very particularly user friendly for those that have never experienced a session or don't know what's going on in terms of biomagnetism. But it's more geared towards either the practitioner to have as a handy reference tool for those that have already seen once or twice that now they're used to.

So the magnets, you know, it's no big deal. I shouldn't be afraid of them and I can play around with them, and place them on different area of my body. And so I've tried to teach and instruct them to use magnets either on a daily basis or weekly basis to keep their energy levels up and to help restore and maintain their body's pH.

Once again, it's amazing how a simple pair of magnets like these can do so many things on so many levels, in terms of, you know, our gut, digestive tract, our respiratory system, our cardiovascular system, our muscular-skeletal system. Now there are just literally limitless possibilities and different tips and tricks that I've learned over the years with these.

For example, in the wintertime, real quick, when I go skiing with the family. I unfortunately don't have time to train and everything to get my muscles up to speed for when the weekend comes when we go skiing. But what I do is, Saturday evening, I will use the magnets on my quadriceps, on my hamstrings, on the different muscle groups that I feel the soreness coming on.

And because they increase circulation and reduce inflammation, they're going to drain the lactic acid buildup. In the next day, I'm feeling fresh and I can go skiing. And I'm not going to feel that soreness and
discomfort and stiffness that I would have felt had I not use these to kind of help my body flush everything and continue to improve my circulation.

So everything from that to -- my daughter is in travel soccer and about a month ago, she hit her head real hard and she had low concussion, a TBI; Traumatic Brain Injury. And so she was very dizzy and confused on getting up and so my wife called me. I happened to be attending someone at the time.

And I asked him, “Do you mind if I do a distance session and use your body as a bridge to work with my daughter’s energy long distance?” He said, “Go right ahead.” That energy distance worked, and then I texted my wife exactly where to place the magnets on my daughter.

So my wife drove her home. She got home, put her on the couch, she placed the magnets on her, waited 15 minutes, took them off, ask my daughter how she felt. She's like, I feel great. I'm fine. I'm hungry. So something like a TBI that should really be taken seriously, maybe go to the hospital, see neurologists or pediatrician. It was resolved quite quickly, just with a few simple pairs of magnets placed on her that brought inflammation down immediately that restored pH balance in her head.

The examples and the options are limitless with it. Obviously it's not going to help everything 100% because our body has a certain threshold point. So diabetic patient that has had diabetes or the pancreas has gone through extensive inflammation for over 20-25 years and they've been on medication.

Well, that pancreas has kind of pass a certain threshold point beyond which as much as I try to heal it, it's not going to be able to go back down to the prior level. And so certain organ systems areas, if they've passed a certain point of no return, well, there's not much that anyone can do for them.

You know, it's a case of trial and error, but I've definitely seen some miracles happen on many levels. And this once again, is so beneficial that it can be combined with conventional allopathic medicine and medications and other procedures.

**Dr. Schaffner:** I love the your story, it's almost like we need the magnet center, home first aid kit just for you to be able to help your family and everything. Well, Dr. Garcia, you’re a wealth of knowledge. And you just had your second baby girls. So congratulations. And I really appreciate you taking the time during this really important time in your in your life. So thank you for taking the time to do this interview and share your knowledge and your expertise with us today.
So I'm hoping everybody, we've definitely made them more and more curious that they're going to check out your information, and learn more and how to find a provider in their areas when they want to seek out these therapies. So, yeah. Well, thank you so much for your time and being part of the summit.

**Dr. Garcia:** Thank you very much, Dr. Schaffner. I appreciate it.
Christine: I'm here with Dr. Tony Rump, and we’re going to be talking about elite success neurology. Dr. Tony Rump is a chiropractor for 30 years. His practice and passion has evolved into a highly successful functional wellness practice. Dr. Tony is well known for his expertise of neurological rehabilitation, using the new concepts of holographic rehabilitation. Welcome, Dr. Tony, I'm really excited to interview you today.

Dr. Rump: Well, thank you for inviting me, this will be a lot of fun. I can never talk about this enough, since it’s such a new concept. So, thank you again.

Christine: Absolutely. And this definitely piqued my curiosity. Our mutual friend had a lot of success with you working on her, with her persistent tinnitus. So it really caught my interest and curiosity because it’s a very hard symptom to treat. And while there are many factors, of course, I know that there’s really something to this, seeing her shift so quickly.

So obviously, Dr. Tony, you’re a chiropractor, and chiropractors are really trained in physical manipulation, and that’s a big part of the healing work that you learn in chiropractic school. But it sounds like your practice has really evolved to include this whole other way of looking at the body and practicing medicine. So can you just share your journey and how you really came to study and practice this type of chiropractic care?

Dr. Rump: Yeah, that’s a great question. My beginning is, I've been a chiropractor for 30 years and for about 20 years of them, I've been just a traditional chiropractor. You come in, we x-ray, we do posture analysis; we just start adjusting you on a treatment plan. I was that guy where we would see 80 patient visits in a morning. We really just had it...
down and to be quite honest, we've seen fantastic results. The personal relationships were never there. But it just got boring and I knew there was more out there.

And as you know, doc, when you ask for something, the universe usually provides it for you. So you've got to be careful what you ask for. So, my daughter was playing basketball as a freshman in high school and she tore her left ACL. And she never had a shot, pill, potion; nothing, never even went to a medical doctor before that. And now here I am, taking her in to have MRIs and taking her down the medical route, which was needed. I'm not bashing them by any means. It's just, I know, no matter how much I adjusted her pelvis, there was a better way to heal her knee up.

So, I was going to buy a bio modulation light, a low level light laser just help her soft tissues heal. And through my journeys with her and that knee injury, I found a practitioner in Los Angeles, California, Dr. George Gonzales, I always throw a shout out to Dr. George, he developed this technique called quantum neurology. And it really resonated really well with me. So he started helping me through Olivia’s knee injury. And anybody that's had a daughter who was injured, you'd rather take the injury on yourself.

So we had the reconstructive surgery, it was six months. She was an A student and went down to a D. I mean, all this stuff that went with that. Yeah, my wife still can't hardly talk about it. But lo and behold, 10 months after that original injury, she tore her right knee. So by that time, I had about 80% of the holographic rehabilitation concepts in my head, I knew how to do it. So we started applying them immediately. And her second knee was three months and eight therapy visits, physical therapy visits, down from six months and 50 therapy visits. And her grades never took a hit.

She never really took any painkillers. We had them both surgically repaired. So that was my start in this whole new world that you know all about; that is amazing. There's amazing stuff out there, if we just look and ask for it and start searching; it will show up. But this turned into my thing and my passion. I now apply clinical nutrition. I still do chiropractic, and then the quantum neurology. I'm a certified practitioner. Actually, I was the first one in Ohio, whoo-hoo. So anyways, a long time ago; but that is the basis for my practice and how I got started.

Christine: Yeah, I know that must have been really challenging to see your daughter go through that. But the silver lining that you found this whole other modality and this tool for your patients now. So, quantum neurology sounds like a big word. And a lot of people's heads are probably like spinning. What does that really mean? Can you just give us an overview of what quantum neurology is?

Dr. Rump: Well, to know a new concept, we have to know the old one, I guess. So, a neurologist in the allopathic world or the medical world
deals with the brains up here, you've got nerves that connect. They can go in and do brain surgery, they can do a disc off a nerve but that's all the hardware of the body. The quantum neurology and the holographic rehabilitation of a patient takes care of the software of the body. So traditionally we think of our brain here but in holographic rehab or quantum neurology, our brain is out here. And it's all interconnected through the nervous system.

So the concepts are really easy, it's just hard to explain. This is the challenge I always have because our nervous system is our master system of our body, it controls everything. And when we're overpowered by stressors, it's when it gets disconnected or inhibited. So, by finding where it's inhibited and we connect the nerves, then the body heals. So, much like a circuit breaker in a house. If you overpower a circuit breaker, plug in too many rows at Christmas, you blow a circuit. So you just have to find the right circuit, turn it on, and the body does its healing.

So in quantum neurology and the holographic rehabilitation, we look at the nervous system like the sensors, the sensory part of the nervous system. Hot, cold touch, circumferential pressure, form recognition, so our proprioception; our movement. And that's part of the sensory part of the nervous system that makes up 80% of our body. And then there's the cranial nerves, the senses; sight, smell. I've been on a smelling kick lately because smell is like one of the first things in dementia, they find. Like, it's the only thing that they can say you have a high probability of getting a dementia, if you have a loss of smell.

So I'm on this kick of changing smelling and it can be done because it's an olfactory nerve, its cranial nerve 1. And cranial nerve 10 is the next big thing, the parasympathetic. I can't open my feed on Facebook without seeing three things on the Vagus nerve and we rehab that easily. And then there's the muscle nerves, the myotomes; there's 24 pairs that we can very easily check and see if they're inhibited. And of course, the visceral nerve, and then all the combinations of that.

So quantum neurology looks at that and then all the combinations, and connect the nervous system. So basically, every cell in our body, the biggest particle in our body to the littlest particle is all intertwined through the nervous system; and it all has the same information. So like, for instance, our fingernail cells have smelling cells in them, although they're just not enough concentration to smell out of your finger. So that's the concept that our whole body is in constant communication with itself at all times. When that communication gets broke down is when we start having sickness and disease.

Christine: So then when you're with a patient, it sounds like there's probably an assessment piece and a treatment piece of this modality. Can you walk us through maybe what that looks like? So you're finding kind of where there might be a breakdown in communication in the nervous system. Then there seems like there's exercises or techniques that you apply to help restore that communication.
Dr. Rump: Yes. So, in a nervous system, there’s muscle actions, there’s visceral actions of a nerve, but I’m just going to pick a muscle action of the eighth cervical nerve. It comes out in the bottom of the neck and the muscle action is finger flexors. Okay, so that would be a way we could test the muscle action of the C8 nerve. So if that muscle is reduced or diminished, where it doesn't lock in and we can pull it open, then we can apply... we use a light therapy device. Bio modulation is the buzzword now.

And we use that to stimulate the nervous system and a pulsing instrument we call an Arthur stent, put on different parts of the body, to wake the nervous system up. So the body now knows there’s a problem, and it’s called neurological recognition. Then once the body knows there’s a problem, then it can heal itself. And there’s 24 pairs of nerves of myotomes or muscle actions that we test immediately. Then there’s 11 of the 12 cranial nerves that we test immediately, like smelling, tracing of the eyes, the jaw, cranial nerve 10, voice inflection, and on and on, and on.

The one that we do not, is visual cranial nerve 2 because it’s so complicated. And to change a visual nerve, the cranial nerve 2, it changes and it’s much easier with all the other functions working better because it takes so much energy. And then on and on, then all the combinations of all that. So, when we test the nervous system, we test this moment in time that the client is sitting in front of me, and we know exactly if it starts changing or not. So that’s how we assess as it goes on. If the body's getting stronger, we know the body's healing.

But on a side note, we also know that this is just one modal. And 15 years ago, when I first started doing this, this was the only thing in the world. “Don't do anything, blah, blah.” But now that I’m pretty proficient with it for the last five, six years, I’m seeing some of the sickest of the sick, I call them Johnny Cash patients; they’ve been everywhere, man. So I do know that I’ve become part of a team and when we work together and become part of a team, the body responds so much faster, and much better. And things go better for the client. So that's kind of the progression of it all.

Christine: I’m glad you mentioned that. I see that too. We see a lot of really complex patients who’ve seen a lot of different doctors before coming to see us, and I do see that we’re part of a team. A lot of patients need a team, whether it’s their functional medicine or naturopathic doctor, their IV doctor, their lymph drainage person; their skilled chiropractor. So I do think it’s important to share that because the most profound healing, I have found, is when people work in a team setting. And we all make each other look good, right? Because we’re working together.

Dr. Rump: Yes but who really benefits is the client. It’s like faster, quicker, and like, “Wow.” That really is the coolest part of that whole thing.
Christine: Yeah, and I think that’s what we all want. Especially when you’re seeing patients who have been struggling for a while, and that’s not from a lack of trying, we of course want to see them however we can speed up their healing. So I am in complete agreement with you. Tony, you mentioned the Vagus nerve, that’s the 10th cranial nerve, and there’s a lot of hype around it and a lot of information around it. And in our practice, we see a lot of Vagus nerve toxicity and infection, and just misfiring. So this whole lack of what we call parasympathetic tone. So, any insights that you have around why we’re seeing a lot of sick Vagus nerves out there, in the field?

Dr. Rump: Well, I think the Vagus nerve is a rest, digest and heal nerve. So, in today’s world, we never get the chance to unplug. And I’m not just talking social media stuff, I’m just talking life in general. Right before this interview, I called my wife and I could hear the grandkids yelling in the background. I’m not complaining, please, I thoroughly enjoy it but I’m going from like this highly intellectual, highly motivational talk, to four three year olds running around my house. So we don’t have that time to unplug, digest and rest what we have. So, the fight or flight is always out of balance. We never have that.

You know, back in the caveman day, when the lion left, he had time to rest or he was eating, either way. But today’s world, there never seems like a time that our body can change. So I always tell all my clients that an easy way to get that stimulated to normalize... and I use an analogy of when I travel. I travel a lot with speaking and doing demonstrations on this work; is, I dislike going through security. I don’t know why. Maybe nobody cares about nobody and it’s pushing and shoving. So, I know for a fact that my parasympathetics are all [klobber-jawed]. So I lick the roof of my mouth, similarly, and cranial 5, 9, and 10 come out the brainstem, the same place. So 5 is the jaw. So I just tap or move my jaw.

I lick the roof of my mouth, side to side, and I hum a little bit, and I take a real deep breath. And if you know what a Kegel is, I’m sure you do, but maybe the audience doesn’t, a Kegel is like when you stop a stream of urine. So you’re firing off the parasympathetics of the pelvis. So then you do a Kegel all along with that and it kind of helps. In that environment for me, it helps reset. So I tell my clients and I’m sharing with your audience; that if they would do that when they feel that coming on, sometimes it’s like the 50 percenter. You might be able to get it before it gets too bad.

Christine: Yeah, those are some great tips. And all of us are going to be confronted with stress in our everyday life. And I think it’s really how do we respond and have tools to respond to that stress? Because the stress isn’t going anywhere, right? It’s our response. So I’m just intrigued. It sounds like you use a combination of assessment and then you use light therapy. So photobiomodulation, it looks like red light therapy. We have a couple speakers talking about red and neuro infrared and photodynamic therapy and everything, but this is just a... Is it a red light?
**Dr. Rump:** It's a red light with infrared in it, also. So the infrared will allow it to go deeper. Okay, that's what the studies are showing. So we don't use this for... like the red light people, I think, do a saturation point. Like if my shoulder hurt, they would hold it on there; get the right frequency and hold it on there. Great work. What we use it for is nervous system; to stimulate the nervous system for change. So we do a lot of muscle testing.

So like if you're firing off cranial nerve 10, which is licking or drinking, or suckling and we do a muscle test and it goes weak, we've got a little bit of a timeframe, 10 to 15 seconds, to put light on the brainstem. And then go back and do it again and see if it strengthens and can make that connection. So then the body's more stable or rehabilitated a nerve. And then the body does what it's supposed to do, it defaults to health. You know how important cranial nerve 10 is. I mean, like it's the granddaddy of them all. So, I'm going to tell you about it. Is it alright if I share a story about a client?

**Christine:** Yeah, please do.

**Dr. Rump:** This guy was 6.7”, he was driving a couple hours coming in. He was 140 pounds, 6.7”. He was in Arizona, he was everywhere, man; Jersey. I'm in Midwest, Ohio. Okay, so you go left at Columbus, and when you get to nowhere is where I'm at. So this kid was coming in, he's 17 at the time, suicidal thoughts; digestion issues. And when he sat down, in my assessment, the only thing I could find is cranial nerve 10. So in five minutes, rehabilitate him. Away they went. They came back in six weeks, he gained 50 pounds just by getting his parasympathetic and his sympathetics normalized.

So that is a home run. He had a natural pharmacist on his side, he had all this other stuff that he was doing, and it was working to a really slow degree. But once we connected and uninhibited and rehabbed his nervous system, boom; that was the last missing piece. I haven't seen him for a while. So I assume that he's fat and sassy, and enjoying himself. I hope so.

**Christine:** Yeah, no, absolutely. I think that's a really profound case. So what you find is, do people have to do any home exercises? Or do you have them get like devices at home or do you just really feel like in the office, that's enough to just to reeducate the nervous system?

**Dr. Rump:** That's a great point. This individual we just talked about was somewhere and he had a Vagus nerve stimulator on his ear or something, and it was overpowering his nerve, I felt. So we had him take it off and allow it to heal. Now he can stimulate. So I told him, it's like a marathon runner that sprained an ankle and never gave his ankle a chance to rest; he never could get back. So on an individual basis, there's absolutely no cookie cutter and everybody is their own person.

So, if you and I were in the same accident, the same car, same time, everything; same place in the seat, we'd have two totally different
injuries because of our life experiences. And you're finding this out, there can never be a cookie cutter way for one person to heal, compared to another one because of their accidents, injuries, conditions, mental thoughts, and everything else throughout their body; throughout their life. So we can never ever say, “Yes, we do this exercise on everybody. We don't do this.” It's just a matter of what they show up when we assess them. And then what's the best way forward?

And I'm more of a suggesting person, I would never tell them they can or shouldn't do it. I'll just tell them, “If you're going to do that, this was my experience.” So exercise, like, let's say the C8 nerve was inhibited and this was weak, and it got strong, we don't want to exercise their muscles per se because it's a nerve issue. So it's like plugging in a roaster that you trip the circuit, and you just keep plugging the same roaster in. Until it becomes desensitized, strong again, then we can go have some fun; but there's a healing process that has to take place.

Christine: Absolutely. Again, with that being said, and knowing everyone's individual... going back to our friend to has tinnitus. And so there's probably a lot of people out there who have tinnitus, it's one of the hardest symptoms, unfortunately, I feel that there is to treat. I think we have a lot of understanding about it, maybe why it starts but really making the symptom go away is kind of another story. And again, of course, this is an individual case, but just sharing some maybe pearls or themes, or patterns you've seen with tinnitus.

Dr. Rump: So, I'll just tell you the story on our friend who has a heart about... I mean, she has an incredible heart. And she was in northern Detroit area, which is like a two and a half, three hour drive. And we became very much friends over time. And I knew she was having this issue and I was trying to get her to understand what I actually do. And it's hard to do, it's really hard to do without experiencing it. So, she was going to be there and my wife's like, “Whatever, let's do a road trip.”

So we drove up there, and we met in a restaurant. I don't remember the town or wherever it was. Tinnitus, you would think its cranial nerve 8; cranial nerve 8 is the vestibular nerve, the hearing, but it's never one thing, and it's never what we think it is. So, as a practitioner, you know this, you have to go in with a clean mind, clear mine and just whatever it is, it is. So we started testing the cranial nerves and this friend, this person, was going through some stuff also. So there was an emotional component.

So we just connected the nerves and we just did our thing. We just made sure her cranial nerves were strengthened and then the combination of whatever showed up. I can't remember. But I'm like you, that's such a challenge. And I had the other prefect because sometimes you hit it out of the park, and you're like, “Yeah,” and the next time you think you're going to and it's like... it's a humbling experience. So, my job is to connect the nerves and the body's job is to heal.
But she also had other practitioners and I, in my heart of hearts, by connecting her nerves, and by an uninhibiting them, then the other modalities could have worked better. It was the baseline. But I was just so thankful it worked. I think last time I talked to her, she's 50% better. I treated her one other time since then. And it's always different because the body heals and changes over time. So that's why the repeatability and to know what you've done, and how the body cascades and it changes, and that type of thing.

Christine: And I can see how this modality can allow the system to respond to treatments and therapies better and in a new way. So if you're out there and thinking, “Oh my gosh, I've been trying...” like you're doing all the right things, but your body isn't responding, this is something to consider. And Tony, you mentioned the emotional component. So, with a lot of us who work in this realm, we acknowledge that there is an emotional aspect to healing and that the body can store trauma. Does quantum neurology address that or is there a way to test to see if that is interfering with the nervous system's ability to communicate?

Dr. Rump: Yes. Yes, for all that. There's a way that we test it. As quantum neurologists, it's not our primary focus, just like a cranial nerve wouldn't be just like... but it is a focus because how we handle our emotional stressors, and we all have them, is how we heal, actually. I'm finding the more and more I get into it, that's such a huge part of it. So it's a simple muscle test, I use this and use a muscle test. And it goes weak, we try to figure out what part of the nerves are associated with this emotional burden, I'll say.

I just had recently, a lady that's been coming in 11 months. She wasn't able to get pregnant. She had an OB on her team, she's doing all of her stuff. But the nervous system, it's like layers of an onion, you've just got to... you know, healing is... it's not Jesus healing, although we wish it was it. Sometimes it takes time and we have to peel layers of these injuries and illnesses off. And that's what happened.

And it came down to an emotional issue she had as a kid, we cleaned it up and off to the races and she and her husband did their job, and she's pregnant. Maybe you found this out in your work, the body will tell you where to go. And your experiences will let... I mean, it's all one big thing about what we need to do and how we're going to do it. So, emotions usually show up somewhere. But sometimes it's first, sometimes it's just a matter of when the body wants to handle that.

Christine: And has the ability to kind of let that go or process that. No, I say the same thing. Does quantum neurology look at how pathogens and toxins can affect the nervous system? Or are you guys more just really focused on restoring communication and letting other people address that?

Dr. Rump: I'll answer that with, quantum neurology, I'm not so sure is.
Dr. Tony, very sure is. Okay? How's that?

**Christine:** Love it. So, what has Dr. Tony found out?

**Dr. Rump:** So I look at it as a stressor. So there's physical, mental, chemical, EMFs, are all these kinds of stressors that our body has to be strong enough to... and I by far am not the heavy metal, not the chelation guy; I'm not that guy. But I can guarantee you that if your nervous system is working better and you're doing that work, then it's going to work better. And that's been my experience; that if the communication system is there, you're taking clinical nutrition or you're doing what you have to do to get rid of the pathogens or like Lyme's or whatever it is, it works a ton better if the nervous system is connected.

And that's been my experience in my office. And we can desensitize and we can do some rehab to pathogens and allergens, and that type of thing but my experience is that that helps but it's not the key. We need somebody like your expertise for that. That's not my lane. But I do know if the nervous system is working better. Everybody else's lane works better. Did I answer that question?

**Christine:** Yeah. That's my experience and I feel like the work that we do with the Lyme and co infections and heavy metals, and that, absolutely, I think we have a lot of the right tools for people. And then I do find that some people really need someone to help restore their communication in the nervous system. And we won't get there alone with just addressing the pathogens and the toxins; we have to kind of do both.

So that's been my experience and we've had different modalities to help do that. But I absolutely see that. There's also a lot more kind of awareness around traumatic brain injury and how even concussions or whenever you hit your head can affect your brain. And can make you more prone to dementia or neurological illness. So, do you have any stories or any kind of words of wisdom around traumatic brain injury and what you've seen work?

**Dr. Rump:** I'm never short on stories. People buy me drinks all the time.

**Christine:** You're welcome to share them.

**Dr. Rump:** Okay. The drinks? No.

**Christine:** I've got my lemon water.

**Dr. Rump:** I was just reflecting on some of the people I wanted to talk about in this interview. And there was a young man that came in, he's a sophomore in high school. And now in Ohio, they do testing before like a football game or soccer game, or pre-season testing; cognitive testing and stuff. And then after, if they have a brain injury, or they suspect that, they do the testing until he gets back to normal.

Well, this kid, he was a freshman or a sophomore, he played on the line and football and he had a concussion where he got blacked out on the field. He went to his a traditional neurologist and they were holding
out, motoring the stuff for the headache. And it was like three weeks, absolutely no change in symptoms. And his mom was a patient here, a client here, so she brought him in and we started doing the cranial nerves.

We always look at the cranial nerves and try to uninhibit them and try to get them working better; function. And immediately the headache went away on his table, or on my table, I guess. And that's quite normal. This is not a home run. This happened time and time again. This is more like the single or the double. And he went back. He came in, it was a week of care or two or three visits. And they redid his pre-testing and it was better than before the season started. So it was a big deal.

So that has been repeated time and time again. And my little grandkid, Parker, he just fell and hit his head, just boom, on a brick in our backyard. Of course, paw-paw gets yelled at. I don't get it but anyways. So they're all like, “Get stitches and stuff,” and I'm like, “Put your arm up. We've gotta clean his cranial nerves up.” He's doing fine but it's all part of it that the sooner after an injury, illness or condition, or whatever, we can get the nervous system working, the less scar tissue and the less the body has to adapt to that issue. So it's easier to change.

**Christine:** Are there any kind of tools or insights? Of course, we want to share for people to find you or other people who are doing this work. But if someone's just kind of at home, and maybe doesn't live in a city where they could access this type of work right away, are there any like daily practices we could do to keep our nervous systems healthy? Or to integrate some of the things that quantum neurology does, on like kind of a lifestyle basis?

**Dr. Rump:** First of all, do that that little exercise. Tap, lick, Kegel, and a deep breath, okay? And they can hum. Once people start doing that, then the body not only becomes normalized, the nervous system, because we can't really differentiate one part from the other part; that's just how the body is. But movement. So it's really hard to... I get that a lot. For people to get their nervous system to be expansive, instead of contraction, it's like anything else. Eat right, exercise, breathe right, meditate, and move; to the best of your ability.

My father who complains that he can't get to the mailbox and back, which is 50 feet from his door, I finally got him doing it four times a day. So, I'm not talking about running a marathon when I say move. I know people are sick and it's so hard when you don't feel like it. But change physiology and the nervous system expands to that. So, to get it to the level, you just really need to visit a quantum neurologist to get what I'm talking about. And that is the tough part. But to level it with a parasympathetic, sympathetic, the wired and tired thing, lick, Kegel, hum is the big dog here.

**Christine:** How long do you have to do that for, to get a therapeutic effect?
Dr. Rump: I would say, do it 10 seconds, and try to do a couple or three times a day.

Christine: Yeah, that’s a great tip. I think that that’s a really great way to start addressing your cranial nerves, and everyone can do that at home. We have some other speakers on the summit who are going through breath work and meditation, and all of that. So, there are some tools for people that they can do at home.

Dr. Rump: Yeah, learn from them.

Christine: So Tony, tell us more about where people can find you, more about your work. And even how they can learn more about, of course, your specific work, but also quantum neurology.

Dr. Rump: So, Dr. George Gonzales is my mentor. Quantumneurology.com. If you’re looking for a doctor, I would encourage you... like I was number 50 in the world 10 years ago, and I think they’re up to 500 docs. So the chances are somebody is close to you or give me a call, I’ll help you out or I can; that’s what we do. My website is docrump.com. I just happen to have a sign behind me. It just showed up. But if you want to learn, like I post testimonials. I talked to my regular clients, and I post them on Facebook.

So we do Facebook Lives as much as we can. So it's Lost Creek Chiropractic and Wellness. Just look through the videos on there and we talk about all kinds of things. Whenever it hits me, we just go ahead and do it. So I would encourage you to check my Facebook page. If you need to contact me, I'm always available. Well, that's a lie. I'm not always available, but I always get back to you. So I want people to contact me, I want to help people. That's what we do, right? I mean, that's what floats our boat, is to help people, and we'll do it any way possible. And that's why I'm so privileged to be on this summit. This is a big deal to me. And I appreciate you getting the word out. So, thank you for that.

Christine: Well, thank you, Dr. Tony. And thank you for all the work that you’re doing and sharing this information today on the summit. I’m going to definitely check out more on your website as well. I’m again, really intrigued and I know that this will be the first of hopefully many conversations and I’d love to continue to collaborate. So, I really appreciate your time and thank you for being on the summit.

Dr. Rump: Thank you very much. Nice talking to you.
EFT Tapping to Heal Mind and Body
Guest: Julie Schiffman

Christine Schaffnr ND: Welcome, everyone. I'm here with Julie Schiffman. And we're going to talk about tapping into your life, unleashing the power of EFT, and tapping to heal your mind and body.

Julie Schiffman has a master's in social work and is an internationally recognized expert EFT practitioner, which is the emotional freedom technique. For more than twenty years, she has counseled thousands of clients, helping them break through physical and emotional barriers.

Her life-changing YouTube videos have been viewed nearly five million times. She was formerly the chief EFT practitioner for Dr. Mercolo's Center for Natural Health for over fifteen years.

And currently has a thriving private practice helping others heal from pain, chronic illness, disease, as well as other emotional and physical stressors.

Welcome, Julie, I'm really excited that we've connected recently. And I'm excited to learn more from you today. And I'm really excited to share this interview today on this summit. So welcome.

Julie Schiffman MSW: Thank you so much for having me. Happy to be here.

Christine Schaffnr ND: Great. Well so we've talked a little bit about tapping throughout this summit, I've done kind of the topic justice. And really telling people what is tapping. And what is really emotional freedom technique.

Julie Schiffman MSW: So I love tapping, I've been doing it for over
twenty years. I think it's amazing.

And so EFT stands for Emotional Freedom Technique as you said. People really refer to it in this day and age more as tapping because this is really what it looks like. It's literally tapping on these different points on the face, and the chest, and the torso.

It's a form of energy phycology. It's very similar to acupuncture except we don't need the needles, which is one thing that people really love about it. But people identify with that because people really understand, sort of, acupuncture. People have heard about that and that sort of thing.

So what you're actually doing is you're actually tapping on these particular points are what we call meridians, which are energy pathways in the body. And each of these points are connected to different areas in the body, different organs, glands, energy systems in the body.

And when we tap what we're actually doing here with the tapping, because it does look a little bit silly if no one's ever done this before. To start tapping on themselves out of nowhere.

Really what it's doing is it's getting energy moving in the body. And what happens is when we are stressed or if we have a pain or discomfort or something like that. What happens is that energy gets stuck in the body. And so what we're doing here is we are getting that energy moving. We are getting momentum. We are getting stuck in old emotions. Typically negative stuff, negative pain, that sort of thing. And getting it moving throughout the body.

And so that's really what's happening. It's actually just moving energy. But what it also does in the process is that it is sending a message to the amygdala, which is that part in our brain that sends us into fight or flight. That tells us that we are in danger.

In today's day and age, there's a lot of stress, right? There's work-related stress, there's emails, there's texts, there's phones, people are constantly moving and multi-tasking and doing so many different things, and there's a lot of stress.

And if I were to say to you in the last twenty-four hours, I'm asking you as anybody who's listening to this, if I were to say in the last twenty-four hours can you think of one thing that created stress for you? Your mind would probably be able to go to something. And if we're to say when you think about that stress, I want you to think about where you feel that in your body. Almost everybody could identify with a place in their body where they can feel that.
And so when we do tapping, what that does is it's not only sending a message to that amygdala, to that part in the brain saying, “You know what, everything's okay. Everything's calm; we can relax.” But it's also at the same it also creating movement in the body so any tension, any movement, any pain, discomfort that sort of thing can also sort of relax as well.

And we know that when our body is feeling more relaxed, when we're able to release tension, then we feel better, right. Our mind feels better. We can create, we can create better decisions. We can move through life with ease. We can heal more easily. It'll lower the cortisol levels a little bit. And it can reduce inflammation.

Tapping can do all sorts of things within the body; that's pretty amazing. But that's in a nutshell of what tapping is.

Christine Schaffnr ND: Thank you. And so it's just this idea that – from my experience, the actual act of tapping is a relaxing experience and so it can help put us in more of what we call parasympathetic to relax the body and create healing.

And then there's this whole idea that you're touching on about how stress and even past trauma that these emotions or experiences can get stuck in the body and affect the flow of energy, which can lead to anything from chronic illness, or chronic issue, or discomfort, or setting us up for poor health. So it's this inner connection of how trauma and our emotions can affect our health. And so I just want to make sure people understand that because it's so powerful.

And as you in your bio how, we've shared that you've treated a lot of chronic illness. People with chronic pain. Just any chronic issue, this can be a really great tool to create some movement and healing in your body.

And so can you touch a little bit more, you did an excellent job explaining this, can you touch a little bit more on what you've seen as far as how people responded? Especially with pain. There's a lot of people with chronic pain out there. This opioid crisis out there that people don't have good options to heal their pain. And so how have you found that tapping really helps with pain in the body?

Julie Schiffman MSW: I think it's amazing. It's really astounding. At this point, I have worked with tons of thousands of people in pain, discomfort, disease that sort of thing.

As I started to talk about before we can't separate the emotional part of us and the physical part of us. It's just impossible, right. Our mind is always communicating with our body. Our body is communicating with
our mind, our brain, our nervous system, and that sort of thing.

And so when I said to you if you can connect with just a stress in the last twenty-four hours and most people can say, “Yes.” So let’s say before you and I started talking there was a little bit of stress because we couldn’t get my computer working. You couldn’t hear me, right? So that’s a perfect example.

So if were to connect, if I were to be really paying attention to what was going on in my body at the time, maybe there was some tightness in my chest, or a pit in my stomach, or that sort of a thing.

And so we know that when we have a particular stressor whatever it is, there’s an emotion to go along with it. So it might be an emotion about what’s occurring. But it might also be an emotion about what’s going inside my mind. The different programs that are running in a moment.

And so when I work with my clients often times people will say – for example, I had a client who was a volleyball player. She’s in college. And this is just a recent story because it just happened. And she plays at the college level. Very good. But they’re having some issues on their team; they’re not all getting along, there’s a lot of stress with that. She contacted me; I talk to her periodically throughout the year.

She contacted me because she has a chronic ankle issue. And she’s having a really hard time with that. And she’s a really good player, and she’s so frustrated because there’s some weakness there. And we were talking, and she was talking about how she doesn’t know what she’s going to do about this team and just making some decisions, and just feels like she’s carrying a lot of burden of the team and all of this.

And at one point she said to me, “I just don’t know what my next step is.” And I work a lot with metaphors, and so to me, I’m like, “Did you just hear what you said?” “You don’t know what your next step is.” And the ankle obviously has to do with stepping, right? You need to step you use your ankle. It’s about moving forward, very often. And so we did a bunch of tapping around that particular issue.

About not knowing what her next step is, the frustrations, all of that. We brought in all aspects of what was going on. And the pain, when the session started was very high. It was about an eight or nine, and when we were done with the session, it was down to one or a two. And it’s amazing because it really can work that quickly. It really can work that quickly.

Another example of this is a woman who I saw a while back; I’ve used this example many times on other summits. It’s a woman who had arthritis in her shoulder. And she was in her mid-60’s. And the doctor
said to her, “You've got pretty bad arthritis in your shoulder.” And she was frustrated because she couldn't reach up. She couldn't reach to grab things out of her cabinets, just life, right?

Reaching up and doing things. And she said, “My Doctor told me I'm not going to be able to raise my arm, I just have to get used to it. I won't be able to raise my arm like past this level.” And so we did a bunch of tapping around – and we'll talk about this because tapping goes along with words and we say things when we tap, and we'll talk about that.

We really get into the emotions and the things that we internalize, and we deny, and we disconnect from, and that creates this energy in our body. But we did a bunch of tapping around these things that she heard that her doctor said to her, “You won't ever be able to raise your arm.” And she just believed that.

And we often believe what doctors tell us and I'm not suggesting that we shouldn't believe our doctors, right? Doctors play a very important role in our lives. They certainly can. But sometimes they give misinformation at times. They don't always know everything. And so we did all of this tapping around it, and sure enough in my office, she was able to raise her arm above her head.

And that was it. All she needed to do was remove those beliefs that she wasn't going to be able to do it, and then all of a sudden, she was able to. And so I've seen this with arthritis, I've seen it with digestive issues, I've seen it with back pain, neck pain, shoulder pain, knee pain, chronic illness. I've just have seen it over and over and over again. That when we address the underlying emotional components to what's going on in the body. It releases so much stress, and it frees up the body to be able to do what it needs to do in order to heal.

**Christine Schaffnr ND:** These are kind of emotional or subconscious roadblocks, right, to our healing. And so with the system that we do at Sophia we kind of think about always how do we remove stress from the body so the body can self-regulate and heal.

And that's just, again, being reminded that we all have that innate ability and that we're all wired to heal. But there are certain things that are in the way.

And why we're having this summit is that, yes, diet and lifestyle are really important. And of course, there are a lot that we can do with supplements. But there's this whole other realm of looking at the body that is I think under-addressed really in our conventional paradigm.

So if you're out there and you're dealing with a chronic issue and have not looked at this in any way, this can absolutely be a huge profound
opportunity to heal. So, Julie, we want to bring this again to be more tangible so people can wrap their head around this. And so you mentioned there’s a sequence of tapping, and there’s usually a dialogue that you work through with people. Can you share a little bit about the tapping points, and how you’re really rewiring, resetting the brain?

**Julie Schiffman MSW:** Absolutely. So it’s really simple. And one of the things that I actually love, love, love about tapping is that it’s something that somebody can use on their own.

There’s a lot of great techniques out there that we can use to help us to heal, and feel better, and reduce stress.

Many of these we have to go to somebody, we have to wait until our next appointment on Tuesday at noon. And this is actually something that people can use for themselves. So that's one thing that I really love about it. And that's why I love that you are covering this in your summit. The points that we tap on like I said they are actual meridian points. They're connected to different points in the body. And the truth is no one needs to really know what point is connected to what. It doesn't even matter.

But what we do is we start, which and this is actually the first point that we use. And it's the side of the hand, the fleshy part of the hand, the pinkie bone and the wrist bone. And what we do on this point is that we tap. It's a really gentle tap. And people can tap on this side or this side; it doesn't matter which one. We've got meridians down both sides of the body.

And so it’s just a really gentle tapping. No need to hurt oneself or bruise oneself. Really gentle. And what we do on this point is we create a setup phrase. And what we mean by that is that we are targeting what the problem is. So if we have a headache, or if we’re experiencing anxiety, if we’re experiencing stress, if we have neck pain, knee pain, stomach aches, whatever it is. You are going to focus on. And it's the point of the truth-telling, we call it.

So we’re targeting what the actual problem is. So we want to think about what the problem is. And so let's just use for an example just tension in the body. Because I think everybody on this planet Earth can identify with tension and stress that goes on in the body. So if I were to connect with tension in my body, I tend to hold onto stress or tension in my neck or shoulder area.

**Christine Schaffnr ND:** Me too.

**Julie Schiffman MSW:** If I were to connect with that right now, I would say, “Any stress in my neck and shoulder,” it’s about a three, it’s pretty
low today. Which is nice. It's there, I can feel it. There's also some
tightness there. And so what I would do is we start tapping on the side of
the hand. And then what we would say, “Even though I have this stress
or tension in my neck and shoulders.” Or for somebody else, it might be
a stomach ache. “Even though I'm experiencing anxiety.” But for right
now we're going to talk about tension.

So I would say something like, “Even though I have stress and tension
in my neck and shoulders, I love and accept myself anyway.” And so I'm
going to stop there for a minute before I continue with that. I'm going to
explain that statement. So a lot of people will say, “What if I don't love
and accept myself?” Or “Why do I have to start with something negative,
when I want to release it and let it go. I want to feel better?”

We always have to start with what the problem is. And when we're
tapping, we are not putting in the problem. We are not actually creating
more pain for ourselves. What we're doing is we're identifying that
there is actually a problem, right? We already know what's going on.
We're already experiencing it. We already feel the pain or the stress or
whatever it is.

So what we're doing is we're actually telling the truth about what's
happening in our body at the moment. So we're saying, “Even though I
have this pain or problem, I accept myself anyway.” Because we pretty
much always have to accept where we are before we can move forward.

It doesn't mean you have to stay there. It doesn't mean you have to
continue with this pain, this problem, that you have to have it for the
rest of your life. You're just identifying so you can say, “Even though this
problem is here, I can accept myself anyway.” Because I am not my pain
or this problem, I am a lot of other things. I am a human being. I deserve
to be well. I deserve to feel better, all of those things. And so you're
actually accepting where you are so that you can then move forward,
okay?

So start with that statement, “Even though I have this pain or problem,
I accept myself anyway, or I love and accept myself anyway.” And you
can change those words around. It doesn't have to be exactly that. But
that was how it was created when the technique sort of came around
initially. So then we move to the next point, which is the tap of the head.
It's just tapping center. Really a gentle tapping.

We move to the inner eyebrow, which is just the point toward the bridge
of the nose. We take our tapping fingers; we move them over to the side,
which is just on the bone there.

The next point is under the eye, which is just kind of on the cheekbone
there. And under the nose, and on the chin, which is just sort of the
crease there. The collar bone. Again, you could be doing this on both sides; you could do it on the other side. One side, the other, both, it doesn't matter. The next point is under the arm. Which you could do on one side, you could reach over to the other side, or you could even tap on both sides like this.

And then the last point that I put in that I actually learned from Dr. Dietrich Klinghardt a million years ago, which was to tap the inside of the wrist, which not everybody uses. But I learned that from him probably fifteen years ago. And so I continue to actually use it that way. So those are all of the tapping points.

And so we start again with the setup phrase, “Even though I have this pain or problem, I accept myself.” And then we go through, and we tap. Then we initially tune into the problems. So I have this neck and tension in my neck and shoulders. And you might repeat it again, “I have this tension in my neck and shoulders. This tension in my neck and shoulders.”

And then we sort of move through it that way. And then at some point, we create a shift. And we start to bring in some affirmations. So we may say things like, “I'm choosing to feel calm and relaxed. I'm releasing the tension from my neck and shoulders. I'm releasing any frustration, or I'm releasing any anger. I'm releasing any emotions that I'm holding onto. I'm allowing my neck and shoulder to just relax and move within my body. And I'm feeling calmer and relaxed.”

We can do an example of this, but I'm just sort of showing what that looks like. It might look really weird. But when I first started doing this, when I started working for Dr. Mercola twenty years ago, I was like this is the craziest thing I've ever seen. But when we started using it with the patients that were coming through and just saw that people were just getting better, and better, and better.

It's not only the emotional piece as you said, we have to look at the food we're eating, and the water we're drinking, and what are we putting into and on top of our bodies. And all of that. It's important to look at everything. All of the pillars of health. But the emotions play a huge, huge part. And when people are able to really release them, it's unbelievable what the body's capable of doing.

Christine Schaffnr ND: And I know that you speak from this wealth of experience and again I see this also in our practice. When we really acknowledge and address the body on this level. There's just this movement that happens, and of course, translates into healing, and health, and acknowledgment of what people have been going through.

I love how you said, I think, because of this whole idea that we get trapped emotions in our body, essentially. And so step one is to
acknowledge them and to face them. And by doing that there's a lot of freedom that happens. Again, you can make a shift when you really acknowledge what's going. So I think it's a really safe and powerful framework to do this.

So people can do this at home. And they can also do this with some who's an expert, like you. Many people might be thinking, “Do I do this every day?” “What if I do this and I don't feel anything?” Or if someone is really new to this and wants to get started, what would you say would be the rhythm for them to do this?

Julie Schiffman MSW: Awesome. So the first thing I want to mention is, yes, absolutely people can do this on their own. However, there are some places we say don't go where you don't belong. Meaning that if you're talking about trauma, really big traumas, if you've grown up with abuse, and that sort of thing. Please reach out to a practitioner. Because that's just not a place, you want to start doing it on your own. You want to really be taken care of and nurtured in that way. And you don't want to put yourself in a place where you are traumatized yourself over by doing all of that.

So a place where people can start with this. Number one is I do recommend people do tapping every day. I have, as you said, I have a lot of videos online. I have over 100 videos online for all different sorts of pain, tensions, different stressors that people might have on a pretty regular basis that a lot of people might experience. And so people can go and look at those videos.

Now they've been viewed almost five million times. So I know that they've been very helpful to people and I'm so grateful to people to have that platform to be able to share that with people.

But I do want to say that by using a video is not going to guarantee that you are going to move through it so quickly. It might create relaxation and that sort of thing. But you want to be as specific as possible with whatever the particular issue is for you specifically. So these tapping videos are global. And so the idea is to help people define the words to use and different ideas and that sort of thing.

They're good. There's other people who also have videos online. That people can check out. There's some great books from The Tapping Solution; Mick Ortner He's written a couple of books, and Jessica Ortner as well.

They've written some books on tapping and how to get started with that. There are some great websites that people can go to, to sort of check that out. Ricola.com, they also have a lot of wealth of information about EFT and tapping.
I always suggest to people, all of my clients, I always suggest that people tap every day. It doesn’t matter what time of day you do it. I usually suggest, use tapping for myself, of course, every morning when I get up in the morning. It’s one of the first things I do. And tapping in the shower is a great place to do it. You won’t be interrupted. And I like tapping there because it’s like the water just sort of washing everything away.

And if you don’t know what to tap on, I'll just tune into what do I have coming up today. What are the things that might stress me out today? Or do I have something going on in my body that doesn’t feel great? How do my neck and shoulders feel? Am I moving easily? Am I feeling stiff?

And so you can really just tune in and focus in on one thing. But I love to set an intention in the morning. That’s what I like to do to start my day. For feeling good, for being healthy, for being energized, for being on top of my game, being able to help all of my clients, that sort of thing.

I tell people they can go into the bathroom. They can tap in bathroom if they're at work and they're feeling stressed out. Throughout a given day there are many stressors that can occur in that period of time.

And so it could be things that are going on at home, it could be with a spouse or partner, it could be with a child, it could be with a parent, it could be with a coworker, or a friend. It could be just stuff that goes on in our mind where we loop around over and over saying the same things to our self that creates stress.

And tapping really helps to take us out of that looping. It helps us to create a space in our mind and in our body to come up with different ideas, different suggestions, just reduce stress.

And as I said before, when we're able to reduce stress, we're able to make better decisions, we're able to interact with people better, we talk ourselves more kindly, we create a sense of compassion and appreciation for ourselves. And it helps us to sort of move throughout the day.

So I suggest that everybody do it every day. And again, it's really important to reach out to a practitioner if someone feels like number one they don’t really know what they're doing with this; or number two it just feels like whatever’s going on for them is way too big for them to deal with on their own.

Christine Schaffnr ND: No. That's great information. And we had discussed maybe wrapping up our conversation with doing a demo. You've already given us a lot of tools and I know I can’t wait to check out your video library as well and share that with patients.
So thank you for making that available. But before we go into that, I just want to honor, I know that you've shared some client stories, but you also have some personal experience. Kind of on a pretty profound level with tapping and how that helped your own physical body. And if you feel comfortable sharing I just think it just paints the picture of how powerful this technique can be.

Julie Schiffman MSW: Absolutely. So I’ll try to condense it and make it shorter. But I really came into tapping because I’d gotten my masters degree in social work and I was working in a high school. And my father had just passed away from colon cancer. And I'll come back to that in a minute.

But I started getting panic attacks. And really, really bad panic attacks. Like multiple panic attacks per day. And here I was the school social worker and I'm supposed to be helping these students to feel relaxed and helped them to reduce stress. And I'm like freaking out with panic attacks.

So I went into talk therapy and tried to work through some things. And I was kind of working through my father's death and that sort of thing. It was great. But I didn't really resolve the entire problem. I was still getting panic attacks.

And I had a very close friend, a best friend who I went to college with. My husband grew up with, Dr. Darren Weissmen. And he's really well-known in this field. He created his own technique called The Life Line Technique. And he's written some books. But that's different story for a different day.

But I'm always grateful to him because he's the one who really initially got me into this. And so he said, “Why aren't you coming to see me?” And I'm like, “Well, why would I come to see you?” He was a chiropractor. So he had gone to school for chiropractic, he did acupuncture, he did some energy work. But I didn't understand it. I had no idea of what any of what that was or what any of that meant at the time.

And I was like, “Why would I come and see you?” So you can crack by back? I just didn't understand it. He's like, “You need to come in and see me.” So I did. After a few sessions. It took a little bit of time to work through some stuff, but I went in to see him. He did some energy work with me. It wasn't tapping. But it was other things. And low and behold it was just a miracle.

I can't explain it any other way. I was like, “Oh, my God.” And not only was the anxiety gone, that kind of anxiety, panic attacks that sort of thing. I was able to resolve so many issues that I had, past stuff that I hadn't looked at before.
My body felt better, I was loosing weight. I was just able to connect with myself on a deeper level. It was pretty amazing what that did. And I had said to him, “I'm like, you know, I really have to learn this stuff. I'm not going to chiropractic school.” Which isn't where he learned all of that anyway. But I'm like, “I'm not going to start a whole new career at the time, that's what I said.”

I said, “But I need to learn how to do this energy work. Like it's fascinating to me and I feel like it's calling out to me.” I said, “So if you know of anywhere that I can connect with this let me know.”

So a couple of months later he says, “Do you know who Dr. Mercola is?” And I said, “No, I don’t.” And he said, “All right, I'm going to hook you up with him. Because he is looking for someone just like you. He wants someone with the background, social work, emotional, who can help someone on an emotional level, therapeutic level to come in and work in his clinic.”

So I met with him. And I didn't even understand the caliber of who he was when I first met him. I didn't understand. And for people who don't know, I think it's the largest natural healthcare website, I think, in the world. And he's got just a wealth of information out there as you know.

And he said, “This is what's missing from my practice.” He said, “I'm able to see people and treat them on a very physical level. I can tell them, and teach them what to eat, and how to move their body, and supplements, all of these different things on how to change their bodies biochemically. But what's missing from my program is the emotional underlying component.”

And so he sent me to all of these different trainings. And a couple of months later I came back. We started using them with patients who were coming through, and it was amazing what was happening. And so I'm going to fast forward for a moment just in my own personal story, as you mentioned. About year into working for him, I found out I had cancer. I had a form of colon cancer. Which remember that's how my dad died, from colon cancer.

And I come from a family who comes from a very medical background. Traditional background, if you're sick you go to the doctor. Very western way. And so I was really torn with what to do with this. Number one I have to go back to my family and tell them I have colon cancer, which is the kind of cancer my dad passed from. And I'm not totally interested in healing in the same way that my dad did, it didn't work for him.

So I talked Dr. Mercola about it. I talked to lots of different, I just sort of dove into the holistic way of doing things. I really combined both. I used some western medicine, I did have some surgery to have it removed.
But then I also really dove deep into the emotional underlying stuff that was going on. And it was pretty amazing. And it was intense, and it was hard. And it was pretty unbelievable. And thankfully I didn't have to do any sort of aftercare in terms of radiation, or chemo, or anything like that.

And I was actually able to heal my body. That was already probably fifteen years ago. I get checked every few years. And there's no evidence that was ever even there. And it's pretty amazing.

So I am grateful for western medicine. There's no question. It was able to be able to remove it. And I had some amazing doctors. But then I also really used the energetic work to really just dive in and release all of the emotional stuff that I had been carrying with me. And I really think the two combined was so profound in my healing experience. So it was pretty amazing. It was pretty unbelievable.

**Christine Schaffnr ND:** And thank you for sharing that story. That is incredible. And I'm sure giving a lot of people out there hope. And as you said, it's typically this integration of treatment that really – this is where we see the profound results. Now we can understand even more why you're so passionate about this work, right?

So Julie, why don't we walk our listeners through just a quick demo while we wrap up. And if you listening, please don't do this while you're driving. But you want to be in quiet, reflective place. Why don't you just walk us through a quick exercise so we can wrap up?

**Julie Schiffman MSW:** Yep. So I would just have you, anybody who's listening just sort of connect. Just whether you're sitting in a chair or standing up, as she said please don't do it while you're driving.

But just to connect to any sort of stress in your body. Take a big deep breath in. Just be aware of any stress, any tension, or anxiety that you might be carrying in your body.

And notice where it is in your body. So you might feel it in your chest. You might feel it in your stomach. In your head. You might feel it in your neck, your shoulders, maybe your legs. Wherever it is for you. So just be aware with that. And connect to what the intensity is on that. So ten is like through the roof. I mean it's just as high as it will go. And zero is of course none at all.

So probably most people listening will probably be somewhere in the middle, there might be some people who are a little bit higher or a little bit lower. But just pay attention to it. And just be aware of where it is.

And when you're ready, we're going to have you tap on the side of your
hand, that fleshy part of your hand point. And I’m going to have you, Christine, repeat after me if that’s okay.

**Christine Schaffnr ND:** Okay.

**Julie Schiffman MSW:** So go and repeat, “Even though,

**Christine Schaffnr ND:** “Even though,

**Julie Schiffman MSW:** I feel this stress and tension in my body.

**Christine Schaffnr ND:** I feel this stress and tension in my body.

**Julie Schiffman MSW:** I honor and accept myself.

**Christine Schaffnr ND:** I honor and accept myself.

**Julie Schiffman MSW:** And the way that my body is speaking to me.

**Christine Schaffnr ND:** And the way that my body is speaking to me.

**Julie Schiffman MSW:** Even though,

**Christine Schaffnr ND:** Even though,

**Julie Schiffman MSW:** I might be carrying the stress of the day,

**Christine Schaffnr ND:** I might be carrying the stress of the day,

**Julie Schiffman MSW:** or things that happened recently.

**Christine Schaffnr ND:** or things that happened recently.

**Julie Schiffman MSW:** Somewhere in my body,

**Christine Schaffnr ND:** Somewhere in my body,

**Julie Schiffman MSW:** I honor and accept myself.

**Christine Schaffnr ND:** I honor and accept myself.

**Julie Schiffman MSW:** And I’m open to releasing it now.

**Christine Schaffnr ND:** And I’m open to releasing it now.

**Julie Schiffman MSW:** Now we’re going to tap on the top of the head, just gentle tapping. This stress and tension in my...
Christine Schaffner ND: This stress and tension in my head.

Julie Schiffman MSW: And over your eyebrow, this stress and tension in my

Christine Schaffner ND: This stress and tension in my head.

Julie Schiffman MSW: And the side of your eye, I’m just going to notice it.

Christine Schaffner ND: I’m just going to notice it.

Julie Schiffman MSW: And tap onto your eye. Because this is my body’s way of speaking to me.

Christine Schaffner ND: Because this is my body’s way of speaking me.

Julie Schiffman MSW: And under your nose. This stress and tension

Christine Schaffner ND: This stress and tension

Julie Schiffman MSW: And tap on your chin is my body’s way of telling me

Christine Schaffner ND: is my body’s way of telling me,

Julie Schiffman MSW: And the collar bone, that I’m carrying some stress.

Christine Schaffner ND: That I’m carrying some stress.

Julie Schiffman MSW: And under your arm, that I might have some emotions that I’m holding onto.

Christine Schaffner ND: That I might have some emotions that I’m holding onto.

Julie Schiffman MSW: And the tap of your head, that are creating stress in my body.

Christine Schaffner ND: That are creating stress in my body.

Julie Schiffman MSW: And over your eyebrow, it’s my body’s language.

Christine Schaffner ND: It’s my body’s language.

Julie Schiffman MSW: And the side of your eye, and even though it might be somewhat annoying
Christine Schaffnr ND: Even though it might be somewhat annoying

Julie Schiffman MSW: And under your eye, irritating.

Christine Schaffnr ND: Irritating.

Julie Schiffman MSW: And under nose, it really is a gift on some level.

Christine Schaffnr ND: It really is a gift on some level.

Julie Schiffman MSW: And on your chin, because it's giving me an opportunity

Christine Schaffnr ND: Because it's giving me an opportunity

Julie Schiffman MSW: And the collarbone, to learn more about myself.

Christine Schaffnr ND: to learn more about myself.

Julie Schiffman MSW: And under your arm, and to release and let go.

Christine Schaffnr ND: And to release and let go.

Julie Schiffman MSW: And on the top of your head, this stress and tension in my

Christine Schaffnr ND: This stress and tension in my head.

Julie Schiffman MSW: And over your eyebrow, I'm open to releasing it now.

Christine Schaffnr ND: I'm open to releasing it now.

Julie Schiffman MSW: And on the side of your eye, I'm safe right now.

Christine Schaffnr ND: I'm safe right now.

Julie Schiffman MSW: And under your eye, and I'm so grateful to my body

Christine Schaffnr ND: And I'm so grateful to my body

Julie Schiffman MSW: And under your nose, for speaking to me in this way.

Christine Schaffnr ND: for speaking to me in this way.

Julie Schiffman MSW: And on your chin, I'm really listening.
Christine Schaffnr ND: I’m really listening.

Julie Schiffman MSW: And the collarbone, I’m letting go.

Christine Schaffnr ND: I’m letting go.

Julie Schiffman MSW: And under your arm, I’m allowing my whole body to relax.

Christine Schaffnr ND: I’m allowing my whole body to relax.

Julie Schiffman MSW: And tap once more on the top of your head. I’m releasing any and all emotions.

Christine Schaffnr ND: I’m releasing any and all emotions.

Julie Schiffman MSW: And over your eyebrow. That might be contributing to this stress and tension in my head.

Christine Schaffnr ND: That might be contributing to this stress and tension in my head.

Julie Schiffman MSW: And the side of your eye. I’m just acknowledging it now.

Christine Schaffnr ND: I’m just acknowledging it now.

Julie Schiffman MSW: And under your eye. So I can let it go.

Christine Schaffnr ND: So I can let it go.

Julie Schiffman MSW: And under your nose. My head feels calmer and more relaxed.

Christine Schaffnr ND: My head feels calmer and more relaxed.

Julie Schiffman MSW: And on your chin. I have more clarity.

Christine Schaffnr ND: I have more clarity.

Julie Schiffman MSW: And the collarbone. All of the muscles in my body are relaxing.

Christine Schaffnr ND: All of the muscles in my body are relaxing.

Julie Schiffman MSW: And under your arm. As I release and let go.

Christine Schaffnr ND: As I release and let go,
Julie Schiffman MSW: feeling calm and relaxed.

Christine Schaffnr ND: feeling calm and relaxed.

Julie Schiffman MSW: Tap the inside of your wrist together and say, "Peace."

Christine Schaffnr ND: “Peace.”

Julie Schiffman MSW: Good. Take a big deep breath in, and release it.

And let's just overall how does that make you feel?

Christine Schaffnr ND: Yeah. I feel really relaxed. I feel good in my body, but I feel sometimes some tension kind of here. And that feels a lot less prominent. So my nervous system feels really calm right now.

Julie Schiffman MSW: Right. Isn't that amazing? I mean that took what? Just a few minutes. Right? Of being able to go from – now my neck and shoulders feel great. I was focusing on that area back here. I said that was at a three or four and now I can't even really feel it at all.

Now does that mean that that's not going to resurface if I become stressed during the day, it might? But I have this tool and technique to be able to know what to do to resolve that.

Now if people are listening and they notice that maybe the tension has gone up a little bit, then you want to go through, and you want to do it again.

You always want to come back to okay, “So how do I feel now?” “I started at this level, and now I'm here.” Hopefully, the majority of people, in my experience, the majority will come down from that.

Every once in a while, people will notice that it either jumps up or stays the same. If it jumps up, it probably means that you are on to something, that your body probably wants more of this and you probably need to do more exploration with this to discover what's really there. It wants to be heard.

A big point to all of this as I was saying our bodies are always listening to us, right? Our body is always listening to us. So you really want to be careful about the things that you say your body, and the way that you talk to, and about your body.

And they're just messages. So instead of being frustrated with our bodies, instead of hating parts of bodies, and being angry with parts of our bodies. We want to really look at it as a gift. It sort of bridges a gap
for us, it's really a portal for healing. Because once we can listen to it and what it's trying to say and identify where it's coming from. So much healing can happen.

I mean, it's amazing. It's amazing.

**Christine Schaffnr ND:** Yeah. It's a beautiful reframe. And such powerful tool and gift. I really appreciate your time in sharing all of this information, and doing the exercise with us today, Julie.

And so if people want to learn more about your work, and where to find, or even work with you, where do they find you, Julie?

**Julie Schiffman MSW:** So they can find me at julieschiffman.com. That is my website. My email is julie@julieschiffman.com. As I said I have over 100 videos on YouTube. That platform is Mercola, the Mercola Platform. So they can find that also at morcola.com. I have my own channel, which is Julie Schiffman. And I'm on social media. Facebook, Julie Schiffman EFT, and also Instagram, Julie Schiffman, Tap Into Life. I think that's called.

I think I'm also giving away a free ebook here, which is *Tap Into Life* which explains more in-depth tapping. It's got some tapping sequences in there that people can read and tap along with and that sort of thing so that they can really understand it. It takes some getting used to, getting used to the words and the verbiage that goes along with it and really understanding it.

But tapping only works if we use it. So I always highly, highly, highly encourage people to just try it out. It can't hurt. And some people they get to the point to where they're willing to try anything and everything. And you don't have to wait until that point; you can just try it now. And just notice the incredible benefits that you can get from it.

**Christine Schaffnr ND:** Well, thank you so much. And thank you for those resources and the bonus gift. It was a real pleasure learning from you today. So thank you, Julie.

**Julie Schiffman MSW:** Thank you so much.
Intuition: Crack Your Energetic Code
Guest: Alexis Saloutos

Christine: I am here with my dear friend, Alexis Saloutos. And we’re going to be talking how intuition is tangible, crack your body’s energetic code. Alexis Saloutos is the founder of Chakredy, and she holds her degrees in nutrition from Bastyr University.

Known for her ability to communicate energetic concepts visually and practically, Alexis, specializes in helping people make sense of the energetic in impressions, sensations, and subtleties they have been experiencing all their lives.

Welcome, Alexis. I’m so excited to interview you. And I want everyone to know out there that Alexis has a one month old, not even. And so, it’s amazing to do this interview with her life being really focused on her little girl right now. So, I really appreciate your time today. And as I mentioned, Alexis, is a dear friend. And we connected while we were both studying our work at Bastyr. And it’s been really, really fun as a friend and a colleague to see her work unfold in this way.

And she’s going to share a lot of great, impactful information today. So, I’m excited to have this conversation.

Alexis: Thank you so much. And I am so excited to be here with you. And I will do my best to access information in my brain, with the newborn sleep deprivation. But nothing was going to stop me from being a part of this amazing event. So, thank you so much for having me.

Christine: Well, thank you, Alexis. Well, why don’t we begin? So, how did you really begin working with energy and intuition?

Alexis: I would say that I stumbled into it. And that I’ve always been
drawn to energy and intuition. But I really didn't grow up with a context for it or any type of official support and teaching. And so, I just kind of crawled my way towards anything that would help me learn more about energy and intuition.

And as you know, as we've both been on this path of learning side by side. I've spent most of my life in the sciences and working with the physical body. And so, that began with exercise science and then moved into nutrition. I've always wanted to connect dots and bring in some type of energetic component. But just didn't really know where to begin. Or where to look. So, I arrived at this place, well chakra and pendulum work by accident. I would say through curious application.

When I first opened up my nutrition practice in 2012 and I had been gifted this amazing crystal pendulum. And just started to hold it over the energy field. And was doing a combination of nutrition counseling, craniosacral work, muscle testing. And I started to notice these patterns that the pendulum would move in specific ways. And that it was moving in those specific ways over the chakras.

And so, this methodology just kind of came through and the Chakredy System now which is what I train other practitioners in is really rooted in this foundational and original teaching of the chakra assessment. And that is just a little blip about how I arrived at this place of working with energy. But I did not set out intentionally to become the pendulum or the chakra girl. Somehow, I'm known now for working with chakras.

Christine: It's been really fun. I mean, as your friend, I've always known you to be highly intuitive. And it's just been fun to see this work unfold and how you really open. And the work has presented itself through you. And it's reproducible as well, which is just quite amazing when we think about how we all can work with energy.

And so, many listeners, if they're listening to the Summit, they most likely have heard of the chakras. But this could be a new term for some people. Can you just give us a quick overview of like chakra one-on-one? What are the chakras?

Alexis: So, I will preface this by saying that I did not train and studying the chakras. And so, this information is the way that it's come through for me. The way that I relate to the chakras is that they are these large energy centers that are constantly fluctuating, and they have the ability to communicate how we relate to both our internal and our external environment. And the reason that I love working with the chakra system so much is because it is a fun and a very simplified way that we can connect in aspects of the physical body and aspects of the energetic bodies. And make it organized for our brain. So, that we can process information that's coming through.
I found that to be really important in facilitating intuitive development through these teachings. That we need to have a way to make sense of information so that we're not overriding our intuition. That one of the reasons why it can be so challenging to connect with intuition and energy is because our mind is constantly, you know, twenty steps ahead of what's going on before it even comes through.

So, the Chakras are these energy centers that we can get in direct dialogue with. That we can begin to communicate with and through. And I just find it to be a very structured and tangible way for us to work with energy. And to establish a context for intuitive impressions.

Christine: So, we have seven chakras. And you essentially have this framework of using the chakras to help build your institution. And so, can you describe that process? And a little bit about what we mean about intuition? Again, if people are listening to this Summit here, must likely had an experience. But when we talk about using the chakras to inform and build our intuition, you know, essentially we're trying to get people in touch with their inner voice, their inner knowing, this inner wisdom that can help guide them not only with their health, but through their life. And so, I just want your interpretation of intuition as well while we go through this framework.

Alexis: Yes. I think that intuition really comes down to resonance. And using your own internal compass to connect with what is resonating and what is not. However, that seems so simple. But there can be so many layers that interfere with getting to that place of clarity to see what really is resonating and what is not resonating. And a lot of people I've found relate to intuition as more of an alarm system. So, something that serves as a warning system.

But the way that I connect with it, is that it’s so much more than that. And that we can work through the physical body, connect in with physical body sensations, and very tangible impressions to establish a clear context and vocabulary. And begin to articulate what it is that we are experiencing. That when we have the ability to articulate these intuitive impressions and sensations that come through, we’re much less likely to go against them when we just have a vague sense of something. Or thinking something feels a little off but logically it makes sense if I continue forward. We’re much more likely to override that information when we can't give it language.

And so, having something structured and tangible is very supportive. And just life choices in general. But then also, especially in any type of feeling capacity. That when we are talking about healing, we are talking about supporting people in the process of connecting more deeply with themselves.
And so, I find that working with intuition is one of the most powerful ways to support the healing process. Really what surfaces more often than not is shutting layers that interfere with that ability to connect. And that our bodies hold so much wisdom that is inherently there and present that we just need help sometimes to get in communication with.

Christine: No, it’s so true. And I love how you say that a lot of people think that intuition is just an alarm system. I, I think, it’s like we have this guiding voice all the time. And this inner knowing all the time, the more we connect with it. And I agree having this language because we have other speakers also talking about how they are highly sensitive people. And when they’re out in the world they don’t understand what’s their own energy, what’s your energy. And that can be really confusing, right.

With the chakra system that you have and kind of the assessment system that you have. You talk about there are these dominant discernment centers and then intuitive indicators associating with chakra. Can you go into that?

Alexis: I know it’s such seriously language here.

Christine: I love it though.

Alexis: So, intense. It’s so funny. I never, I don’t typically prepare for interviews or calls because you know, once you’re in the virtual realm and doing calls all of the time, things just tend to flow through. But with my newborn sleep deprivation brain. I had written down some points because I really didn't want to forget these essential things to communicate.

So, with regards to dominant discernment center. So, like you were saying with the alarm system piece. I find that intuition is discernment. I mean, we are developing discernment and that we can develop discernment at each of these energy centers that each of the chakras. And I refer to dominant discernment centers as the primary intuitive chakra or primary intuitive energy center. And this was a realization that I had a few years ago and I just thought that it was so amazing. I thought, “This is it. This makes so much sense now.”

When I realized that every chakra is intuitive. And that everyone tends to have a more dominant intuitive center. So, if we look at the root chakra for example. And I've written out some examples to share and to just touch on each of the chakras. And some of the intuitive indicators associated with each.

But each chakra is intuitive. Each chakra could potentially be dominant. But I'll use myself as an example with solar plexus dominance. So, someone who solar plexus dominant is someone that navigates the
world primarily through the lens of the solar plexus.

And what does that mean? While solar plexus intuition is connected in with, we can look at where the chakra is, it's very connected in with the gut. So, someone that feels energy. That can sense energy on a gut level. And is very sensitive to other people's energy, their environment, tends to internalize energy, tends towards hypersensitivity. There are all of these intuitive indicators which are sensations or impressions that we can associate with each specific center.

So, I actually have a training that I just launched that I'm leading now. That is a 40-day intuition builder and it takes people through the process of connecting with each chakra and intuitive indicators associated with each. And we've gotten very specific with this. And the indicators are then divided up into directional aspects. So, we work with frontal, sagittal, and transverse plains and different indicators that are connected with each.

So, anyway, I'm getting excited about this. And I can keep going. But dominant discernment center is the primary chakra. The chakra that you primarily experience the world through, that particular lens.

Would you like for me to give some examples for each chakra?

Christine: Yes, please do.

Alexis: So, for the root chakra is very connected in with the physical body, this physical experience, and this physical form. And someone who experiences the world primarily through the root chakra may tend towards being ungrounded. So, what I mean by that is that the energy may not actually be present in the physical body. And so, some of the more common, ungrounded presentations are hovering, protecting forward, or getting really stuck in your head.

I guess I should mention that what we tend towards being challenged by is often an area that we are highly intuitive in. So, that I've found it's surprising and it's not. That we're drawn to what we're challenged by often times. And that what we may struggle most with is actually the area that holds the most potential.

So, root chakra and ungrounding. So, not being in your body and having the tendency to pop out of your body.

The sacral chakra, which I associate a lot with boundaries. One of the intuitive indicators that would be connected in with the sacral chakra is energy leaks. So, being depleted, and there is a spectrum of energy leak presentations, from more subtle to more extreme. But definitely feeling like you don't have solid integrity to your energy field. And those
boundaries are pretty porous and it's hard for you to hold your energy. That could be associated with the sacral. And so, people that are sacred chakra dominant are often pinged by their intuition and that their boundary shift around different people or in different environments.

Am I making sense so far?

**Christine:** Absolutely.

**Alexis:** Okay. I'm going to keep going then.

And then as we move up to the solar plexus, which I mentioned is something that I relate to. And I find that a lot of people who are set out on the path of discovering what their sensitivity holds for them. And you see how much is held here. I mean, just at the gut level and all of the physical body connections that we can associate with the gut. I had mentioned hypersensitivity.

So, the tendency to project forward from the solar plexus with tentacle like energy feel into your environment. And then bring that energy back and internalize it. That is a very common presentation for solar plexus dominance. That they go through the world feeling everybody else's stuff and then it becomes very challenging to discern what is theirs and what is not there.

And as we move into the heart chakra. I would say that one of the most common challenges for heart chakra dominance. So, these are people who are experiencing the world primarily through the heart. And often get really pulled into another people's struggle. The news would be a great example. It's hard to be in the presence of another people's suffering. Or to hear about another people's suffering. And all of the things that are wrong with the world.

So, the heart dominant person struggles with this. And having that heart energy almost snap forward and be pulled forward. And feel more challenged with staying back in that energy. So, it's easy to give. And it's more challenging to allow, receive, and be steady in the heart.

We've covered the lower chakra energies. Heart chakra, moving into the throat, which is really fascinating and intuitive. The throat chakra is highly intuitive. This was actually the center that I realized, “Oh, every chakra is intuitive because the throat chakra is intuitive, and I never thought of it that way before.”

So, I'm talking a lot right now. This goes along with the throat chakra. We think a lot of the time that the throat is only about speaking and voice. But there are so many other associations with it. If we look at what the throat chakra encompasses, we're looking at the jaw, at the teeth, at the
tonsils, at the thyroid. There's so much going on here. And this is also the most narrow part of the body. So, a lot can get really congested. We can see a lot of intuitive indicator surface here.

And the one that I'll just use as an example is censoring. So, if you notice yourself changing the way that you speak around certain people or just altering your language. That can actually be an intuitive indicator that you're being pulled off of your center. So, it's much easier to stay in flow and for things to be fluid. And tap into what is resonant when you are centered and anchored at each of the chakras.

But when we can connect in with what's pulling us forward, what might be holding us back, and these different directional aspects. That gives us information around how our body is responding to what's going on inside. And also, what may be going on outside.

Christine: Yeah, and this is like an area that I find on most of my patients have like a physical struggle on. So, as you mentioned, like the dental aspect, the whole tonsil lymphatic connection, the vagus nerve. There's just like blood flow in and out of the brain. And I find a lot of my patients are kind of stuck here. It's interesting when we bring in these other aspects of what can be the physical as an indicator of kind of what's going on energetically. It's our self-expression and how you said being authentic through your voice. [Inaudible] your purpose and your passion. I feel like it seems really relevant for this energy.

Alexis: Yes, definitely. And something else that I just think of when you speak to that, is how dominant the third eye and the heart can be for so many people. There's so much energy that's going on. I mean if we think of a lot of the psychic associations with intuition are connected in with the third eye chakra. And we also have the brain. And then our heart as this really powerful magnetic field. These two massive energy centers that tend to be a comfortable state for people to be in. But they compress and sandwich the energy of the throat.

So, if there isn't a clear awareness or energy flow at the center, and this is just looking at this from an energetic perspective. And then how it may translate into physical body. If there's all of this energy that's compressing here. And there isn't an openness and a pathway for that clear communication to happen between the heart and the head. It makes sense that things would surface on a physical level as well.

So, all of these layers are connected, of course. And this is just one way that we can access the wisdom of the bodies. By looking at how our energy is communicating to us through very tangible and clear sensations and impressions.

Christine: Absolutely. Do you want to finish the third eye round? I don't
want to leave those two out, right?

**Alexis:** Yes. Third eye chakra, which again, there is a lot going on there. I would say that one of the most common intuitive indicators that surfaces here is mental fixation. So, you can connect that in with a very clear mental sensation of buzzing for mental fixation. So, getting very focused at the third eye almost.

And it can be challenging to notice when you’re in this space. Because you’re so locked into the head. But there’s almost a buzzing that happens here. And so, that can be a clear indicator that you are being pulled off center at the third eye. Is getting locked into that buzzy, really fixed energy at the front of the head.

And this is just a sign that you are in your head. So, but leading through the third eye. And it’s very common for highly intellectual people to be third eye dominant intuitively. And so, some of the ways in which information comes through for third eye dominance is those psychic pathways.

So, receiving auditory information, getting lots of visual information, information through dreams. It’s more of that psychic house. So, this was a really important part of learning for me when I realized that, “Hey, intuition isn’t just being psychic at the third eye chakra. Intuition is all of these energy centers.” And this is a powerful way for everybody to connect in with the wisdom and the insight that their bodies hold.

So, you may receive a lot of information through the third eye. But if you’re not, maybe you’re receiving it through the solar plexus. Maybe you are receiving it through the throat chakra by noticing that you’re censoring and all of that. But third eye is a very common dominant part of the energy.

Then the crown chakra. So, for people who are experiencing more of a dominant crown presentation than they tend to be very connected with spirit and that way receive information through surges of energy. Or I hear a lot of crown dominant people talk about getting chills as confirmation. That for me is a sign of crown dominance. That it is one of the ways that they receive that resonant marker that their intuition is speaking. So, one of the sensations or impressions associated with crown dominance would be having the ego actually take over. That is one of the challenges for crown chakra dominance is shifting into ego dominance. So, there is a struggle that happens at the crown.

**Christine:** And people might be trying to think, “Okay, where am I dominant?” You gave them a lot of clues. Do you have an assessment tool or a suggestion of how people can really figure out where their dominant chakra is? So, they can start paying attention more?
Alexis: Yes. I would say that connecting in with where you experienced sensation at your body can be a great indicator. I also created a pretty awesome quiz that uses some of the intuitive indicators associated with each of the chakras to help people connect with a dominant discernment center to establish an idea of where their energy might be speaking to them more strongly. And that can be a great tool if you’re feeling like you don’t really know where you’re at.

Christine: And we will link to the quiz and give people all that information. So, people can check that out.

So, Alexis, you also talk about this whole idea about interference in our energy. So, how do you perceive that? How do you look at resolving that? What does interference really mean?

Alexis: Yes, that’s a great question. So, interference can surface at any energy center. It can surface at any layer of the energy. And just from being familiar with the work that you do, Christine, and working with the different energetic levels and working with the physical body, of course. I like to use the chakras as a starting point to dive in and see, “Okay, well what interference might be surfacing at the solar plexus.” We will use it again as an example.

What are some of the aspects associated with the solar plexus? Well, the solar plexus is connected in with self, worth, action, and all of these different things. And discernment. So, if we look at different aspects of an energy center, that’s one way to them see, “Okay, what may be a struggle in this person’s life in relationship to these different aspects?” But then we can also take it in another direction, which is applying the different layers. So, looking at what may be showing up on a physical level at the gut. That could be surfacing as an interference.

Then you can apply your lens of looking at the gut and issues on a physical body level. You can also apply the lens of looking at interference from a mental level. What are some of the beliefs that may be associated or thought loops that may be associated with everything that has to do with the solar plexus. So, a lot there. And what are some of the emotional aspects that may serve as interference? So, these are beliefs, patterns, behaviors. And then, of course, everything that you address. Which is so much on a physical body level.

So, there are all of these different ways that we can then look at what may be showing up at each center that could be blocking somebody’s intuitive abilities. Because intuition is really connecting in with the clarity and the wisdom of what your body is in constant relationship with. But if you apply a heavy toxic load of something or serious distress and dysfunction from whatever layer you’re looking at. It becomes much harder to be in clear communication relationship with the wisdom that is in there.
So, it's like we've got to unpack all of these layers. And that's my intention, what I try to do with guiding people through a process of connecting with their intuition. It is really starting to dialogue with what traumas are, and this could be physical, mental, emotional, spiritual level. What is being held in that part of the body that can be identified? And then, once you have identified something, just being with it, and acknowledging it can be part of that shift.

**Christin:** Absolutely. That's such a good point. Health is flow, right? We are the blocks and energy in the body, that is typically where disease or illness can start. Big theme, that a lot of speakers are talking about, which I completely agree with. We have research [inaudible 30:24] a disease pathology starts in our energy field. In order to really heal from a core level, like if you want to heal the thyroid, we also have to look at the biofield, energetics, and the chakra. We need to look at the imbalances of that energy center. And then that translated into healthy in the physical body. So, I think it's such an important point.

Alexis, so you do trainings of course. And I want you to absolutely share about those. But you've also created these really wonderful remedies. And at Sophia, we have a number of doctors and I know a few of them have really seen some powerful shifts with your remedies. And they really use them on a regular basis to help create flow in the energy body. So, it's easier for the doctors to do their job on the physical body. So, can you tell us about how your remedies were inspired? And how they work? And what they do?

**Alexis:** Yes, definitely. Well, Chakredy, the name actually was inspired by this moment when I thought chakra remedy, Chakredy. And that's how I came to be. And I thought that is such an awesome name. There's no way that's available. And it was. So, chakra remedy is how the remedies started.

So, these remedies have evolved over the years. They have been a testing ground for me to just see how bringing in specific frequencies can help to support shifts and openings. And the different types of frequencies that are used in the remedies are determined by using this system. So, by using the Chakredy Assessment Methodology. I work with the chakras. But I also work with the organ energies. Which, I know, you do as well. The way that I relate to the organs is that they are more fixed, and they tend to hold on to unresolved emotion.

So, there are the energetic remedies that have salt as the physical constituent that are charged with specific frequencies to support these various energetic aspects of the organs and the chakras. And then I recently was inspired and I'm expanding the remedy line into liposomal frequency formulations. Which are essentially are using oil as a medium to then bring in frequencies through the physical body.
And so, this is kind of getting further out there into the energetic realm. But, everything that I do as far out there as it can seem with crystal pendulum swinging and energy and all of this. All of my work is based on results. And so, I do a lot of data collection through my field notes and my case studies. And then I look at that information and apply various things. I feel like in mad scientist to see what works and what doesn't.

And so, one of the things that has allowed me to get to this place of working with this system is allowing things to come through as they do and trusting them. And so, I allow that to lead. That's how there is this a twelve chakra remedy. So, I am in the process right now of creating tools for people. I think that part of where we connect as well with work related things is empowering people to get involved in their own healing.

And so it’s my intention to create tools to facilitate intentional connection and work around each energy center, each organ energy. So, that people can feel involved. And it takes it a step further than just ingesting an energetic remedy. But also, looking at, “Okay, what might be surfacing as an interference for this particular energy center or this particular organ energy. And getting in dialogue with the body and energy in that way.

But I work with a variety of crystal pendulums that all serve a different purpose. And there are different levels of the work. And so, some of them are assessment focused. And then others are healing focused. And those are also part of the process in making these remedies is working with prisms and light and then using a fancy frequency generator to imprint the remedies with specific frequencies.

**Christine:** I'm excited to use the liposomal formulations. Are they topical application?

**Alexis:** Yes.

**Christine:** So, Alexis, with wrapping up. Is there any anecdotal or a story that you want to share with us just to bring some of your work to life? I know that you've had a lot of experience with you treating patients. And then also with the practitioners that you trained. And I know that there is a lot of healing that has happened within your world. Maybe we can end on bringing a lot of this work to life with the anecdotal case.

**Alexis:** That's a great idea. So, what comes through for me when you say that. Is one of the most common themes that I've seen surface across the board for students that I've trained and also clients that I have worked with directly.

And so, I guess I'll touch on that. And that is connecting with where your energy is. And most people, when I ask them the question of where is
your energy? Can you tell me where your energy is in your body? Most people will say, “I've never thought about it like that. Or I don’t know.” Or some people will be able to articulate exactly where it is. And then are surprised by that connection.

So, I think beginning with first asking yourself that question of where is my energy? And saying, is it showing up in one of those three common presentations? Are you hovering and looking down at yourself? Are you totally forward and into everybody else's stuff? Are you stuck in your head?

I know that I spent years of my life working seven different jobs, as you know. And a lot of those different jobs involved outfit changes. And so, I had to have a different outfit for everything that I did. When I went to the gym and worked as a personal trainer. I had my training outfit. When I was running my shop with my husband, I had my clothes that I would wear for the store. Student at Bastyr, you know, it's constantly changing clothes.

And I remember almost every day, this was before I had started working with grounding. And it took me two years to learn how to ground my energy. Which it doesn't have to take you that long. And every time I would come out of the locker room, when I would go to change into my training gear. I would have this moment of not knowing if I actually did. Did I do that outfit change?

And that is an example of being completely disconnected from the physical body and hovering that I would be looking down at myself wondering if, “Am I actually wearing clothes right now?” Being so disconnected.

And so, when you are operating from that place in your day of being connected with your physical body. It's very hard for healing to happen. So, this is what I want. This is getting to the place of what I want to share. That when you are not in your body, it's hard for healing to take place. And it can be challenging to bring your energy into your body when you're in pain, whether that's physical pain or emotional pain. So, training yourself how to actually come back down into your physical body can facilitate what your body knows how to do. And that is to heal.

Christine: Love it. Another theme and a lot of speakers are sharing this concept of grounding. And they are coming at it from another place, to ground the energy from a connecting with the earth and getting the electrons of the earth to help with inflammation. All of that. But I think there is a combination we can do by going back to the earth and get the healing from the earth to help our physical bodies with all the stress. [Inaudible] our energy into our body and just to really connect with that. There is a layered exercise that we can do. You know, as you are
learning the energetic hygiene. You know, we talk a lot about food, water, and air. All the things that of course are important.

I wanted to put on this Summit is to just open the dialogue for all of this other information that is really important to allow healing to happen on the profound level that we all want it for our patients.

**Alexis:** Yes, absolutely. Well, I’m so grateful to you for bringing all of these amazing speakers together and facilitating something so powerful. You have a special way of making that happen.

**Christine:** Thank you, Alexis. Thank you for this. Beautiful talk. I know that you have given a lot of people a lot to think about today, for sure.

So, how can people find out more about your work? About your remedies? How to connect with you? Where do they find you?

**Alexis:** Yes. So, you can go to Chakredy.com. And there’s a lot there. And then definitely check out the free quiz and see what type of intuitive you are. I think that’s a great starting point. And then I have a sequence that is specific to each dominant center, with some type of free training associated with each to support connecting with that chakra. But, definitely Chakredy.com. And that’s a great starting point. And I love sharing this information. So, thank you for this opportunity and thank you to everyone who hung in there and listen to me speak running on very little sleep and focus.

**Christine:** You did great, Alexis. Thank you for your time. We are going to let you get back to your little girl. I really appreciate you being on the Summit. So, thank you.

**Alexis:** Thank you. Thank you.
Dr. Schaffner: Welcome, everyone. We are here with Michael McEvoy and we’re going to be talking about breathing practice and volitional control of the physiology. Michael McEvoy is the founder of MetabolicHealing.com. He is a clinician, a researcher, and educator working in the realm of complex illness.

I’m really excited to have Michael on the Summit. I’ve gotten to know Michael over the years in his work. And I've interviewed him a few times. He has such a depth of knowledge and I think he is going to cover a really important and accessible topic today. So, welcome Michael. It’s really fun to have you here.

Michael: Thanks, Dr Schaeffer. It’s great to be here.

Dr. Schaffner: Great. Well let's just dive in. I know that you’ve been doing a lot of your own personal study and also applying what you've been learning to your patients. Really, let’s just dive in and talk about how can breathing practices really benefit people with chronic illness?

Michael: Yeah, a great question. And I just want to say that I think that the practice of breathing, it’s not only the most fundamental process of human life. There is nothing more fundamental to how our body operates than breath. Every mitochondria of our body uses and burns oxygen as a catalyst for energy production. The first breath we take is the first moment of our life. The last breath we take is when we die.

And so, the breathing practices are probably, in my opinion, the most overlooked and under-utilized series of techniques and approaches in the functional integrative medicine world today. But I think that as we start to really look at what the science is showing us, we can develop
breathing techniques that can have profound applications for patients with chronic disease. That extends not only to being able to control the physiology, the immune system, and the nervous system. But also, expanding our consciousness and taking our ability to see the world and see ourselves in a completely different direction.

So, what I want to start off by talking about first is how can we really apply various breathing techniques to people that have chronic illness. What we first need to sort of establish is, what are some of the breathing practices that have been studied? What have they been shown to do? And over the last decade, there's actually been a huge flurry of published studies. That will basically elucidate how breathing techniques are really working.

But one of the ways that I use them, and we can kind of go into a screenshare here in a moment. Sometimes I will use breathing techniques to mitigate, Herxheimer reactions, if I'm having a client take a certain herb or herbal protocol for something. So, many people that are listening may be familiar with what a Herxheimer reaction is. It's like a die off reaction, for example. You'll have a die off reaction if you take an antimicrobial herb or something like this if you are working with an infection like Lyme, Bartonella, or Babesia.

And so, one of the difficulties in working with herbal protocols. Even for that matter antibiotic protocols when dealing with chronic infections is the actual die off effect that is being induced. But what if we're able to get benefits from the herbs but at the same time mitigate the die off effect.

A really, really interesting study that was done in 2014 showed is that the hyperventilation phase of breathing actually has the ability to dramatically increase levels of norepinephrine, noradrenaline. And by doing that, the study found a tremendous suppression in the inflammatory cytokines, TNF alpha, Interleukin 6, Interleukin 8. Basically, what you need to know is that we can control the inflammatory response simply by controlling our breathing. That's been published. That's been proven. That exists.

And what I've begun to play with in my own clinical practice is actually seeing and documenting the effects of working with clients that have chronic illness. And using breathing practices and actually showing how we're able to mitigate the Herxheimer reaction. We're able to mitigate a lot of the inflammatory symptoms. And controlling the heart rate simply by doing regular breathing practices.

So, I actually want to show you a quick screenshare here. That will help to demonstrate this point. So, this is a client that I've been working with, diagnosed with Bartonella infection. As many people know, Bartonella
is a Lyme coinfection. And it’s an intracellular infection. Interestingly enough, Bartonella infects the cell type that transports our oxygen, the erythrocyte.

So, it immediately gets you to start thinking. It’s interesting because you know, Barilla, Bartonella, Babesia, the big three, they all can infect the red blood cells. The red blood cells are the most abundant cell of the human body. And of course, what they do is, they transport oxygen and remove carbon dioxide from blood. So, they’re delivering the most fundamental nutrient to every cell of the body, of every tissue of the body. And removing the most fundamental waste product through the respiratory process.

So, when we think about these infections, we can no longer think about them not affecting our respiratory process. Because they are infecting the red blood cells. That means that the spleen, which is going to degrade our red blood cells, is going to be affected by these infections. Published literature that already exists.

The hepatobiliary system and the reticuloendothelial system, which are parts of the immune system and the liver, are also going to be affected here. And these all tie back to respiration because the red blood cells when they die, they get sent to the spleen. Which the hemoglobin gets broken down.

So, what we’re looking at here, this is the HRV of a patient with Bartonella. Now, we had started her, after working for months, before we even addressed the bugs. We had to reset the physiology. We had to bring her body back to the state of balance. This is not a recent infection. This is something that’s been around for a long time. But she recently tested positive.

So, when we started working with some of the Bartonella herbs. She initially had a very, very powerful Herxheimer reaction, nausea, headaches, lots of die off kinds of symptoms, fatigue. And we were able to start to modulate some of these symptoms by implementing regular breathing practices. Not only were we able to do that.

We were able to increase her tolerance to the herbs to where she was able to take more without having the same type of Herxheimer reaction. And potentially more significantly, she’s controlling her autonomic nervous system. She’s inducing parasympathetic response. So, when she began taking the herbs on Friday. This is just a recent case study. This is data that we just got back. So, the breathing practices were initiated Friday. And as you can see, this is what we’re looking at is her resting heart rate during the nighttime when she’s sleeping. So, the aura ring is basically tracking her sinus rhythm at night.
And what we see is, that when she starts doing the regular breathing practices. There’s been a huge drop in her nighttime respiration. And she wakes up feeling more refreshed. So, this is to basically highlight the fact that we can control and affect how the nervous system functions by controlling the breathing. So, this is one example of how we can use the breathing in a clinical context.

**Dr. Schaffner:** Thank you. This illustrates this concept and it’s always great with all these objective measures that we can really have more of a tangible handle on how the breath is actually affecting the body as you said. What is so exciting, right? We both see these complex chronic illnesses. Which can very difficult to treat, right? We always want to reduce suffering.

And you know, make sure that any die off reaction is mitigated as safely and quickly as possible. And, why we probably both are really excited about this, everybody has the access to their breath, right? And it’s not another expensive supplement or another appointment at the doctors. But it’s something that everybody has access too.

So, can you walk us through a little bit more, Michael? I know there’s a ton of different practices about different breathing techniques. And I know you’ll probably reference Wim Hof. A lot of my patients know of his work now. And Dr. Grof with holotropic breathing. And this is a very big field of research in different practices. So, can you just tell us a little bit about what you’re drawn to right now? And what method you are following?

**Michael:** Well, I’d like to start out by saying that breathing practices have been going back thousands of years. If we look at the ancient yoga texts, the yoga sutras of Patanjali, which were written somewhere between 2,500 to 5,000 years ago. It’s highlighted in here that, Pranayama, which is one of the eight limbs of yoga, is one of the most important aspects of being able to control the physiology.

Swami Rama was an Indian Yogi who came to the United States in the 1960s. And underwent scientific studies at the Menninger Institute in Topeka, Kansas in the late 1960s, early 70s. And they basically studied him. And they found that he was able to stop his heart for a matter of five minutes. He was able to do all kinds of things including altering the blood flow into the different peripheral tissues of his body. He was able to move objects in the room with his mind. You can read about all of this stuff through the Menninger Institute website. You can read all of this data that was done in the 70s.

And at the time, it was kind of very taboo. Because this was a very new thing. But we have a huge assortment of scientific studies that have been done since then on the process of breathing. One of the things
that Swami Rama said was, “Controlling the breath is a prerequisite to controlling the mind.” And the work of Stanislav Grof, for example, really demonstrates that we can access non-ordinary states of consciousness through the practice of different breathing techniques.

Many people may be familiar with his work. He began his practice as a psychiatrist in the 1960s. And was sort of emerging out of this time when there was a need to explore consciousness as it relates to psychiatric illness. And he developed a type of breathing, which he calls holotropic breathing or holotropic breathwork. Which helps the person to basically move into non-ordinary states of awareness, non-ordinary states of consciousness by accessing the breathing.

In doing these types of practices, we’re able to see that the mind is so much more profound than we normally think that it is. We are able to access through the breath, physiological states of subtle awareness of subtle energy in the body. We’re able to experience what is the Ayurvedic and the Yogis call the Nadis, the Chakras, and the Vayus. We are able to actually experience these. These are not just simply concepts that we are to ponder and intellectualize about. But we can actually experience about these things through a breathing practice.

And as we begin to open up the nervous system through breathing practices, we can feel where we have physical and energetic blocks in our body. They actually become very apparent to us. And by working with the breathing, by directing your consciousness and your breathing into certain blocks in the body. We’re able to eventually learn how to transcend them. All of these things are accessible through personal practice.

I think that in the context of what breathing represents, we can change our consciousness by controlling the breathing, by developing a regular breath practice. It’s common that when you begin to experience, when you do a regular breathing practice. And I would recommend, once or twice a day. Anywhere between thirty and sixty minutes. And I’m going to get into what some of these breathing techniques are that I would recommend starting with.

When you do the regularity and the frequency, you’ll start to experience non-ordinary states of consciousness. You may experience lucid dream states. You may experience synchronicities in your life, things that cannot be explained through rational, logical, scientific materialism. The model of scientific materialism that we all kind of ascribed to.

We begin to experience life literally in a more quantum realm, in a more quantum way. And it’s largely because the breathing. And when we learn to control it, we’re able to step out of the normal confines of our conscious awareness.
So, what I’d like to do now is to actually kind of step back and look at some of the breathing techniques. And then actually talk about what some of the science shows in terms of what the breathing techniques can actually do for us.

Dr. Schaffner: Please do. This is excellent.

Michael: So, first of all, I want to say that there are basically three different major types of breathing techniques that I want to talk about. Maybe four, if we can get to them.

So, we have passive breathing techniques. We have active breathing techniques. And then we have different types of breath retention. So, internal and external breath retention. And then I want to, maybe if we have enough time, talk is this concept called bandhas or locks, which is part of the breathing practice.

So, let's start off with active breathing techniques. So, the primary active breathing technique is hyperventilation. There's a ton of scientific research about it. We read about how dangerous it is because hyperventilation, what's really interesting is that when you hyperventilate, you're actually inducing hypoxia. Because the oxygen molecule binds so tightly to hemoglobin. What actually winds up happening is there's a temporary suspension of oxygen delivery and oxygen saturation. So, a person is in a temporary state of hypoxia.

So, hyperventilation is basically when you have rapid inhalation, rapid escalation. But there's more of an emphasis on the inhalation phase of the breathing. So, this temporary hypoxia, as we're going to look at some of the studies, actually has some benefits to it. And the hyperventilation breathing was studied in 2014 as having a profound effect inhibiting inflammatory immune response.

The second type of active breathing technique is breath retention. And there's two types of breath retention. There's internal breath retention. And then there's external breath retention. Internal breath retention is when you take a deep breath in and you just hold it. So, and then with internal breath retention, we can break that down as doing it after you're doing a hyperventilation type of an exercise or without.

So, let's say when you wake up in the morning, you're really groggy. You're really tired. You're not fully awake yet. You take a deep breath in and you hold it. Now you're just coming out of a very parasympathetic passive state from an asleep state, right? So, that's more of internal breath retention without hyperventilation.

Let's say then you just do a hundred rounds of rapid breathing and then you take a huge breath in and you hold it. So, those are internal breath
retentions. But you are coming at it from different perspectives. You are coming at it from either a parasympathetic state or a sympathetic state. And so, the effects between those two are going to be different.

The second type of breath retention is an external breath retention. External breath retention is when you basically exhale all the breath out of your lungs and then don’t breathe in. Just hold it out. And so, there’s less. I’ve not been able to find that much research on that. But personal experiences, it’s a very important phase of the breath retention cycle. Because when you hold the breath out, something is getting activated. We don’t know what it is. But it’s probably similar to what the prolonged exhalations have been shown to do.

So, those are the two major active breathing techniques, hyperventilation and then breath retentions. And then there’s two types of breath retentions, internal and external.

Dr. Schaffner: And how are you working on, for example, this patient who had Bartonella. What kind of practice was she doing to mitigate her side effects?

Michael: Thanks for referencing that again. So, what I had her do and I’m having her do at the moment, is at the time she takes the herbs, within twenty minutes I’m having her doing hyperventilated breathing. Which is going to stimulate her norepinephrine. It’s going to profoundly increase the sympathetic response. That’s going to inhibit the inflammatory response.

So, it’s going to enable her to process the herbs, but without the die off effect. And then later in the afternoon or in the evening, then I have her focus more on long slow exhalations. Which is going to do the opposite. It’s going to stimulate the parasympathetic nervous system. So, I’m actually having her do two phases. So, we’re playing with that. There is a lot of different intricacies and dynamics that come up between these different types of phases of breathing.

Dr. Schaffner: How long is each phase? Like what is her daily time commitment?

Michael: So, I want to say this. It really depends upon the individual’s level of experience. When she started the breathing techniques, she was very intolerant to hyperventilation. She could only go fifteen seconds or twenty seconds of hyperventilation before she felt like she was going to pass out. So, we have to start somewhere really slowly and incrementally build her tolerance to being able to hyperventilate for longer. Again, it’s going to take while and practice to get to that point.

So, it just depends on where somebody’s at. If you feel like you’re going
to pass out, you've gone too far. You've surpassed your threshold. You want to always stay under your physiological threshold. If you feel like you're going to pass out, you've gone too far. You want to slow it down. You can always adjust the rate and the rhythm of the breathing with control. So, if you get to that point where it's just too much, slow it down, focus on the exhale. You can always bring it back. You can always turn it back up.

But what we are really having to do here is to train the nervous system how to adapt to stress. Because when we get into different breathing techniques, we're inducing different stressors on the body. Hyperventilation is stressful because it induces a hypoxic state. You're temporarily suspending oxygen saturation to the tissues. That is stressful. However, that controlled level of low stress has what's called a hermetic response.

And this is something that really, really, really, really needs to be looked at very closely because [inaudible] is adaptation. It's when you induce stress on the body in some way, but that stress has a beneficial effect. It forces your body to work stronger to couple that stress. To give evidence of why hormesis and how hormesis as it's related to breathing and oxygen is so significant. If you look at the scientific studies that have been done on people that live at home.

So, there's all this cause mortality data living at higher altitudes is associated with lower cardiovascular disease, lower stroke, and lower different types of cancers. That's again, because when you're living in higher altitudes, you're living with lower oxygen. The body has to adapt to that process of hypoxia. And it forces the mitochondria to work better. It forces the mitochondria to work at a more adapted phase. So, we can mimic living at higher altitudes simply by practicing hyperventilated breathing in a controlled setting. We can train the mitochondria how to adapt to stress.

Again, every mitochondria of the body, and I don't know how many quadrillion mitochondria you have. Every mitochondria of the body combust oxygen as a catalyst for ATP production. When we start to play with this, we're playing with the fundamental processes of the energy metabolism.

So, breathing is the fundamental process of life. So, that's what we had her doing. But we have to adapt slowly. But the hyperventilation phase to induce the raise in sympathetic response to mitigate the die off Herxheimer reaction to inhibit the inflammatory response to improve the anti-inflammatory TH2 response.

Again, that 2014 study cited all of this. Just to recap, that was a Wim Hof study. Where his train participants were injected with lipid
polysaccharide endotoxins, which you know, that normally induces fever. And that’s what makes you sick. The people that are trained in this method didn't have that response. They were able to velociously suppress their or their immune systems inflammatory response to the endotoxin. That has profound implications for autoimmune disease. That has profound implications for any bacterial infection. That has profound implications for any condition that involves excessive TH1 immune activation. We can control the immune system, simply by controlling the breath.

**Dr. Schaffner:** And what Michael is really saying is that in a word, not always in control of our exposures and our environment, but what we are in control of is our body’s response. And you know, this breath work is foundational and fundamental. And actually, very therapeutic in controlling our response to, when he says LPS, that is an endotoxin. That bacteria and pathogens can produce that create all these systems.

So, it's a very empowering way to look at our body and our physiology. Especially as you’ve become more and more educated with the work that Michael and I do. There's a lot to be concerned about in our environment and in our world right now. But we all have the power to come back to our breath and control our body's response.

So, I think this is really exciting and really important. So, many people may be thinking, “Okay, if there is a risk to passing out, is this safe to do at home? Should I be doing this a practitioner or a doctor? Or in an office setting at first? Do you teach people in person first? Or do you feel comfortable giving people exercises and then letting them run with it at home?

**Michael:** I give them some initial guidance. And then I say, “Go and explore this yourself. Nobody knows your body or how you are feeling better than you do.” So, all of this is ultimately putting the power back into the person, the patient. So, much of our healthcare today is practitioner focused. In my opinion, it needs to shift back to, this your body. This is your health. This is your sickness or condition. It’s your life force. You have to go inside. And you have to figure out how to control it. And there is nothing more fundamental and easier to start that process than by learning how to control your breathing.

So, the first breathing techniques that we talked about were the active breathing techniques. I want to talk about the second, which are the passive breathing techniques. And there are basically two major types of passive breathing techniques that are really important to discuss.

The first is diaphragmatic breathing. Which most of us know. But if you don’t, basically diaphragmatic breathing is abdominal breathing. And it’s basically a three part inhalation. The focus is on breathing into the
abdomen. The first part of the inhale is you are feeling the abdomen expand with breath. And when you are doing this the diaphragm is pressing down in the abdominal organs. The second phase of the inhale, the whole circumference of the rib cage, the lower middle rib cage is expanding peripherally outwards. The third phase of the inhale of the diaphragmatic breath, the upper chest and the sternum lifts the shoulders in the scapular are retracted back.

So, diaphragmatic breathing has been studied. There was a study done in 2017 that showed that the people that are trained in this type of breathing had significantly lower levels of cortisol. As well as the significant increase in focus in and attention. So, we know that diaphragmatic breathing has a parasympathetic response. We are increasing blood supply to the abdominal organs. We are breathing into the abdomen. But we are really paying a lot of attention to the three parts of the inhalation. And it all begins in the belly, the breathing.

So, that's the first passive breathing technique. The second one is prolonged exhalation. And this is one of the most important actually. One that's not getting enough attention. But when we perform longer exhalations. Let's say our inhale is five seconds. Exhalation ten seconds or even fifteen seconds. What the research shows, is that this prolonged exhalation increases the level of carbon dioxide in the blood. And that increase in carbon dioxide is actually stimulating the vagus nerve.

So, the vagus nerve, just to recap that. So, carbon dioxide is thought of as a waste product. And it's a metabolic acid. But it's actually a very important signaling molecule. And one of its main signaling mechanisms is to the parasympathetic nervous system. The vagus nerve being one of the most, if not the most important and longest branch of the parasympathetic nervous system. It has two branches, the ventral and the dorsal branches.

If anyone is familiar with the work of Dr. Stephen Porges and the emerging therapies and techniques that are emerging about hacking your vagus nerve. And learning how to control the vagus nerve. And you've got all these different kinds of TENS devices, these electrical stimulation devices, and all these different practices that stimulate the vagus nerve. But it's been proposed in at least one or two studies now, that the prolonged exhalation is the most profound and direct way to stimulate the vagus nerve.

There are conditions that are associated with low levels of CO2. So again, CO2 is not just a waste product. It's a signaling molecule. Hypothyroidism tends to feature low levels of CO2. Low levels of CO2 are also observed in [inaudible] Porphyria, which is a condition of hay metabolism. That's becoming a little bit more common and a little bit more well understood. It is being associated with chronic illness. And
Asthmatics are believed to have low levels of CO2, when they're having an asthma attack. There are probably other conditions that feature low blood levels of CO2. Dr. Ray Peat has written extensively on CO2 deficiency as being a potential major problem.

But what we can say is that when we prolong the exhale, we're having a very strong stimulatory effect on the vagus nerve. And this is really, really, really going to control the heart rate as well as the sinus rhythm. So, individuals that have cardiac arrhythmia for example, would benefit tremendously by prolonging the regulation in practicing a one to two, a one to three, or even a one to four breath ratio where the exhalation is two, three, or four times longer than the inhalation.

It's also important to point out. And this is my hypothesis, I've yet to find research that's been done on this. But I believe that when you increase the levels of carbon dioxide in the blood through prolonged exhalation, this is going to basically have a hermetic response on the mitochondria, forcing the mitochondria to work better. Higher blood levels of CO2 are a temporary metabolic stress. Just like, hypoxia and hyperventilation are a temporary metabolic stress. But the long term gain is that it forces your body to work better.

**Dr. Schaffner:** Do you use the lab work, like the chem panel to look at the carbon dioxide levels to gauge if a patient is a good candidate for the exhalation? Do you find that to be clinically relevant?

**Michael:** That's a good question. I've looked at that now. First of all, the carbon dioxide level on a blood test is actually not CO2. It's bicarbonate. It's HCO3. So, one of the things that hyperventilation will cause, is it will cause temporary respiratory alkalosis. A respiratory alkalosis can look like metabolic acidosis on a blood test.

So, high chloride, low bicarbonate is associated with either metabolic acidosis or respiratory alkalosis. So, it's hard to know the difference between that simply by looking at the blood labs. You have to do arterial blood gases to get a more specific reading and that's not really clinically accessible. So, that's a good question though.

**Dr. Schaffner:** Yeah. Michael and I are just taking a little detour if you have access to what's called a comprehensive metabolic panel. I was just curious if we could use that as a guide. But don't worry, we'll bring this back down if you don't understand what we just said.

So, Michael, one of the things that I'm curious about is in your practice, have you found that there are some complementary and some supportive therapies to support people as they are going through these breathing practices and how they are regulating their physiology using this tool?
Michael: One of the things that I found to be very significant. I want to give some personal accounts. Because I practice breathing techniques.

Dr. Schaffner: I was going to ask what does your routine look like these days?

Michael: So, I wake up every morning and I do at about six, six thirty, I do an hour and a half of yoga practice. Followed by maybe twenty to thirty minutes of breathing techniques. And those breathing techniques range from hyperventilation to breath retentions to long exhalations. I sometimes play with doing the practices and the breathing techniques together. And then I'll do them separately. And I'll just experiment with what's going on that day. I'll regularly experience different types of, whatever you call them, altered states of consciousness or non-ordinary states of consciousness on a routine basis.

I also, do a breathing practice in the evening between six and eight p.m. But I do that in the forest, in the woods. And what I find is that when I'm in nature, the experience is far more profound. I'm doing the same type of breathing techniques that I do in the morning at home. But I'm doing it in nature where there is a higher oxygen saturation in the air in the environment.

There are more negative ions because I'm doing it in front of a small waterfall. And the effect that I have doing a session in the woods, in the forest, is completely different. It's night and day, not even comparative. I will get into a hyperventilated state in fifteen to thirty seconds versus five minutes at home. I will get into altered states of awareness, altered states of consciousness within thirty to forty seconds in the woods versus it may not even happen in ten minutes at home.

So, there's something that is happening in nature that does not happen when you're in just a normal home environment. And I don't know if that's oxygen or a combination of different factors. But it's definitely very noticeable.

So, I would say that explore doing it in both places. Because the benefits are going to be different. The key though is regularity and frequency. At a certain point, you know, the teacher kind of loses significance cause you're basically going at this yourself. You're figuring all this out yourself. One of the things as you start to explore the active and the passive breathing.

And I also recommend exploring the different breath retentions. So, after you do around of maybe three minutes of hyperventilation. Two minutes let's say. Right after that, I do a long exhalation and I hold the breath out for as long as I can, thirty to sixty seconds. Don't even breath. And then pay very close attention to what is happening. Who
knows what you will experience, but you may start to feel subtle energy happening in your body.

I have a hypothesis that there's a spiritual principle that gets activated when you are stopping the breathing process. It's like something gets turned on or activated when there's no longer breathing. It's almost as if the body signals that there's no more breath. It's sort of like you’re meeting death halfway. Something is happening where something gets activated in the nervous system and you can start to feel subtle energy happening in a non-ordinary state.

So, after I exhale for thirty seconds, sixty seconds, and not breathing for that time. Then I'll take a huge breath in, hold the breath as long as I can, and during that time, it's important to practice what are called Bandhas. Bandhas is a Sanskrit word that means lock. To lock, to bind, or to constrict. And basically, what you’re doing is you’re damming up energy. You are sealing energy in the body. And you’re preventing energy from moving in certain directions. You’re changing essentially. You’re changing pressure gradients and you can feel this physically.

So, there’s three major Bandhas, three major locks that are practices. There’s the root lock, which is the squeezing and the contraction of the paronym and the pelvic floor muscles. Which is for men, the paronym between the anus and genitals. For women, this is the muscle surrounding the cervix. So, that's the root lock.

The second is the naval lock. Which there are two basically two kinds of naval locks. If you are holding the breath in, it's essentially keeping the ribcage and the chest lifted, but pulling the naval back. So, it’s a slight contraction of the lower abdominal muscles. If you're doing the naval lock on exhalation, all the breath is exhaled out and you’re basically hollowing out the abdomen. And you’re pulling strongly up. So, you are creating this really strong plug, suction like action in the abdominal cavity. And this is drawing a lot of energy upwards. And you can feel this as you are directing the flow of blood upwards towards the head.

The third lock, which should always be engaged during that is the throat lock. Which is known as Jalandhara Bandha. And this helps to kind of contain the pressure between the naval and the head. And it's creating a strong pressure gradient. So, playing with these during breath retention phases is very, very important for learning how to control the cardiac rhythm.

And you'll notice the huge shift in heart rate during an active breath retention after a hyperventilation phase versus a long exhalation when the heart rate is really slow and all of a sudden you increase the pressure grade in the heart rate starts really pounding as if you are running. But you are not. And then you exhale. So, by doing these
different practices you are learning how to control the sinus rhythm. And by volitionally controlling the breathing and the pressure gradients in the body.

**Dr. Schaffner:** What physical effects have you personally felt by having such a consistent practice? It sounds like you've had this spiritual connection and these altered states of consciousness that have been probably profound, right? But what physical things have you noticed since you've done this work?

**Michael:** Well, first of all, the physical practices are just really one kind of benefit. There's something very profound about the breathing that is deeper than respiration. And I can't really articulate this in any logical way. The closest I've been able to get to articulating or reading somebody else articulate this, is actually in cranial psychotherapy and the work of Dr Sutherland. In the later part of Dr Sutherland's life, he got very, very esoteric into what he was experiencing during cranial sacral sessions.

And he would basically describe different phases of what he would call the breath of life coming into the room, coming into the actual experience with the patient on the table. And there's something much deeper than just the simple inhalation, exhalation, respiratory phase that we've all kind of learned about from this sort of scientific materialism, this Cartesian model of biology that we are kind of seeing things from. Which in my opinion is very fragmented and very reductionistic.

So, we're talking about respiration in that context. But the actual experience of the respiratory process during breathing practices, transcends this contextualized, dogmatic cartesian framework that we study these techniques from. If that makes any sense.

So, it's sort of like you can't really articulate the actual personal experiences in the context of this Cartesian logic that we use to study these things. Everything I've talked about are published data, but the experience totally is different.

So, the benefits that I've experienced, obviously wakefulness, clarify of mind, deeper sleep, not waking up feeling tired, feeling refreshed, feeling energized, feeling calmer. You know, you can control your cortisol response by prolonging your exhalation. Sit for twenty minutes and focus on your breathing. That alone is having a direct effect on your brain physiology, on your nervous system, and your immune system.

So, again, what you are experiencing is totally different than just talking about cortisol and some contextualized sense. Ultimately, we have to abandon these models of cartesian linear biology. When we're talking
about these subtle practices, because it doesn’t matter, and it doesn’t apply when you’re actually doing these techniques.

**Dr. Schaffner:** No, absolutely. And that’s really eloquently said. And I mean, that’s a really big goal of why we’re doing this Summit to really peak everyone’s curiosity. And this other idea of we’re more than our biochemistry and PubMed research. There is this whole aspect of healing, right?

So, you gave us a ton of great information. And a lot of practical tools as well. But if people are still, their heads are kind of spinning, they want to really start a practice and cultivate a practice. What’s like the first step for somebody who hasn’t even done yoga? Hasn’t had any breath work practice in their life? What would be the really beginner 101 way to start a practice?

**Michael:** The best way to start a practice is to do it.

**Dr. Schaffner:** True. I know. Some people, I know sometimes with breath work, it doesn’t cost anything. It’s totally accessible. But sometimes these are the hardest things for people implement, right? The discipline and the confidence too that they are doing it right.

**Michael:** Yeah, you know, a colleague of mine, Mike White. His website is Breathing.com. And I remember a few years ago when he presented at Dr. Ben Lynch’s conference in Arizona, he presented on breathing. And everyone around the room was kind of not seeing why this is so significant. And this was a room full of doctors basically. And everyone’s sort of kind of not getting it. But you think about it, and it’s like “Well is there a point in the day that you are not breathing?”

You can do breathing techniques no matter what you’re doing. You can be writing. You can be researching. You can be working. And you can suddenly just stop or not, simultaneously, keep doing what you’re doing. But then just consciously change your breath. Change your breathing rhythm. And that’s the one thing about breathing that’s so fascinating. Is that it’s autonomic. And it’s something that you can control. It goes on without your focus or attention. But you can also control it. It’s one of our only functions that we can both control and it goes on without our awareness.

But if we learn how to control our breathing or become aware of our breathing and what we can do with it. And begin to explore the possibilities. We begin to change not only our physiology but how we view the world in our consciousness.

**Dr. Schaffner:** Which is much needed. I completely agree. Committing, you know, just doing it as you said. Committing. It sounds like suggesting
a time of day or where you are each day, of course you can length the time. But even three minutes to maybe to create an awareness around your breath is a good place to start. And then obviously, you've given us a ton of different applications as you get more comfortable. But I hear you when you say that the conference where he was talking about breath work. And sometimes things are too simple for us to comprehend, right?

So, Michael, this has been an enlightening conversation. And I'm sure we could talk all day. And I really appreciate your knowledge and your passion. And all the work that you have done. I know this is just one piece of all the profound work that you do for our field. How can people find more about you and your work? I think you're still seeing clients, how they can work with you, one on one?

**Michael:** So, my website is MetabolicHealing.com. And you can read the research articles that we have on the site as well as other information. If you're a health professional, we also have the Metabolic Healing Institute, which features a variety of different functional medicine oriented courses for practitioners. So, there you go.

**Dr. Schaffner:** Thank you. And I love your blog. You put out so much great information. So, please check that out. And thank you, Michael, for your time today.

**Michael:** Thank you, Dr. Schaffner.
Energy Sensitivity and Chronic Illness

Guest: Amy Stark

Christine: I am here with Amy Stark. And we’re going to talk about how the sensitive soul perfection and chronic illness are linked. Amy is a gifted healer, speaker, and teacher who is passionate about helping people master their energy and become more connected to their intuition, purpose, and lead healthier, happier lives. Amy has a degree in psychology, a master’s in education, is a licensed massage therapist, a trained Reiki master, reconnected healer, EFT practitioner, and a biohacker at heart.

I’m really excited to interview Amy today. I’ve had a personal experience with Amy’s work. And I think she’s just tremendously gifted and insightful. And I’m really excited for us to dive into this topic today, Amy, so welcome.

Amy: Thank you. I’m excited to be here.

Christine: So, let’s just start from square one. Why do we really need to be aware of our energy?

Amy: So, we need to be aware of our energy because so many of us are sensitive to another people’s energy. And we don’t even know it. So, I’ll give you an example. When I first started meditating, is when it really blew up for me in terms of like the connection of how sensitive I am compared to other people. Or even just like thinking of other people. So, my friend had dared me to meditate because I was living in New York City and it’s very much go, go, go, go, go. I didn’t even want to admit to her that I didn’t think I could meditate. But I’m such a proud person, I was like, “Alright, how hard could it be? I’ll try it.” So, I did.

I sat there, I sat there, and I sat there. And sure enough, I enjoyed it.
Over time I developed a practice of two hours of sitting and meditating. But before I got to that two-hour mark was when I was probably about a month in or so. I was meditating and I thought of my twin sister. And all of a sudden, my eyes started burning. And I was like, “Wow, that’s weird.” So, I looked around and my eyes seemed fine. And I was like, “That doesn’t make any sense. Why would my eyes start burning? And then they’re not?”

So, I closed my eyes and I started going back into the meditation. And my eyes started burning again. And I was like, “What is going on?” And I was like, “What was the last thing that I was thinking about? It was my twin sister. Maybe I should call her and find out if she is okay.”

So, I called her, and I said, “Hey Sarah, what’s up?” She said, “Hey, I’m really dealing with some here. I got a double pink eye infection.” And I was like, “What? I can’t believe it. I was meditating. I thought of you. My eyes were burning.” And she is like, “Shut up. You can’t be telling the truth.” I’m like, “No, really.”

So, I was like, okay that was a one off. Maybe that was a twin tuition. You know how they say like you can feel what your twin is going through. The next day I was meditating, and I thought of my dad. And all of a sudden, my jaw started hurting. And I was like, “Oh my gosh, I think my tooth is broken.” And I was like, “That’s weird. I was just sitting.” So, I was like, “Who did I think of last?” It was my dad. So, I don’t have a great relationship with my dad in terms of being like, “Hey, Dad, you know, see things, hear things, and know things.” So, we just have a normal Dad relationship.

So, I called my Mom. I was like, ‘Hey, Mom. Is Dad okay because my mouth started hurting when I was meditating.” And she said, “He’s at the dentist right now. He broke his tooth on a walnut.” So, that is when I was like, “Something is going on here.” Like clearly, I’m extremely sensitive to the people around me and I hadn’t realized it.

Over time, I have developed how to sense that and then release it from my body so, I don’t keep thinking I have burning eyes or a hurting tooth. And it’s really been a process of like learning about energy, more meditation, and the tools that I use right now really help clear my energy very quickly.

So, I don’t have to deal with that kind of stuff. But I use it to see what other people are going through and the be able to help them navigate through it. Because sometimes when we’re in so much pain, it’s hard to get out of it. It’s hard to see whether it’s emotional or physical pain, to see how they can heal themselves.

Christine: And so, there’s this idea, obviously that you have this extreme
sensitivity that you actually harnessed into your gift to help people and
to have an awareness about that. And so, would you say that maybe
some of us are more sensitive than we even realize and that might
be impacting our health and we might be actually having physical
sensations or even emotional sensations that might not even belong to
us. Is that what you are thinking?

Amy: Yes. So, definitely we can pick up pain from other people and think
it is ours. That is definitely something I've seen, both in myself and with
my clients. I also have seen how we can carry the emotional burdens
that other people may not have processed and thinking like, “If I carry
their burden, then I’m helping them.” But really the two of you are both
stuck. You are carrying it and they can’t process it. And so, you feel it and
they also feel it because they feel stuck.

So, that is definitely going on. I think that a lot of people who are
actually chronically ill are actually very highly sensitive people. And, over
time being so sensitive and not knowing how to clear that energy and
having it actually get in the way of the cellular communication really
has impacted their health over time. And being so sensitive, I've worked
with so many people who are chronically ill and over, and over, and over
again, they will tell you, “I know what the vibe in the room is. I know what
somebody wants from me. I can feel how others are feeling if they're
depressed or not.”

And they then go into action mode or like fix it mode, right? And so,
then they're constantly in this fix it mode. How do I fit for a feel better?
Because I now feeling crappy because this person's feeling crappy. How
do I fix that? How do I fix their pain, so then maybe I'll feel better? And
so, they're constantly putting out fires and it basically causes this fight or
flight response to constantly be on.

And sometimes what becomes the only because they haven't learned
the tools to clear their energy is to retreat from society, from other
people to not want to be around other people. Because they can sense
what they need, they can sense what they want. They feel obligated to
do that.

When somebody's in your space, it can be so irritating. And it can feel
like you need to do it that second. But if you can clear out them from
your space and get them on the other side of your energetic field. Then
you have the opportunity to see more clearly what it is that you need
to do. Whether it be to take care of yourself and do the things that you
need to do or to actually help this person because then you'll feel better.
Because you're helping your friend, your mother, or whoever else. So,
just getting them out of your space helps you have the opportunity to
see more clearly what needs to really be done. And it doesn't feel like it
has to happen asap.
That's really what causes the chronic illnesses, the constant stress of being vigilant.

Christine: So, it's kind of like overstimulation, this information overload from this whole other sensory experience that we don't really have dialogue. We don't go to school and realize that we are energy sensitive, right? So, it's just this information overwhelm that people are going through. If people are listening out there and thinking, “This might be what's going on with me.” What are some clues if you are energy sensitive? How do you help people identify if they are?

Amy: Like I said before, if you are somebody who can walk into a room and sense the vibe in the room. And really you would have no other understanding of what might've happened in that room. Let's say there was a big fight in the room and then those people left. When you walked in and you are like, ‘Something is weird in here.” That is an indication that you are really highly sensitive.

Another might be when you hang out with somebody and they are sad. And then you walk away, and you feel sad. Like you weren't feeling sad prior to being with them. Those are examples of somebody who is probably highly sensitive.

Christine: And then you tie in this idea of over sensitivity can lead to chronic illness. But then there's also this idea of perfectionism. So, can you talk about how those are interconnected?

Amy: Right. So, if I can sense what you need it becomes like this huge reward. If I can guess what you need or am intuit what you need. And then do that for you before you even have expressed it. Then I feel like I've won because you're not getting in my space asking me to do it on a physical level. You've only energetically kind of made me feel that way. And then I've already removed you from my space because I took care of it. So, I'm always one step, maybe two or three steps in other people and what they want to get them out of my space.

I noticed that like a lot of clients who are really in tune with what other people need, they wind up leading lives for other people. So, they don't make decisions for themselves. They don't even know what their favorite color is. I even sat for ten minutes with a client being like, “Come up with your favorite color. Stop thinking about all the different things that you think you're supposed to think about, what your favorite color is? Is it pink? What does society say about that? What did my mom say about that?” Just removing all of that out of your space. And then being okay with whatever your answer is. Whatever you feel you need or want.

So, I talked to one of my clients and she wanted to play soccer and she was a gymnast. And she was probably one of the best gymnasts in her
area. And she never really wanted to be a gymnast. And she regretted every single day that she went. But she didn’t want to tell her mom because she wanted to please her mom. There's tons and tons of stories of that. Let's say everybody is like, “Hey, what do you want to eat for tonight?”

And you're like, “I don’t care.” Because you don’t want to say the wrong thing. And really what you want is Mexican. I did that for years. Whatever it is, you’re always saying, “Let everybody else decide. It’s not important when I think, or what I feel.” Because once they have an idea of what they want, you can feel what they want. It can be confused as being your own. But it can also be confused as really important that I do what they need or want.

Christine: Yeah. And there's this kind of probably a reward mechanism, right? That people became wired. They begin to feel good by helping other people. But it's probably this confusion, right? They are doing things probably from a different place than if they were in their own space and connecting with people from this other perspective. But how you mentioned they're just trying to serve people just to make themselves feel good because they're also can't differentiate between themselves and the other people. Is that correct?

We are talking esoterically. For some people right now, I want to talk about these kinds of themes and really break it down. This is the work that you do all day long and you help so many people heal once they identify this and really have tools to reclaim their energy.

Amy: Right. I love how you say reclaim your energy. Because that's really what it is. All these people are in your space and when you pull out their energy. And I teach my clients and students how to pull out people's energy. But you then have pockets that are empty, okay? So, you need to fill it in with your energy in those pockets. Otherwise somebody else is going to hook right in and get in that space.

And take up and make you feel irritated. I will tell you, when somebody is in my space, I will get very irritated. And I know that's not my normal state. And I'll be like, “Okay, I got to clear my energy.” It's just simply, people are doing it and they're not even meaning to do it. It's only because I'm really sensitive that I can really feel it. And other people who are really sensitive feel it. But don't really recognize that that's why they're irritated.

I find when I work with my clients and I teach them these tools, they're like, “Oh my gosh, I feel so much better.” I know a lady who she didn't want to ever have Christmas, Thanksgiving, or have an exchanging of presents because the pressure was too great. Because she didn't want to let people down. She didn't want to make the wrong food. She didn't
want to get their own presents, wrap them wrong, whatever it was.

So, she was thinking that she had to cancel everything. But once we got everybody's energy out of her space. And did some tapping and rewriting some programs, which is what is happening, you create programs of, “I must do this thing for these people. I'm on not good enough unless I do that.” It creates a lot of heart chakra or feelings about yourself that aren't great. Like there's a lot of grief in there. "Why didn't I choose me? Or I didn't do a good enough job for that person? That person is still not feeling well." Whatever it is, your heart takes the hit. I truly believe that's what chronic illness really is, is when the heart chakra is really ailing or failing to orchestrate the whole field.

And so, when I work with clients, that's what we do is we find out. "Whose grief are you caring? What programs are running are running that are keeping you from loving yourself? How do we get you back to you? How do we clear everybody's energy out, so you remember who you are?” A lot of my clients, they come to me and they don't know have connection with themselves. Like I said, they don't know their favorite color, their favorite song, their favorite food. They just don't care about anything. They have just kind of disassociated from themselves because of the pressure they put themselves under.

Which brings me to the point of the perfectionist. Which is they wind up over time getting so good at putting those fires out really, really quickly and anticipating the needs of others and then taking care of it. That then they apply themselves usually in a work setting and they will reach goals. But they won't really celebrate them for half a second. And it's like, “Well, if I can do that, what else can I do?” And it's always that ever climbing ladder.

Actually, I had a young child explain it to me once. She was a perfectionist. And she said, “It's like I have a ball and chain around my leg. And I just am always climbing upstairs.” And I was like, “That is what perfectionism is.” You just have this weight of like, “I'm never good enough. And I'm just constantly going to this finish line that keeps moving away from me.” I thought that was a great visualization.

Christine: Absolutely. And then you talk about rewriting these programs and this whole idea of maybe some people would call them self-limiting beliefs or these beliefs that get inner subconscious and they drive our behavior. I know you do a lot of work around trauma and how there is a lot of things that can make us more susceptible to chronic illness or even become a perfectionist.

Can you talk about how trauma, maybe shapes us, or makes us more susceptible to these self-limiting beliefs and how that obviously impacts our health?
Amy: Right. So, there is a lot of work being done around how trauma in childhood will turn into mental illness, chronic illness, and addiction in adulthood. So, one of the things that I find really helpful is tapping. And so, tapping you can do where you are remembering let's say a speech that you might've given when you were in like third grade about cars or something like that. And your class laughed at you. But there is more than just that that happened. Your brain interpreted it in a particular way of like, “I'm not good enough. I'm not good at speaking. I have dumb ideas. Everybody always laughs at me.” Whatever it may be, those are programs that developed.

And I actually worked with a woman who had urinary incontinence in second grade and that had crippled her confidence for adulthood. Because nobody believed her that she had a chronic urinary tract infection. But she kept, unfortunately, in second grade going to the bathroom on her pants. And the ridicule and the parents saying, “What's wrong with you? How could you do this? You know better.” And she's like, “I can't control this.” So, it gave her the sense of, “I don't have any control over my life. I can't create the life that I want. I disappoint others all the time, even though I'm trying not to.”

So, it's interesting what one little thing in your life can create in your mind. You know, it doesn't always have to be big. It could be small. It could be just falling off your bike one day and then you create a whole network of programs and that's it. And that, that can be running the show in the background in your subconscious.

Christine: No, I think that's an important point. I mean, obviously there's obvious trauma that happens in life. And that absolutely needs to be addressed. But sometimes we don't think of these little things that actually can really make a huge impact and imprint on our subconscious.

Amy, you've obviously studied something called EFT, emotional freedom technique. I know you have your own methodology. And you mentioned tapping. A couple of people have hinted on tapping, but no one has really kind of walked through what is tapping? And how do we rewrite the script in our body and in our nervous system?

Amy: Sure. So, EFT is wonderful. It's called emotional freedom technique. It really does free you from these programs that you might have, or this stuck energy that you have in your body. So, my gift is being able to see the stuck energy. But if you are at home and you're doing the EFT on yourself. Your body remembers and it will help you release it when you start talking. So, EFT is about tapping on the body.

So, there's a couple of things that happen. Here's a point. You're actually helping to release the energy from that point or in that meridian. But you're also calming the body, which is very rhythmic and calming in of
itself. But you're also touching the body. The different points are where
different types of energy are stored. So, this is the heart meridian. So,
this would be grief, love, or things like that. At the top of the head, a lot
of emotion. Different types of emotion would be up here. A lot of strong
emotions would be stored up here. Rage, anger around the eyes, control
is under the eyes. So, there's different places on the body that you're
accessing that type of energy.

And so, sometimes when I'm working with clients, I'll just go right to that
point because I can feel that that's where the energy is. But if you're at
home and you're doing tapping, it doesn't really matter. If you just keep
going through, you'll eventually hit that out. You'll hit that energy and it'll
push it out or it'll move out, I should say.

The thing that happens when you are in fight or flight is that your body
is actually contracted. Your energy is contracted. And when you do EFT,
it relaxes the body and expands the body. And you can imagine if you're
contracted, it's harder to like release things from that contraction. But if
you're expanded, then the energy can circulate and move out very easily.

So, I love tapping because it gets you into your body because you're
tapping. It kind of centers you and then it moves out the energy. But
then you also are talking to yourself in a very loving and accepting way.
Which you say, "Even though I'm going through this. I love and accept
myself."

And that combination of things I think is one of the strongest, most
powerful tools that we can actually do for ourselves. To rid ourselves
of energy, programs, if we are nervous about something, scared, have
anxiety, depression about something, this can be very helpful.

Christine: And it's just this whole idea that we've touched on throughout
the Summit that, you know, we can have these stored emotions or these
stored traumas in our physical body and our cellular memory. And this
technique helps us to release that stored trauma, that stored emotions
that the body has, so we have more freedom to access another way of
being. And there's more flow in our energy field which also translates to
health.

What Amy is sharing, I've seen this work so much with patients and
I know that she has a ton of experience obviously through her own
clientele. But this healing dialogue with these tapping points allows
us to reset. And, you know, if this is a new idea to you, just try it. I find
that people immediately feel calmer. They feel more relaxed. There is a
resonance and a knowing in your nervous system that this is helpful. I'm
sure you see the same thing.

Amy: Yeah. It's so great because at this point, I've done thousands of
them, thousands of EFT sessions. So, I can sometimes just tell my body that we’re going to do that. And then I already start to relax. So, it’s almost like I don’t need much time to release what it is that I need to release.

Like I can be on my bike and release something that comes up in my head. And I’ll just be like, “Okay. Even though, I have this feeling, I deeply love and accept myself.” And it’s like boom. I released that. I can feel it. I can feel the difference. You take a deep breath, that’s the real sign that you’re relaxing is through breathing. But when you release something, you just, “Oh, I’m not carrying that anymore.” You almost feel like you just put down a backpack or something like that. It’s like, “I can rest. I’m okay.”

Christine: You’ve said already a lot of great anecdotes within your clients. If someone is struggling with a chronic illness right now and they are thinking maybe they are stuck, they haven’t seen the results that we all want for them. How would you suggest that they approach this topic? You mentioned a couple of things that I want people to understand. It’s not only our own traumas that get stored in our body. But sometimes we can be holding this energy for somebody else. Maybe walking through how we differentiate that and how we clear those things as well? And of course, you know, I always advocate working with a skilled practitioner when you’re starting this type of work. Especially if you’re struggling a lot within your own physical health. But there’s a lot of self-empowering things that you can do on your own too. I just wanted to make sure we differentiate that.

Amy: Sure. And I also want to just mention that you can pick up energy from your ancestors. So, if you are aware of trauma, significant trauma in your family lineage. It’s a good idea to tap on that. If you are noticing that there is a theme in your life of like not choosing the right person, having money issues.

There is a family that I know that the mother went through war. And so, she is always saving tin foil and worried about money. I know her daughter has plenty of money but still worries about money as if she has none. There are things like that that you might be like, “That might be where I got it.” But guess what, when you do the tapping, your body will access that information.

So, if you say, “Even though I always feel like I don’t have enough money, even though I know that I do. And that I’m okay. I deeply love and accept myself.” It will find that information and that energy and move that out. It might take a few sessions of unwinding that energy and that’s what I see as like basically layers leave each time you do a session based on a specific topic.
So, if we were going to go off of that example. I can think about even though I don't feel like my needs are met, you know, that's what anxiety is, right? So, maybe you might look into your life and say, “Do I have high anxiety? I believe that my needs aren’t going to be met.” Well, why do you believe that? Look around you, do you have everything that you need? And a lot of times people are like, “Well, I do. So, I don’t know why I believe that.” So, then if you start tapping, you’ll rewrite that or release it.

So, I wanted to just mention that you can pick up stuff from your mother, usually your mother. It can be from your dad and other generations. But that is for a more skilled practitioner. But if you just access something in your body. Let’s say you’re trying to change chronic illness in your life. You had mentioned?

Christine: Maybe around if they are not getting and not realizing that they could be carry their ancestral trauma or even their immediate family trauma. And of course, personal trauma. Just giving people a framework if you are stuck, what should you be going through? And kind of a checklist of things to think about that you maybe haven’t thought about yet? So, we can get more freedom, flow, and health in your body.

Amy: Sure. So, a lot of times we are a pretty upset where we are at in our healing journey if we’re sick. And that resistance actually halts the healing process. So, that’s why I love tapping as well. Because you have to accept where you are in order to move forward. So, if you are trying to lose weight, you won't lose weight unless you know that you need to lose weight.

So, there has to be some sort of stepping on the scale or your clothes don't fit. There's some level of acceptance of, “I'm overweight and now I need to lose weight. And this is what I'm going to do so I can move forward.” You wouldn't get in a car and put in a destination without realizing where you’re starting from.

So, you always want to say, “Okay, even though I’m here. It's okay that I'm here. It's not where I want to be. I just still deeply love and accept myself. And even though I'm not sure what the right answer is or what my body needs, I deeply love and accept myself. Even though I've had a long journey, I deeply love and accept myself.” Going through all those different feelings and talking, sometimes that's all we need is to just say, “Even though I'm just frustrated, I'm mad, this should have worked. I've put so much money into this.” Whatever it may be. “I still deeply love and accept myself.”

A lot of my clients actually have gone through those things. And that's why I'm familiar with it. And they get to this point where they're like, “Oh, the thing that I was missing was the energy component.” So, they
are missing the program rewriting, the clearing of the energy, the strengthening of their field. And that’s why it seems like the things that they’re doing aren’t working, but this is the added piece that they’re missing.

**Christine:** Absolutely, and I think that’s such a great point. Because of course, when people have been suffering for so long there. We don’t want to accept that that’s our state, right? We don’t want to accept that this is where our body’s at. But I think that’s just kind of a light bulb went off for me when you said that. Because I think the acceptance allows you to really change, right? So, there’s that kind of denial or pushing away that this isn’t me. Which it isn’t your true nature, of course. I believe health is your true nature. But we have to clear, what we need to clear, to get there. So, I think that’s really a great point.

**Amy:** And also, the body has messages. So, it sometimes that resisting or holding off, it takes so much more energy than it would to just turn it around and look at it and say, “Okay, I’m going to deal with that.” And that’s when they love and accept it. Then you can move it out because you’re like, “Okay, everything’s going to be alright. I don’t have to keep holding that off. I can deal with it and just move through it. Wash myself of emotion.”

**Christin:** We’re talking about chronic illness because I see a lot of chronic illness. I know you have experience with that. And if we can help people with chronic illness, we can help a lot of other people from what we learned in that paradigm. But I think in the time we’re in, with this information overload, there’s a lot of ways to get stuck in fight or flight these days.

What are some tips or tools, Amy, that you feel for like energetic hygiene? Like even some things that you do on a regular basis that we can just be intentional and mindful about our energy? But some just practical lifestyle, daily tips, to keep us healthy and in more of a parasympathetic state?

**Amy:** Sure. I always recommend that people do the low lying fruit or pick the low lying fruit. Which is getting good rest in a dark room. Grounding, getting outside in nature. Eating organic as much as possible. Not filling the body with extra toxins. Those to me are like the easy things that you can just get into your routine. The harder things are like the dealing with your programs. Maybe you have anxiety, so actually facing that. And obviously, you are going to want to do that with a professional. But you’re going to want to actually finally work through that. And try it through an energetic process, such as tapping to see if that might be all that you need.

A lot of times we go to therapists and it’s so common that we have
therapists and we talked to the therapist. But in my opinion, and this is why I didn’t go into therapy. I actually have a psychology degree. And at the time, I knew it wasn't a complete process. And so, I just set it aside and said, “I’m going to figure out what that is later in life. I’m not sure when.” And sure enough, here it is, I now combine the energy and the psychology. And that’s what I feel like causes the greatest change, the fastest change, the most amazing change in the human body that I've ever seen.

I see miracles all the time. And I’m blown away. I don’t even understand how something could be in somebody's body for 40, 50, 60, 70 years. And it's gone in one tapping session, a couple of tapping sessions, or one session of energy work.

I'm one lady, 40 years of depression, and I found out the program that was running. And it was that she wasn't good enough because her dad was a pediatrician and he always spent time with other children. And in her little mind, she thought she wasn’t good enough for her dad. But it was his job to be with other kids. And so, we rewrote that. And the next time I talked to her, she was like, “I don't have depression anymore.” And I was like, “You’re kidding me? Like that’s all that it was? That 40 years of not feeling like you’re good enough for your dad.” And now she has a new orientation to the world. And understands that she is good enough and that was silly.

We write most of our programs between the ages of zero and seven. And this is really important to understand. Because most of the time as adults, we run off those programs that we made from zero to seven. And those programs were made when you were like trying to figure out a whole lot of stuff all at once. And so, we made a lot of misconnections, miss assumptions, or poor assumptions. And it was all that we knew at the time. And we hear things like, “Money doesn't grow on trees. You have to work hard to make money.” Or whatever it was that our parents had a different mentality and we picked that up. And we thought that was the way that life is.

But until you sit down, you meditate, or you tap, then you’re like, “Wow, what is it that I truly believe? What is it that I want to believe? And if I don’t believe that, how do I rewrite that?” And that’s what I helped my clients with. And that’s what EFT can help people with.

Christine: You mentioned the zero to seven time, which is such a profound time in framing and building the subconscious, kind of our framework, and our perspective into the world.

I'm a new mom and I know you have a son. How do you suggest knowing what you know and seeing how you spend your whole career is helping people rewrite this time in their life? How can we raise children more
consciously or help them to have a really healthy subconscious if that's the goal?

Amy: Yes. So, again, the low lying fruit always because that does impact your energetic system. So, you want to make sure that they're getting all that stuff. But then I also every night clear my son's energy. Because he goes to school with a lot of kids and there is a lot of energy. And I want him to feel like he settled in his body. I do believe that that really has impacted his growth, his ability to express himself, and be emotionally regulated. But I also have taught him tapping.

So, he's only five. This is funny. We were on a bike ride and he was like, “Mom, I’m really tired. Hold on a second. I need to stop.” So, I said, “Okay, we will stop.” And then he goes, “Even though I’m really tired, I want to give up. I deeply love and accept myself.” And he took a deep breath in and he went up the hill. And that was all he needed because he's so young and there's so much possibility in life. And he could tap into realizing that there was more in him than what his brain was telling him. And so, that's all he needed because he's so energetically sensitive. I've been working with him and he knows some stuff that I don't even know. He tells me stuff, which is interesting.

So, back to your question about the programming. Yes. I'm constantly worried about what programming I'm imparting on him. And trying not to program him because it's hard. I know that sugar isn't good for kids, obviously. But it is summertime and sometimes having a treat like ice cream or something is really fun. I don't want to take that away from him. So, sometimes my partner will be like, “You've had too much sugar and it's not good for you.” And I'm like, “Let's not tell his body on top of it already being a problem probably for him that it's not good for him. Let's just let his body figure that out.” And usually he will tell me. He will be like, “That didn't make me feel good. I don't want that again.”

So, I air on the side of saying less. In fact, he went off to Pokémon camp. And he was like, “There is no real Pokémon.” And I'm like, “What do I say here? That's not programming.” I was like, “How did that make you feel?” And he was like, “I'm fine with it.” I was like, “Okay, great.” I didn't put any programs in his head, like those things don't exist or anything like that. I just let his mind, you know, be okay with it.

Christine: Yeah. So, it's being really intentional with your language, right? And how you are putting judgments or lack of judgments on things? So, that's probably just an important way to live life. Not only raise your child, but to be really conscious of language because it is so important.

Amy: I do also catch him when he speaks to himself in a not nice way. So, I'll say, “That's not very nice to talk to your body like that or yourself
like that.” Nobody was certainly saying that to me as far as I remember. It was also a different time. I think just having somebody catch you on those things that you might say to yourself at a young age might really help in the long run. But we’ll see.

**Christine:** That’s such a great point as well. And I like how you are obviously gifted and can clear his energy. Do you think for listening out there, even if they walk through, and tap their child before they go to bed?

**Amy:** They love it. Yes. It’s funny, they won’t even make it through a full round before they start yawning and then they’re ready for sleep. Like if they’re not wanting to go to sleep, it will just calm their own nervous system down. And they will give you their words. “Even though I want to stay up. I’m not tired. Or I hate going to sleep.” Whatever it is. They will tell you. But they will calm down. I cannot make he do another around. It’s amazing. He’s like, “Mom, get out of here.”

**Christine:** I love that. I’m going to start doing that for sure. So, Amy, you shared so much great information and given us a great overview. And also, a lot of great stories. Anything as we wrap up any other anecdotes or just personal experiences that you want to share? Just to bring this point home, because both your goal and my goal, for people listening today is just to understand the realm of possibility of healing once we start addressing these energetic patterns. And realizing we are energetic beings and how do we really pay as much attention to this part of ourselves as it is taking glutathione, methylated folate, or eating organic. This is a really big priority.

**Amy:** I will share something that I think will be really helpful for people to understand. So, a couple months back I had to get new updated head shots. I picked the person, I know she’s great, I felt energetically comfortable with her. And unfortunately, my son got sick. So, I had to cancel. And so, I rescheduled for two weeks later.

And then two weeks later I wound up waking up and I had like a tremendous sore throat. Like couldn’t swallow, thought I had to cancel again. I even texted her and said, “Do you mind if I come? I can’t cancel on you again. I feel horrible.” And she’s like, “That’s fine. Whatever you feel like you can do.” And I was like, “You know what, this is really odd that I would wake up with a really bad sore throat today. I felt fine yesterday. I have no real reason for me to be thinking I’m getting sick.” So, I sat down. I started tapping. And I was thinking about the throat chakra and what it means and it’s about self-expression.

And I was like, “Ah, I’m getting my head shots done today. This is a physical expression of myself.” So, I said, “Obviously my body’s still working through some of that energy of what it’s like to physically
express myself.” And so, I tapped on that. My sore throat went from a ten down to a two. And I went and got my head shots done. I didn’t get sick. The rest of the day I had a low, low, low level of irritation in my throat. I never got a fever or anything like that. And that’s all that it was.

So, I urge anybody who is listening to really get curious when they do have a symptom, what might it be telling you? So, there is definitely energy centers in the body and that gives you some clues. But just ask yourself, what might be going on under the surface? Like why might my arm be hurting right now? You know, when it didn’t before. Is it because I just saw somebody who had a broken arm? Is it because, you know, I did too much yesterday? You know, is there a real physical reason. Or is it maybe just something energetic and I can tap on it. And you can say, “Even though my arm is hurting, I deeply love and accept myself.” And while you calm the body down, you might just hear what it’s about. You might just have a knowingness of what it’s about. And then go from there.

So, that’s something that I would definitely leave with your listeners.

Christine: I love that.

Amy: Get curious.

Christine: Yeah, I love that story. Even when we know this works so well, we’re all going through our own process and constantly reminded. I’m sure that you almost have a sense of humor.

So, Amy, I would love for people to know more about you, how you work with individuals and practitioners, and where to find out more about you. So, please let us know how we can find you?

Amy: Sure. My website is StarkTransformation.com. And I’m on Facebook and Instagram. So, I always am posting some things about important things to tap on or to remember. You can find out more about me on my website, how to reach me, how to work with me. So, those are the best ways to reach me.

Christine: Well, thank you so much, Amy, for this conversation. And sharing your work. And I just really appreciate the work that you do in the world. I know that you really helped me at a period that I need some support. And so, I really am grateful. And thank you for being on the Summit.

Amy: Thank you. This was fun.
Christine: Hi, everyone. Today, I am speaking with Hillary Faye. Hillary is going to be talking about yoga wisdom for energetic mastery. Hillary guides highly sensitive people and spiritual leaders back to their hearts and bodies to align with their highest purpose while enjoying life more fully. Through more than fourteen years of certifications, training, and deep inner work, she turned her childhood trauma into transformation. And now holds the space for others to do the same. Having worked as a facilitator for more than a decade, Hillary has trained hundreds of heart-centered yoga teachers, meditation guides and energy healers.

Welcome, Hillary. I'm really excited to have this conversation. I know you and I met through a mutual friend. I know that you have a lot of great wisdom to share with us today.

Let's just dive in. And I know that you work with a lot of what we would call empathic or energetically sensitive individuals. And can you just explain a little bit more what that means and how that affects people interacting in the world?

Hillary: Of course. We're all to some level energetically sensitive because we're made of energy and everything is made of energy. And that's why this Summit that you are doing right now is so important because how much energy is changing on the planet. Some people are more open, like there is almost a spectrum of energetic sensitivity which we all have a level of energetic sensitivity.

But I find that some people are very energetically sensitive. And other people kind of maybe put things in motion or sometimes even shut down aspects of themselves, so they don't feel their sensitivity as much. Because it's not always easy to be on the planet feeling so sensitive.
But when you are energetically sensitive, and you have the right tools and practices in place. It’s the best thing in the world. Energetic sensitivity is a true gift. And what it really is, is intuition and being able to read information. Because science is now showing that inner energy fields are electromagnetic energy fields. We’re holding information, maybe thought forms, maybe emotional information.

And that’s why sometimes, say someone was to go a really busy shopping mall in a rush before holiday season or something. You would be picking up on all of this rush, stress, anxiety, are they going to like their present, do I have enough money? Like all of this information in the energy fields and then someone could maybe get a headache or feel like they have to get out of the mall. Or maybe feel like they are in a spin, a daze, or something trying to get everything they want.

So, it can go both ways. Sometimes when we’re in a really crowded environment, where every single person and everything’s energy field is emitting information and emotion. But other times, like in a yoga class, a meditation class, you are on the Pyramids of Giza meditating, or you were at some scared site, you can also read that information. So, we’re able to pick up on both. And that’s what an energetically sensitive person is, someone who is attuned to the information and vibrations that are being admitted. But you can train yourself where that can feel like a really positive thing and make you feel more intuitive. But it’s not always easy.

I’m very energetically sensitive. And there’s somethings I just don’t do anymore as an energetically sensitive person. Like I don’t ride the subway. I haven’t in a few years. I live in a really big city. And when I first moved here, I would ride the subway. I would try all the tools, breathing, and everything but I would still get a headache. Because over a million people pass through this subway every day. And then I finally, at a certain point was like, “Okay, I’m not doing that anymore.” So, it’s knowing yourself and using the tools. And then also, “Okay, if I have to go to the shopping mall, can I go during a less busy time or something like that?” So, you are kind of putting things in place to care for yourself.

Christine: And it sounds like you have this own personal experience with being energetically sensitive. And as you said, this can absolutely be a gift. But there’s also tools so you can interact in the current environment and in the world.

And so, what are some of the tools that you found that have helped you protect your energy and not, I guess, be as sensitive when you don’t want to be?

Hillary: That’s such a great question. There’s a variety I work with. One is mantras, where before I’m going into an environment and I’ll say to
myself. “I only give and receive the purest, highest vibrations of love.” And I set that intention. And what science is now showing too, which is so beautiful that science and yoga are finally uniting in this way. A lot of what’s been said for 2,500 years. But energy literally follows our intention. So, whatever we’re intending, the energy is going to follow that.

So, before I was going into Costco, busy shopping mall, or get on the crowded subway, I would say that to myself. “I only give and receive the purest high vibrations of love and light.” And then I feel that energetic intention move forward.

Another amazing tool I learned from my alchemy teacher, Jim South, is called the rose tool. Where you use the image of a rose because the rose vibrates at such a high level and at such a high frequency. That when you just imagine it, you can command that rose to act as an energetic buffer. And nothing can get through it that doesn't vibrate with your highest good. So, I love using that tool as well.

I have quite a few that I work with. But I find the ones that are the easiest and most potent are grounding and working with mantras. So, sometimes too when I get home, I'll either use a rosewater spray, maybe Palo Santo, or sage and smudge burn it. And then I'll say, “I release all that isn't mine. All that doesn't belong to me. And return it to the source of its origin to be transmuted completely into the purest light and love.”

And you can say whatever you want to say. Like, “I cleanse and clear my energy field. I cleanse and clear my body.” Just as a way to kind of reset yourself, which I think is really important when you first get home, before you get too busy doing a million things. Like say you were in the office, in a corporate environment, or running a bunch of errands. Even at a sporting event and anywhere you are around a lot of people. Right when I get home, I reset my energy before I move about doing other things. And I find it really, really beneficial.

Christine: No, those are some really great tools. If you are listening at home, things that you can immediately do and figure out which one resonates with you. And just try it, right? I think probably a lot of this is trial and error. And how you experienced and how you feel the more that you do these things.

Every time throughout history has its own challenges probably, right? Living in this modern time with all this wonderful technology and information. But there's a cost to that too for bodies and our minds. And you have talked about that the yogic tradition actually talks about the time that we're living in and how it's a unique time. And that there are these stresses that we are up against. Can you just share a little bit more of your understanding of what you've studied around this?
Hillary: Yes. I'd love to. And I totally agree with what you said. Every time has its own set of challenges. I'm grateful to be in the time that we are in now. I know other times are beautiful too. But if you want a movie of like Europe hundreds of years ago and it's the black plague. You just see the environment and circumstances, it's like in a lot of ways we are in a really blessed time.

But this time has been kind of foreshadowed for so many years. And the Yogis knew it was coming. And it's the age of Aquarius that we are now in. Where we shifted from, I believe around 2000 years in the Piscean age, to the age of the Aquarius. And the age of Aquarius is the age of awareness of information and action.

And the Yogis knew that yoga science, yoga technology, which is really the power of the breath, the power of meditation, the power of mantra, deep relaxation, postures, and maneuvers as well, were going to be a very powerful remedy that people would need in this day in age where we're literally on energy and information overload. Where Wi-Fi is everywhere now, where you can Google anything. And you're getting emails about this and tweets about this. It's so much that the real intention of this time where it was said that many people would have mental health challenges, physical challenges. This is the time to turn all the information into wisdom and to be the embodiment of that wisdom.

Christine: No, that's beautiful. Obviously, it's very relevant and exactly what we're going through. And the yogic philosophy talks a lot about the etheric body and our etheric field. Maybe just kind of painting the picture, you mentioned, we know that we have these electromagnetic fields coming off of our heart and that are measured in our brain. And we have other Summit speakers talking a lot about that. But in the yogic philosophy they talk about the etheric body. Can you just paint the picture of what that looks like and what that means for our listeners?

Hillary: Of course. So essentially, we all know we have this physical body. And in the yoga tradition and many other ancient traditions, even in like Chinese medicine and Daoism and other things, they talked for a long time about how our energy is creating the physical reality. So, energy comes first. And that creates the transformation within the cells. So, the electromagnetic energy field and the etheric field, essentially, according to Yogis and yogic science is that it is the matrix for our physical bodies.
So, it connects to our physical body. That it's the energetic field that is what is like the interconnection point between the physical body and the energetic. And the etheric body consists of the chakras, which we know we have seven main energy centers. Wheels are what the chakras are called. But in our body, we have actually thousands of chakras.

We have the seven major in our different chakra points. And then the Nadis, in Chinese medicine it's more focused on the meridian system. And in yoga science, it's focused on the Nadis. And there are many more Nadis' than there are meridians. But essentially, this is how life force flows through. So, in Daoism thinking or Chinese thinking, this would be the chi energy. And in yoga science it's the life force energy, prana. They are often depicted at the kundalini energy, which is the energy of consciousness and the energy of the soul.

So, there's 72,000 rivers or channels through which energy flows in the body. And this is how we deliver our chronic energy, our life force energy, to every muscle, to every cell to keep us going. Some of you who seem anatomy pictures that this circulatory system and know how an oxygen molecule pairs up with the blood molecule, then delivers, and then passes through to bring oxygen to our body. This is what is happening within the etheric body. But if you were to cut the body open, you can find that circulatory system. The Nadis are the 72,000 channels which are made of ether of metaphysics or non-physical matter.

So, really this is the energetic matrix for our physical body. The Nadis, the chakras, and the aura are what consist of etheric body. And it's these main energetic systems that are propelling forward our physical body. Which is really cool.

And from the Nadis too. There's three major Nadis. Which one runs from the crown of your head to the tailbone. And that's the Sushumna. And then we have the Ida and Pingala that spiral from the tailbone to the left and right nostrils. These are the three major energy channels through which Kundalini energy rises. And this age of Aquarius is an age of more and more people awakening to their true inherent energy and life force. That's what this Kundalini energy is. Some call it the energy of the Holy Spirit, the energy for the divine feminine, the energy of the soul.

So, when this energy through the yoga and science and practices begins to be activated, it's enhancing everything. It's opening through the chakra system, the aura, and so much more. But it's just so important to note how for thousands of years and so many systems, they talk about energy comes first. When someone's dealing with a health issue, it can start and be an etheric field. It starts on the energetic level. And then moves into the physical level of like a mental or actual physical health issue.
Taking care of our energy is more important than ever because the energy is like the blueprint for the physical.

**Christine:** And that’s a wonderful explanation. And we had another speaker on the Summit, Harry Massey, who talks about this. In our field, the blueprint for healthy organ is actually in our field, and then the organ needs that healthy blueprint for the cells to be healthy.

So, it’s just this other flip on the script, right? That many people don’t always think about that a lot of our health or our disease actually originates in our energetic body and our etheric body. If people’s heads are kind of spinning about all these terms, I’m sure you’ve seen in the bookstore or Amazon, wherever. There is this energetic anatomy coloring book that I actually purchased a long time ago. And it was really fun because it has the meridians, the Nadis, and the chakras.

So, if you really want to get to know this part of our anatomy, I feel like that’s a really fun exercise to go through.

**Hillary:** Yeah, that’s amazing. And to know too when somethings not moving. So, it’s like in yogic science, that is why we do Pranayama, meditation, mantra, postures, relaxation, to get Chrono life force energy flowing through the whole body. The energetic body, the physical body, the emotional body, the mental body.

And then in other forms too. For example, the Chinese medicine and even acupuncture. It’s like, okay so chi is blocked. Chi is not moving in the right direction. So, you have a headache. It’s all up and it needs to disseminate. So, then they place on these certain points to get that energy, that chi moving and flowing.

There are so many different ways that we can access it, which is so amazing. But when the energy is in flow, which is our natural state of being. Then the physical body has the ability to really repair itself.

**Christine:** Hilary, so you train other healers, yoga teachers, and your trainer in my understanding. What have been some of the simplest tools for if people are listening and they want to get started or experience interacting with their Kundalini or interacting with this part of their body. Where would one start?

**Hillary:** That’s such a great question. So, what I’ve really found, and one of the things I’ve been teaching the longest is Kundalini Yoga. If you want, I can even guide everyone through a couple minute meditation too. There are over 4,000 teachings. And you can even Google and you can find them for free. Like Kundalini Meditation for anxiety. Kundalini Meditation for stress. For hormonal imbalances, too much energy, for not enough energy, or adrenal fatigue. And there’s so many powerful
breathing exercises, simple meditations, and sometimes simple mantras that within like three to five minutes you can have a powerful shift in your energies.

So, it's a big part of what I teach in all of my trainings, yoga teacher training, and everything else that I do. And it's such a powerful system because there's literally a teaching for everything. And it's accessible for these modern day times. Not everyone, if you have kids and a full time job, can you meditate for an hour every morning and every evening. Some can. But for some people it's not accessible. So, finding something you can do and sometimes some of these practices, one to three minutes and you feel your energy shift. You feel that return to your nature state of being.

Christine: And there's so many opportunities throughout the day to become disconnected from our physical bodies. And not grounded, right? And so, I think that would be really fun if you're up for it. If you had like a one minute kind of example, you know, if anyone's listening. If you are driving, please do not do this while you are driving. But I think it would be really fun just to bring these ideas to life in an exercise. If you'd like to do that.

Hillary: I'd love that. So, this one I teach all the time. And it's one of the teachers that I teach offer this all the time to because it's so powerful. It's called the Tova meditation to balance beyond stress and duality. Which I find is one of the most important meditations that I still do all of the time.

The Tattva's are the five elements. And in the meditation, you bring your hands together. So, again you can pause it. If you are not driving and you have the accessible you can do this now. So, all the fingers come to together. And you firmly press this. So, in yogic science a modera is the pressing of the fingers together. Here we are pressing all ten fingers together. So, the process of doing that is stimulating all five elements. And Yogi [Bajan] said that, “When the five elements are in balance, you will have the strength to thrive through these intense times.”

It also incorporates an eight stroke breathe. Which really activates your parasympathetic nervous system. So, what we're going to do is bring the hands to about the level of the heart. So, just like this finger is facing forward, spaced between all the hands. Close your eyes and lengthen your spine. You can sit in a chair, on the couch, on the floor, cross legged, however you feel good.

And then I want you to gently focus at the tip of your nose. So, open your eyes just one tenth, so you can gently gaze towards the tip of your nose. We are going to inhale through the nose in one stroke. Very deep inhale. Inhale even more. And then we're going to exhale in eight equal
strokes through the mouth and pull the navel in on each exhale. Nice job.

I'll guide you through the next one. Deep inhale through the nose. Exhale in eight strokes through rounded lips, pull in your belly on each exhale. One, two, three, four, five, six, seven, eight. Keep going. Inhale through the nose. Exhale. Inhale nose, exhale in eight strokes.

We will do three more. Deep inhale through the nose. Count on your own, eight stroke exhale. Last one, deep inhale through the nose. Exhale in eight strokes through the mouth. One, two, three, four, five, six, seven, eight. And then inhale deeply. Close your eyes. And shake out your hands. Shake it out. Feel like you are shaking all of the stress away. Letting it go.

And then for a moment, place your hands on your heart center and tune into the largest energy field in your body. While also focusing on your brow point, knowing that the eight stroke breathe causing the pituitary gland to secrete activating your intuitive conscious. Feel into your heart knowing that the energy of love is the number protector. And then feel into your wisdom that you are bringing all of this information into wisdom, deep inhale. And exhale. And gently open your eyes.

Christine: Thank you. I did that along with you. And now my body immediately feels relaxed. I feel more grounded, lighter, you know it's an immediate effect, right? So, that was really powerful for me.

I hope that if you didn't try this, please get to a place where you can in a quiet space and try this. But this gives your body an immediate effect and that's what is so powerful about these simple practices. But really effective.

Hillary: Yes. And we need them in this day in age. We all need to be practicing something to ground us into that energy. And you can find this online too, it's called the Tattva meditation for balancing beyond stress and duality. And you can find a PDF of it and keep practicing it on your own too because any time we are feeling the pressure of the times, that's when we need to activate the power of the breath and the power of love. Then we are able to see more clearly.

Christine: It's such an important piece because I think when we're all probably, you know, in touch with everything that we are in touch with. We can get into a negative thought pattern or see the glass half empty rather than half full and just be in this worry and anxiety state.

And I think this is a really powerful place to shift that. And you know, we need to meet these challenging times and the state of compassion, love, relaxation rather than matching it with the force of anxiety and
stress. I think that's a really important point. And sometimes, probably overlooked.

Hillary: It's actually one of the sutras of the Aquarian age that you just shared too. Which is understand the times through compassion or you will misunderstand the time. So, when we don't see and live from compassion, then we are in that energy of misunderstanding. And to also recognize that the other person is you and that we're all having this experience together.

And we want to rise up together. It's a combination in these times that we in. But know that every time we are in challenging times, challenge always comes with equal support and opportunity. But it's just such an important time to allow yourself that support.

I was thinking about the challenge of the times of all the EMFs and Wi-Fi. Then maybe hundreds of years ago living in the jungle and it's like tigers or bears. You have to take certain precautions to hopefully not be eaten by a tiger or a bear. And then we take certain precautions in this day in age too. Working with the breath. Working with mantras. One of the ones that I do every day, when it's accessible, because I do live in Toronto.

So, it can be quite cold here. I stand for 20 minutes with my feet on the grass bare feet grounding. It just makes such a huge difference. So, as much as we're connecting into information and technology, really the main energy access points that we have are mother earth and the father sun. These are the energies that you want to be connecting to.

So, as much as you can getting out into nature and plugging into the biggest electromagnetic energy field, we had access to, which mother earth. And then receiving the light of father son, it just makes such a huge, huge difference. And then you are able to be in the office or things like that too. But it's just like in this day in age, we have to take certain precautions. Use the orgonites, wearable technology, phone cases, maybe for some people unplugging your Wi-Fi before you go to bed, doing two minutes of the breath we just did before bed, things like this can make a really big difference.

Christine: Yeah. So, many great points, Hillary. And the thing that I love about all of these is that in this there is a lot of exciting technologies. And with the field of biohacking, there's all sorts of different gadgets and tools. But you don't have to go that route.

If you can connect with your feet in the ground, in the dirt, or getting outside in the fresh air, in the sun which we all have access too. And then breathwork. Michael McAvoy, who's on the Summit, he talked a lot about breathwork and obviously we did that exercise today. But we all
have access to our breath and into nature. And that's one of the most healing forces that we can connect with.

**Hillary:** Absolutely.

**Christine:** So, Hillary, is there anything else on your mind or anything else that you want to just equip our listeners with? With knowing about the age of Aquarius that we are in. And your work probably on the front lines of doing yogic training? Just seeing people on a regular basis, is there anything else that is your heart or your mind that you want to share with us?

**Hillary:** Thanks for asking. I would love to share that now more than ever self-care is so important. So, find what works for you to take care of your energy. Maybe some, it's like a salt bath once a week. And maybe others it is meditating, breathwork, burnings sage, Palo Santos smudging. Find the things that work for you and do them every day. And be aware in this age of Aquarius, it is the age of awareness. Again, we are bringing information into wisdom.

So, when you notice, since I went grocery shopping, had to go to the drug store, do this, and that after work, and you get home feeling a certain way. Don't immediately just turn on Netflix. Of course, you could still watch your Netflix. But do something to reset your energy because self-care is the way. It is the cornerstone to health, to spiritual evolution, to all that we are looking for.

So, finding the things. There's going to be so many on this Summit. Whether it's a gadget, a breath, a mantra, grounding, connecting to the earth. Find the things that work for you and see if you can do three simple things every day. Even if before you step into the office, I'm only giving and receiving the purest, highest vibrations of life. Or when you get home and you feel really tired and drained, take an Epson salt bath, a sea salt bath. There are so many ways you can care for your energy simply.

And there's no way around it in this day in age. Like you have to do it for yourself because if you don't it is just leading towards a path of unhealth, physically and mentally. We have to keep this strong energetic connection to source to mother earth to ourselves. And focusing on that, will really bring you forward in such a beautiful way.

**Christine:** Thank you for sharing that, Hillary. That's beautiful. And really accessible to everyone who's listening. So, I think those are really great tips. I've really enjoyed this conversation and the exercise that you shared with us. And I know that you are doing such beautiful work in the world.
And so, where can people find out more about you and your trainings? Can you share your websites and how people can find out more about you?

**Hillary:** Of course. So, my website is HillaryFaye.com. And I have many great things. I run yoga teacher trainings, energy healing trainings, and I've also recently put out this offer of a very affordable and accessible ultimate self-care kit. Where you learn energy clearing, grounding, guided meditations for stress reduction and so much more. I think you get like eighteen things in it. And I think it's a really beautiful package for energetic self-care and physical self-care too. So, I love hearing from anyone, if you ever have any questions. You can definitely reach out and send me a message on my website.

**Christine:** Thank you for that. I'm going to check all of that out. And I think those are wonderful resources for everyone out there. And again, I so appreciate your time today and getting to know you. And I appreciate you being on the Summit.

**Hillary:** Thank you so much. I’m so grateful.
Dr. Klinghardt: I’m interviewing Dr. Joseph Mercola, who is an old acquaintance and has been on the path together with just a few of us. And he’s all the way ahead of the crowd and the group. And so Joe, you are -- I hope I’m okay calling you Joe like you --

Dr. Mercola: Sure, of course.

Dr. Klinghardt: And the thing that I’m realizing is that you are in contact with practitioners on maybe high levels throughout the world really. And you have access to information that a few of us have access to. And so today, we wanted to just hear what you are excited about in the arena of energy medicine that includes a sauna, the light therapies, the frequency therapies, the oral ring, the heart rate variability, anything sort of that, you could think about that recently in the last year or so you’ve been excited about, and things that we can sort of follow up and look down the same direction. You know, most of us practitioners are stuck on the level of biochemistry because we are being bombarded on that level. And share very little reliable information on these other levels.

Dr. Mercola: And I’m a physician with quite a bit of clinical experience, and have this platform that allows me to connect with many other clinicians and researchers. Basically I’m an investigative journalist now who is also a physician. So it gives me an interesting perspective. And I’m grateful to you for helping me understand the influence of the EMFs has on our health. And just now I’m finishing up a draft about four weeks away of my new book, about EMFs that will be out probably in the winter.

Dr. Klinghardt: We’re all waiting urgently.
Dr. Mercola: Yeah. I've got some of the top experts in the world like Magda Havas and Martin Pall, and a number of other great researchers proving it and edit it and give me feedback and comments. So I'm very, very pleased with it so far. But I don't want to be the same story that everyone's been saying, and my books going to come out and go into detail. So I want to give some highlights of what I've learned in that journey. And it is quite a journey.

Dr. Klinghardt: Super.

Dr. Mercola: So I am passionate about living 220. And that's the maximum backed biological age and the benefit of doing that is that you have to up regulate just about every possible system to keep you healthy. And the benefit of that is that you essentially immunize yourself against almost every disease and separate trauma.

So one of the things I learned in my study of the EMFs was that there's really little difference even though the wireless industry will claim that there isn't between ionizing radiation or X-rays, gamma rays, neutrons from Fukushima, or radium; that between that radiation and the DNA damage it causes and that damage to DNA from non ionizing radiation, essentially, they're both result from excessive free radical formation. In the case of ionizing radiation, there's enough energy in there to actually cause hydroxyl free radicals liberated to knock off an electron from water that happens to be right in the nucleus.

Usually, hydroxyl radicals don't penetrate the nucleus they're generated the mitochondria and they can only travel like the distance of a protein so they never make it to the nucleus, but they do with ionizing radiation. With EMFs, they actually create this destructive molecule that most of us in medicine have never heard of; is Peroxynitrite, because it was just discovered not that long ago.

And this Peroxynitrite spins off a carbonate free radical, which just is about as pernicious as hydroxyl. And actually it does able to make it through the nucleus because of the concentration gradients. So essentially it causes the same damage. What does it damage, is break single and double stranded DNA. As a result of those breaks -- thank God we have a system that can repair it.

And there's a matrix that's laid out of ribose polymers, and there's an enzyme called PARP, which is an acronym for Poly-ADP ribose polymerase. And for every break you have, this enzyme has the capacity to repair it. Latest matrix of ribose polymers and then the DNA repair enzymes come in and fix it essentially.

Here's the kicker, though. And it ties into anti aging, because every time you have a break, that PARP is going to suck out ADP molecule from 150
molecules of NAD, because ADP is actually part of NAD. So you're losing 150 and 80 molecules for every DNA break. So the last thing you want to do because there's just a lot of -- do I go into what NAD is, so people know?

Dr. Klinghardt: Yes, please do. And maybe quickly how it relates to niacin also, because --

Dr. Mercola: Oh, yeah. Well, that's a whole other story. And we talked about remediating NAD levels. And I'm very excited about this. Because you know, I've got information to share because I've been able to. One of my neighbors it turns out he lives in the state of Florida, not too far from me, is actually one of the leading NAD clinical researchers in the world. And he actually measures NAD levels, which is extraordinary hard to do, you need a mass spec and you've got a very specific protocols to do it. But we're actually figuring out the best strategies to augment or increase your NAD levels. But anyway, let me continue. NAD is one of the most important bio molecules in your body. Absolutely without you'll be dead in about 10 to 15 seconds. It's a co enzyme. That means it essentially works with it, it doesn't use that molecule up.

So it's common, about 700 reactions in the body. But anyway, one of those reactions is PARP which is the largest consumer of NAD, is the main reason why your levels get low. And when you're younger, 20s 30s 40s it's not an issue. It's just like smoking, you can smoke as a teenager for 20 years and have no any problems, maybe have a doses. But you know, 30 40, 50 years down the road, you're going to have problems. So same thing with this. Your physiology is so robust that you can really suffer a lot of damage and recover from quite readily when you're young. But after 40 and 50, you NAD level start to decline and when you accelerate this decline by regular exposure to EMFs. I mean, it's a major problem.

And James Clement, who's the researcher, friend of mine published an article earlier this year. One of the first one is done, actually maybe was the first; showing quantitative decline in NAD levels, which may be about 40 to 50. And I forget the units, there are micro molars per ml or deciliter in the plasma, but it decreases to less than one when you're 80 years old.

And when it's so low, you almost can't help but die because you don't have the metabolic capacity to recover from all these essential biochemical reactions to have to be run. So it is no surprise that people drop with it when their NAD levels get low. So that is probably one of the biggest pieces of information in the book I wrote. You know, I go really deep into much more details and really seek to help people understand molecular biology so that they can have an understanding.
There is solid science behind this. This is not some airy fairy tale that we're making up to justify our concern about EMFs. This is real science. And I attempt to simplify it enough so people can understand it. And there's about 700-800 references in the book.

**Dr. Klinghardt:** Let me interrupt you for a moment. Of course now the people listening any of this want to know. Okay, can we bring the levels of NAD up by taking NAD? And if so --

**Dr. Mercola:** Yes. Well, if we had this conversation last year, I would have said no. And I was very skeptical of NAD, has been used -- you know, when the first reported trial of intravenous NAD was published? I just found this out recently, a few weeks ago. 1961. It's been used almost 60 years clinically. So it's been around the block for a long time, was discovered in the late 1800s, I think in 1894 by Arthur Harden.

And then really Otto Warburg who was pretty famous in our circles for the cancer metabolism and Warburg effect that he discovered, also did a lot of research on NAD. But essentially, I did not think IV NAD works because there was no published transporter that I was aware of. It's a very big molecule, is charged, and how is it going to go from the plasma into the cells?

Well, turns out -- James Clement is the one that showed me this. So there has been published studies that show that there's an intracellular transporters called connexin43, that takes the NAD molecule from the plasma and puts it into the cell where you need it, that exists. So I'm a big fan of NAD, and prior to that, I thought the only way to do it was with NAD precursors. And there are two types of precursors. There's the salvage pathway precursors, essentially is niacin and niacinamide. And you don't want to consider niacinamide, because it actually in larger doses, is a negative feedback loop on the sirtuins.

Sirtuins are longevity proteins that your body makes. And they need NAD to run. And when they have high levels of niacinamide in the blood, they actually it's a negative feedback inhibitor of sirtuins. So no niacinamide. Niacin work and still take about 25 to 50 milligrams a day, twice a day because the half life of NAD is about 12 hours. And the big precursor out there now is Nicotinamide-riboside. Nicotine which is NR and Nicotinamide nucleotide which is in NMN.

So they're kind of pricey if you're going to do a therapeutic dose, which is usually a few hundred milligrams twice a day. It's about $100 a month, somewhere in that ballpark, maybe a little less little more depending where you buy it and how you buy it. So that's still kind of pricey. But then I realized that the best way -- and we're going to document this, because, Dietrich, there are no published studies.
No one is really measuring this in humans, because the assay is so hard. You can't draw your blood, get it to Lab, go and sit back, you're going to get NAD level. You need a mass spec and you'd like $10,000 worth of research to do the testing. It's a complex process. There are really only a few research labs in the world that do it.

So Clement, my friend, is actually trained with the top Energy Research in the world, which is nitty gritty, out of New South Wales in Australia. So anyway, we actually found some really high quality NAD for like a fraction of what they're charging in the US. And you need to validate the purity and the fact that it's real. So we just order that today this morning, actually.

**Dr. Klinghardt:** So this will be oral NAD?

**Dr. Mercola:** Yeah. So the key thing is you get the NAD, and it's relatively unstable. Wayne has purchased mostly for IVs. Usually NAD is a parenteral medicine. You can't swallow it because it just won't work. So it's usually given IV, you can use Sub-Q as you trans dermaly through these electrolyte patches, which is probably the most effective way now and most cost effective way.

Probably you can get 400 milligrams through a patch, electrolyte patch that has to be prescribed. Archway pharmaceutical is the major compounding pharmacy for it throughout New Orleans. And that is about $100 for six patches and a patch less about a week. So it's less expensive than NR really. And we know that works that will increase your NAD levels.

And it's a lot easier because you only need it like once a week. But ideally would be nice to have this NAD and we're getting in a lyophilized form. So it's freeze dried and powdered, and it's very stable in that form. I could actually last four years just on the shelf, not even in the fridge.

So I just sorted about 100 grams today, we're going to do some testing on it for purity and assay. And if it works, then we'll start doing some clinical testing. So the question is how do you use it? We're hoping, and actually I'm working with Chris on this that we can put it into liposomes; nanomolar liposomes.

So that is the hope and I think we can do it. And in that case you can swallow it, actually be oral. If that doesn't work, it might be a sublingual spray with liposomes. We can use potentially transrectal suppositories, is another route because it's trans mucosal.

And there's little to no doubt in my mind. I understand could be wrong, but I doubt it. Augmenting NAD levels to physiological levels of a healthy young adult is really one of the critical keys of the equation to keep
yourself healthy to where it's wanted. After that all bets are off you really need a radical intervention because a bridge that essentially does say the reprogramming.

And you know, the tools are just around the corner. I'm telling you I know some of these researchers are doing that, there's unpublished trials. But the tool to actually extending life beyond 120 is literally not too far away. So that's the reason why it's so important to stay healthy, now do everything. And this NAD is not a magic bullet, as you know. I mean, that is on a foundation of healthy foods, sleep, exercise, exposure to sun, avoiding EMF. I mean, it's absolutely not a magic bullet, but it's the next step after you're doing everything.

**Dr. Klinghardt:** So basically, what we've learned here, this is just for the listeners is that with the ever-increasing exposure to Wi Fi and radio waves and other forms of electricity, we can hope for some internal protection by going to NAD pathway. And you are the pioneer and actually developing a product that's actually doable for normal people.

**Dr. Mercola:** Yeah. And you know, inexpensive is our goal.

**Dr. Klinghardt:** Because the intravenous thing, I'm always pooh poohing little bit the concierge medicine. You're aware it's only available to wealthy people and we want for everybody.

**Dr. Mercola:** The cost is about $1,000 for an IV bag and that's just ridiculous. My goal is to keep it well under hundred dollars per month. So that's the goal. I think we'll be successful with it.

**Dr. Klinghardt:** So one of the things is just to share that with you and we'll be exploring right now with publishing of the most potent antidote for peroxynitrite and our system is melatonin.

**Dr. Mercola:** Interesting. If you do heavy doses like 30 milligrams, right?

**Dr. Klinghardt:** No, like 200 or 400. But it's given transdermally or rectally. You can do this orally, it's another way. But this is more like repairing the damage, but you're talking about really like is protecting from the damage which is all other animal that should come first, we should protect against the damage and then think of the repair.

**Dr. Mercola:** Yeah, it's similar to another product I promoted in Dr. Oz and was literally sold out over the entire country the next day. It was Astaxanthin which is a very powerful carotenoid that protects you against another type of radiation which is UV radiation from the sun. So it can actually decrease your risk of sun burn but not eliminate it, just decrease your exposure time.
Dr. Klinghardt: Joe, since you've been preparing this material, what are the things that people can do at home to protect themselves from Wi Fi, what would absolutely? Give us maybe four or five approach.

Dr. Mercola: The basics you know, you should not have Wi Fi inside your house, is like putting a cell phone tower in your house. Why would you do that? The minimum you could do is turning it off at night but I think that is really kind of a lame excuse. I mean, just need to get rid of it. Make the commitment, spend the money. If you're renting, you could buy Ethernet cable.

And you don't have to put it inside the walls, you can just run it on the floorboards and stuff and it works. And then just have to connect the wires where you need it. Any notebook you can essentially by an Ethernet Adapter, because most notebooks I know they used in the old days and it real thick ones. But now they don't have any Ethernet port, so you have USB C, USB A, thunderbolt, Ethernet Connector Adapter and that works. Turn off your cell phone, get a landline.

And I don't mean a regular landline from your cable company, because the day you turn it on, you're going to have spam phone calls, telemarketers. So avoid voiceover IP that's on your phone, on your computer and your computer is connected to the internet by an Ethernet wire not by wireless.

So this way you have that out all the time and that's your phone. That's what I do and I think you just don't want any wireless stuff inside your home. So for your bedroom is the most important. Two things you can do is turn off the electricity at night which you've advocated.

And I met this guy last year at Paleo F(x), he's a really smart electrician; electrical engineer. And he has developed a company called EMF killswitch.com. EMF kill switch, very easy. Have you heard of it? But they really had the best one out there, it's much better than the geo vitals, but half the price and UL approved. So that can knock off the electricity in your bedroom. The other thing you can do; there's the best paint -- you know, he was just in my house this week is Brian Hoyer. Are familiar with Brian?

Dr. Klinghardt: Yes.

Dr. Mercola: I love Brian. I think he's one of the brightest remediers out there. He really knows his stuff. He's totally committed to the truth. He love solving puzzles and really just pushes the envelope. He spent about the whole day last week in my house and trying to find a lot of things that I wasn't aware of. So he turned me on. And his site is Shielded Healing. But if you just type in his name, I think it's Shielded Healing, you'll find a site. And he has the Shielded Healing or the
YSHIELD paint, which is about half the price of the Geovital paint which I wound up using last year.

So you paint your bedroom. And that means all the walls, all the ceilings, and ideally the floor, window frames. And then maybe probably need some shielding over your windows because glass is completely transparent to radio frequencies. And then you have to sleep under a canopy, and I know you're a fan of the canopies, but we got a better alternative.

You're going to love this. After three years we finally found a prototype. You know we tried to develop internally it failed miserably for three years. So the guy that was in charge of it, just left or got fired or both. And so I took over the project and I said, “Listen, I'm not going to reinvent the wheel. We're going to purchase a pre made tent that folds and collapses on Amazon.” And that's what we did. And it wasn't an expensive and all. They showed us how to do it. I mean, it is beautiful, beautiful tent. It just literally weighs a pound or two. It easily folds up, you can travel with it so simply. And then we're going to make it ourselves, of course, because we're going to have this very effective shielding cloth that you can ground. And the beautiful thing about it it'll be a complete Faraday bag. So it's completely enclosed in the shielding cloth, but the beautiful thing because it can be grounded. We can have grounding pairs on each end you plugged into the wall.

So not only do you shield yourself from the radio frequencies, the Wi Fi is almost always present hotels, but also the electrical fields. Because you have a grounded Faraday cage so the electrical fields can't get in there. The only thing it doesn't shield against is magnetic fields, which typically aren't an issue but you can measure them and move your bed around sleeping area. You can essentially get off three of them.

Our goal is to keep it under 500 you know, maybe even closer to 300 but it should be out by the time I book -- I mean we are going to be ahead of this. It's in China now really being put together where we got the fabric being made for us and then refining the design of the tent. And we're going to try it because we have got a good QA team. It's not like something you're going to swallow or eat, you know. We test everything before we have it. But we can lower the price quite dramatically and offer inexpensively to people. So I'm really, really excited about it and for myself too.

**Dr. Klinghardt:** Fantastic. Any few words about the 5G?

**Dr. Mercola:** 5G? Well, I don't know that it's going to be a lot different inside your home. I think from what I understand, there's certainly going to be a lot more towers because you need a narrowly focused radiation. But it's only on focus at your home when you're communicating with it.
So if you don't have a 5G device communicating with, it probably won't hit your home.

And all the suggestions I mentioned previously, literally there's hundreds of them in my new book. Because I've had not only Brian Hoyer, but Aaron Miller, who's in the building biology community was probably the top remediator, carefully review and make recommendations. So there are hundreds of recommendations in there. So those will work. In fact, Aaron was kind enough to write a lot of the 5G remediation. And a lot I'm sure are from his insights, but it's not an issue so much really when you're not walking.

So if you're in public, it's an issue. No question. That's probably the biggest danger because it's all over. It's not going to be in your home so much. But the public is going to be worse and worse and worse when you go out in the public. This is one of the reasons why I pretty much stay home. I've not left my home for two months now. Yes.

**Dr. Klinghardt:** So before we move on to another subject, any few words about the smart meters?

**Dr. Mercola:** Oh, smart meters, nothing's changed there. I mean, the key thing is -- I believe that you can relatively easily remediate them by putting shielding around them. But ideally, I pay what I call the extortion fee, because it's not legal. It's kind of complete extortion. They should not have -- they don't have a legal ability to charge you do not have a smart meter, but that's what they do. In my case, I pay about $25 a month, the extortion fee. I'm happy to pay it, not really.

But I'm glad. I'd rather pay that than shield a smart meter. So but in some cases, you don't have a choice and just shield it. You know, than pay onetime fee. If you're renting or something, you're obviously not going to be able to do that. So there are a number of different sites like less EMF and other sites. I think it's in my book. I don't remember the specific.

**Dr. Klinghardt:** No, good. Thank you, Joe. Going to the other theme, instruments that you suggest everybody should have, including the infrared light sauna.

**Dr. Mercola:** Well, that's a good one. Let me start with EMFs because I think everyone should have a decent magnetic field measure. And the TriField has been around for a long time. They got new one, it's called TF2, which does a little better at radio frequency and electric measurements, not a heck of a lot, but it's pretty good for measuring magnetic fields. There are others that do that, but these meters are typically under $200.
So you need to measure that. You should be able to identify electromagnetic radiation, really dangerous. But they typically don't change much, you know, I have to do it once. It's not like you have to go around every week finding these magnetic fields, but you're in a new location, so you want to check out. And then you get an inexpensive radio frequency meter. It will open your eyes.

The reason why these EMFs are so dangerous and you know as well, is because they're invisible. You can't see them. We hear them, we can't feel them. Now that's not true for some people who are very sick and electromagnetically hypersensitive, but for most of us they're invisible. So you have to make it visible with a meter, meters do that really well.

I actually still use the one that Magda Havas recommended the day that I became enlightened at your event, which was the Acousticom 2. Like, because it's an acoustic meter, it gives you actually audio signal. It's inexpensive, it's less than the size of a pack of cigarettes. It's easy to carry around, you put in your pocket. And you know, I basically use it all the time because radio frequencies vary. And you never know when someone is putting a new radio frequency in your path.

So I think those are the two. And you can remediate your whole home pretty effectively, do a good job. You're not going to do Brian Hoyer type of job, but you'll get a lot of it out and most of the big stuff. And then the magnetic field meter is really good. Because if you search really carefully on -- and TriField is nice too, because it's tri-axle. So it measures all three planes at the same time, and a lot of the meters don't. So that's a big issue.

The reason you want to measure magnetic fields is, there's a fair number of homes that are built, and maybe expensive homes too, that have wiring errors. And when you have a wiring error you have a really bad magnetic field, you can measure it. And the problem is if you have a wiring error like that, and you plug in a stetzer filter to get rid of dirty electricity, it will make it worse. And Dave agrees with us, and it's electrician mistake, but still you can't remediate unless you fix that. So it'll help you find those too.

And stetzer filters are good. Brian has some that I used -- I actually put two and is the perfect power. It's a filter that goes at your circuit breaker. So you've got right there and it really reduces the dirty electricity coming into your home but you still need a few other filters to mitigate against the other sources of dirty electricity that's created in your home.

Other favorite devices? Oh, you'll like this. Oh, man, this may be my favorite but kind of impractical for most people. Next week, I get my hard-shell hyperbaric oxygen chamber at home, which is like -- so it goes up to like three atmospheres. I'm only going to use it like 175. So I think
that is like a miracle for people. If somebody's doing everything else, especially from traumatic brain injuries. It's really important anti aging strategy too.

Dr. Klinghardt: I know Michael Jackson used to do that.

Dr. Mercola: Yeah, but I think it radically decreases inflammation. Increases stem cells, it just like makes them explode, which is great.

Dr. Klinghardt: Do you have a good source of that that people can plug into? Do you have to rebuild your home? Like, does your home --

Dr. Mercola: No, no. The harsh one is kind of pricey, close to six figures. But the Sasha will probably get most of the benefit or significantly less. So I'll have links on the site. I just don't know the specific ones right now. But definitely I'm excited about that, and I'm really looking forward to it. But prior to that, my biggest and most favorite by Aqua is the near infrared. So I believe you're a fan of it too.

And there's just hands down, the best one out there is by sauna space and Brian Richards. I was trying to get him the exhibit for last one, but for some reason, you know that wouldn't let him in.

Dr. Klinghardt: It's called Sauna Space.

Dr. Mercola: Sauna Space, hands down. He's a great guy just totally committed to the truth and really effective. He's a pioneer in this space, he actually went to China and had them make hand-blown stained glass near infrared bulbs. They're the only ones on the planet. It's crazy and you put in the beach, put them side by side, the conventional one you can buy and here's new one. It's like produces almost doubled the amount of near infrared energy. And it's just -- if you look at the ball, it's just such a pleasing, better color than a traditional one.

Dr. Klinghardt: And this looks like a typical sauna or?

Dr. Mercola: No, that's the bulb and there are four bulbs in the side. And each bulb is 250 watts. So it's one kilowatt of power, it still only requires 120 volt connection. And the Sauna looks quite different than a traditional Sauna, which is typically made out of wood. This one's made a cloth. So it's a tent and you sit on a stool in the middle of this tent. And the heat lamps are four of them in the diamond shape on one wall and you kind of rotate around.

And unlike a conventional far infrared sauna, which you have to preheat for about 30 minutes to high degree because you're heated by convection, this actually penetrates. The far infrared people tell you
that it penetrates, but it doesn’t. Far for it only go a few millimeters. But the near infrared as you told me with the Jews and I used to use a Jew, but you know don’t use it now because LED and there’s flicker to it. It’s got some magnetic fields. It’s not analog, you know. So I really liked the near infrared sauna because is a full spectrum, you’re getting 600 nanometers to 1200 nanometers, heat you up literally in minutes. I am sweating vigorously within five minutes and I go on and just turn it off. So there’s no wasted energy heating it up.

**Dr. Klinghardt:** Is it affordable for most people?

**Dr. Mercola:** Well, it is kind of pricey if you go for the best version, which is the no EMFs. There are absolutely no radio frequencies, there are no magnetic frequencies unlike some many traditional saunas that advertisers say no EMF. The only thing they don’t have the EMF on is magnetic fields. They certainly like none of them are blocking the radio frequency field. So you go in there on acousticom and it’ll keep going off the roof, unless in your bedroom that is shielded. But that usually isn’t the case.

And then there are electric fields that are shielded, since everything’s grounded. It’s really a Faraday cage. So that’s a $5,000. Or you can just get the bulbs on a backing and put it in your existing sauna. And I think it’s like 2,000 or maybe is less, somewhere in that range. And so that’s more affordable, or you can make your own enclosure. You’ve just got to be careful of the types of materials you use.

**Dr. Klinghardt:** Okay. Thank you very much. I think very, very valuable for most people that listen to this. So give us one more device, one more before we end, like one more close from what you --

**Dr. Mercola:** Oh my gosh. I am writing this in my new book that comes out in 2021. The generic term is called blood flow restriction training. Have you heard that before?

**Dr. Klinghardt:** No, never.

**Dr. Mercola:** Oh my gosh. Dietrich, you know, I've been a passionate student of exercise for 50 years, right? You know me. As long as you know I've been passionate about exercise. I have never seen any better innovation in exercise. I'm so sad that I did not understand this, because it's been around for 50 years, mostly in Japan. It's called kaatsu. And, unlike strength resistance training, where you have to really go like 80% of your one max rep. So say you can deadlift 400 pounds, where you got to deadlift 350 to get the benefit, 360 somewhere around there.

So with this, you go to 20 to 40%. So much less, is really hard to get hurt, but because you have a constriction on either your arms or your legs, it
actually gives a relatively hypoxic environment and you increase lactic acid locally. The lactic acid goes into your system, it actually penetrate into your brain, goes through the blood-brain barrier and does a lot of good things there, increases cognition.

But it also increases things like growth hormone, and also radically increases vascular in your body like vascular growth and the delio factor. And you get massive muscle increase in size and your muscles like almost double in sizes. You know, it's still a little hard work because you -- instead of doing -- you're doing a lot less weight but you do a lot of rest.

So like for biceps curls, if you can bicep 50 pounds, you would do half of that, 20 or 25 pounds. And you do like 30 reps until you get that burn and you rest for 30 seconds. And you do another 20 until you -- So you do three sets and takes only about 15 minutes. You only do a few times a week, but it is just incredible. It inhibits Myostatin. Have you ever seen the myostatin inhibited mice, or cattle?

**Dr. Klinghardt:** No.

**Dr. Mercola:** You just type that on Google and the images and you’ll see these massive like bodybuilding mice. Myostatin is the protein that your body makes, inhibits muscle growth. So if you inhibit Myostatin, your muscles grow really big. And that's what this kaatsu do. I mean, it's almost like cheating. It's not good.

**Dr. Klinghardt:** So you basically put like something like a tourniquet around the muscles.

**Dr. Mercola:** Well, is a special type of band. You don't want to restrict all the blood flow. So they have these elastic bands that give and you have to put a specific pressure. So like an arm might be 200 to 300 millimeters of mercury and your legs might be up to 400 millimeters of mercury, but it still allows some blood to go through it. You don't want -- and there are some cautions: the amount of time the bands are on, etc. So you have to follow those, otherwise you could get hurt. But it’s just as the most impressive system. And there are a lot of knockoffs out there, but -- actually the process now writing like a 10-page report of all the science on this, and it’s just absolutely astounding what this approach does.

**Dr. Klinghardt:** And you have a teaching thing on your website that people can then learn this.

**Dr. Mercola:** I will. I'm just writing the review of the literature right now. And there's some really solid science behind it. I only been using it for about two months, but I've never seen anything impact my muscle size as much as this strategy is. It's almost like cheating.
Dr. Klinghardt: Okay, can you show us your biceps briefly.

Dr. Mercola: I could. Take my shirt off. I don't have a shirt. So we'll go.

Dr. Klinghardt: I look at -- you can even get your shirt up over the muscle.

Dr. Mercola: I know. Well, I don't know if that's anything but it's...

Dr. Klinghardt: Oh, yeah.

Dr. Mercola: You can see it more when you do the exercise, because -- it also increases nitric oxide. It's an incredible strategy and it's amazing.

Dr. Klinghardt: Well, how did you learn it?

Dr. Mercola: I've known about it for a while, but I didn't want to pay the extra money to get the unit, but then I was that bulletproof and finally met people and understood it. It's really helpful. So I learned a lot of stuff. I don't know your opinion on Dave Asprey, but he puts together a lot of good people as a bad. And was one of the keynote speakers at the show that's done a lot of good presentation. Capital is one of the highlights of it for me because I finally got and really understood it and realize how important it was.

Dr. Klinghardt: Because you are the teacher of the whole nation, though, regarding --

Dr. Mercola: I'm doing it selfishly for myself, you know. I mean, I want to get this healthy as I can. And I'm one of my skill sets that I've acquired over the years is the ability to translate it and teach it to others. So I'm happy to do that. But the primary motivation is I want to learn how to be healthy. So I'm a perpetual student and I just can't stop reading.

Dr. Klinghardt: But I think that's what people appreciate about you; that you use your body as your own laboratory. And anything that comes out of that laboratory is unfalsified, honest data. You know, that are not linked to any corporation that's trying to push you this way or that way. And so I think that's what we all appreciate about you than anything you ever come up with.

You had carefully reflected and research, and then when comes out through your website, it has been -- I mean, you've been leading the whole country here, and I know you're aware of that. You have gained certain position in the country as the master educator, and it's something we all as your old friends appreciate. You know, just through your intelligence and your diligence, you moved in that position and you've really changed the country, and the country needs changing.
Dr. Mercola: Yeah. We've got a lot of things going on. And you know, we need inexpensive strategies and fortunately, they do exist, you know, kind of said about the EMFs. But I think if you optimize your health and you get your NAD levels up to the rage of a healthy young adult, and you minimize, and you keep a healthy home environment not sort of an EMF sanctuary. I'm relatively convinced it may even be more medically beneficial to be occasionally exposed to that.

So you're going to be healthier from the exposure to 5G and stuff, but as long as it's only intermittent and not regular. So, and you're healthy, that you have basic healthy physiology that can medically respond to those type of stressors. You know the NAD is depleted and your other biology is in the dirt and you know, it's going to make it worse for sure.

Dr. Klinghardt: Joe, I thank of very, very much.

Dr. Mercola: You're welcome.

Dr. Klinghardt: I'll meet you in person anytime soon.
Christine: Welcome, everyone. I'm here with Lynne McTaggart, and we're going to be talking about the power of eight. Lynne McTaggart is one of the central voices in the New Consciousness Movement. She is the award winning author of seven books, including worldwide bestsellers, *The Field, The Intention Experiment, The Bond*, and her latest, *The Power of Eight*. She also serves as the Editorial Director of *What Doctors Don't Tell You*, one of the world’s most highly praised health publications. Welcome, Lynn, I’m so excited to interview you, and I really appreciate you being on the summit.

Lynn: Great, I'm very thrilled to be here.

Christine: I think your work is so aligned in the conversation that Dr. Klinghardt and I really want to have on the summit. Many of my patients have brought your books to me and it's just this knowledge and this information that can really empower people. Especially people who have been suffering and struggling with a chronic illness. I think a lot of your work gives hope, gives this whole other way for us to really interact with our bodies and our environment, and really the power of intention. So I'm excited to have this conversation.

Lynn: Great, thank you.

Christine: So you have the book, The Intention Experiment, and it inspired thousands across the globe to participate in really, a worldwide healing project. And then you move to really a small group of eight. So, can you talk about what made you really try the results you were seeing in this worldwide experiment you can focus in a small group and what you saw?

Lynn: You know, it was just a punt, as they say over here. We were thinking about doing some workshops, and trying to think about how we could scale down those effects. Because we were seeing pretty amazing
effects with the intention experiment. And we just wondered, “Well, will this work on a small level? And how would we do it?” So we were literally just sitting around one day, talking about our first workshop in Chicago, and I was just kicking around ideas. And I know I said to my husband, Brian, and a few other people in the office, “Maybe I’ll just put people in groups of eight or so and have them send healing intention to a member of the group with a health challenge.”

And my husband’s a great headline writer; he’s a journalist also, and he said to me, “I love it! The power of eight,” and that’s how we got the name basically. We didn’t use it at the time. I mean, we’ve used it subsequently; because it was just something I threw out. When we got into the workshop, I put people in groups of eight or so. We asked them to do just that, nominate somebody in the group with a health challenge and send healing intention to that person. And we expected it to be a feel good effect, you know, like getting a facial or something like that. But that wasn’t what it was at all.

The next day. Essentially, the lame were walking. I mean, we had people come back, gave them the mic and turn, and they said things like this, “My knee has terrible arthritis and I’m walking normally today.” “I have terrible migraines and I don’t today. My head is clear. I usually always have a headache.” “I have bad indigestion and IBS, and my gut feels more normal than it has in years.” “I have depression and it feels lifted,” and on and on, and on. “I have cataracts and they’re 80% better.”

So I was completely stunned by this and didn’t know what to think of it; but kept trying it, really almost as a little experiment. Every time I would speak, I would put people in groups and have them do healing intention. And over and over, and over again, I witnessed miracles. I mean, I was doing a talk a couple of days ago and there was a woman in a wheelchair, who was paralyzed from the neck down. And I swear to you, and it is on video, she stood up and just turned around and talked to everybody. And even her group were stunned. We were all stunned. That was possibly the most amazing one I’ve ever had. But in one group alone, one audience alone, I had a woman due for a knee replacement, who could barely even be on that knee at all. She couldn’t even walk. And she did a big deep squat on one leg right afterward; ended up canceling her surgery and that was it. Another woman had a dislocated arm, it literally slotted back into place. Another woman had eyes who couldn’t focus after a stroke, it focused normally. This is all just one audience.

Somebody else said that her back was in terrible shape. And even though she didn’t believe and was highly skeptical, it also healed her back too; and on and on, and on. And as I say, I did not know what to make of this. I’m a journalist, I’m a fact gatherer, I’m meticulous about research and science, and all of those things; and here I was, drowning in miracles. And to this day, drowning and miracles. So my book, The Power of Eight, was all about trying to figure out why.
Christine: What a wonderful experience that you have on a regular basis, witnessing these miracles. I'm an optimist myself and I have studied a lot of this work, and I see a lot of patients with chronic illness. And I guess what we're all wondering is, what is the formula? So, what kind of intent were you guiding these people through? And then did you really feel like eight is an essential number or have you looked at smaller or larger groups? Or is eight really the number of people that we need to really witness the miracles that you're observing on a regular basis?

Lynn: Well, no, you don't need eight. I mean, we call the book, The Power of Eight, because that little time that we were sitting around, and my husband said, “The power of eight.” It works with five; it works with 12. I think if you get to smaller than five, it's too small a group; it's not a group, and more than 12, it gets to be a little unwieldy. But remember, my big groups were up to 25,000, participating on intention experiments. And we had major effects, not only with the target but with the participants too. But I think that a group, somewhere between five and 12; eight is like a Goldilocks number. It's not too big, it's not small. It's not essential.

Lynn: Now, for telling them what to do... I mean, in my book, The Intention Experiment, I created a program called Powering Up. I spent time with, interviewing and studying a number of intention masters from different disciplines. And while they have certain distinct practices that are simply from their discipline, they also have a lot of commonalities. So I tried to distill those commonalities into a simple program everybody can follow.

So there are basically 13 keys to being a really good intender but I'll just tell you about one. And I certainly teach them over and over in my yearlong master classes. But the real important key is to be specific. A lot of people think, “Oh, I should let the universe decide. I shouldn't be too specific because it will limit me.” I don't agree. That's not my experience. In my experience, that's more like prayer, which is turning yourself over to God and saying, “You decide.” This is with intention, a very specific intention to the universe. This is saying, “I want this to happen.”

So, the more you can be specific, “Our intention is that Jane Doe be immediately healed of all pain in her right, big toe.” That is really an important factor. And I have noticed, in the few intention experiments we've had that haven't worked... we've run 33 to date, 29 have shown measurable positive, mostly significant effects, everything from trying to make seeds grow faster, to purifying water, to lowering violence in war torn areas; to healing someone of post-traumatic stress disorder.

But the few that didn't work, there were one or two with technical issues and there were one or two others where we had a very general intention. Like sending love to the water. It didn't work. When we sent a very specific request for what that water is supposed to do, it worked. And all sending the same intention statement together. So, formulating that intention and then all thinking that and visualizing that
occurring, all together, while you're holding hands.

I've done the whole protocol of how to form and carry out a power of eight group in my book, The Power of Eight, because I want people, as they are doing, to set up power of eight groups around the world. That was why I wrote it, because I want to make really clear about something, the power is not me; it is these groups. I am not the healer, the groups are the healer. We've seen that with people who have sent in videos of what has happened with their little power of eight groups.

We had a guy who wrote from an organization called The Sanctuary, in North of England, and they hold a power big group every Monday. And a woman came along who had fibrosis of the liver because of a genetic problem she'd had since birth. And there was no cure, the doctors just kept monitoring it and said, “Eventually, she's going to need a liver transplant.” She goes one time, one 10 minute session, feels heat through her whole body and extraordinary feelings, things going on, up and down, etc., etc.

Up shot, as measured by scans done by two different consultants, two different doctors, specialists in this field, is that she was completely healed. Now, this is somebody who had this for 20 years. And that we hear all the time. I mean, as I say, there's this woman who stood up the other day, who was paralyzed from the neck down; and stood up and started talking to everybody. And we were all just dumbfounded and I continue to be dumbfounded by it.

Christine: I am sure people are thinking, “How does this work? Isn't healing hard? Doesn't it have to happen over time?” And people who are tied into this model of biochemistry, it's hard to explain. But you've done a lot of work prior to this with your work with the field and studying the body's human energy field. How do you make sense of this with kind of your rational brain? How are you making sense of what's happening?

Lynn: Well, it took me a long time because while I write about these amazing things in cutting edge physics and biology, and we talk about the body as an energy system, and not a collection of electricity and chemicals, it still is hard to get your head around healed in an instant because that's all it was. And as you say, even with the best of energy medicine and ancient disciplines, we all think it needs to have hard work. “You need a sweat lodge, you need years of disciplined practice; you need hours of priming.” And ours, you didn’t.

We did a study and I have been studying this, which is why the first effects I was able to witness and be part of in 2008. And I just released this book in 2017, I took all those years trying to figure out what on earth was going on here. I was also frightened by it. But here's the thing, we did some brain studies on power of eight groups. I wanted to find out, “Okay, what is going on?” And I was lucky in that Life University, the largest chiropractic university in the world and one of the most prestigious, were very interested in power of eight groups. And so they
put their neuroscience department at my disposal.

So we did a series of seven studies, using student volunteers for groups, and putting an EEG cap on one of each of the students, you know, one student in each group. And very quickly, what happened was a signature, a brainwave signature that occurred across all of the groups. And what it was, was an immediate lowering of the parts of the brain that make us feel separate. Particularly the parietal lobes, they sit right back here, and they help us navigate through space. They tell us, “This is me, this is not me.” And they were dialed way down.

But so where the parts of the brain, the right frontal lobes, involved with worry, doubt, and negativity. They were turned way down too. What these were, were the signatures of people in a state of ecstatic oneness. Our neuroscientist, Dr. Stephanie Sullivan, expected we were going to see brainwave measurements that were very similar to meditation. They weren't in any way, they were so different. They were much more like the brainwave signatures that were measured by the University of Pennsylvania, Dr. Andrew Newberg; when he was measuring brainwaves of Buddhist monks during ecstatic prayer and Sufi masters during chanting.

So again, these were people in a state of ecstatic oneness. And we had every single one of those brainwave signatures. We also had among our participants, the reports of a kind of altered state, that as reported by Abraham Maslow, the person who created the hierarchy of needs, he also did a lot of work on peak experiences, toward the end of his life. And he identified a number of characteristics. By peak experiences, he meant the holy instant, as of course, miracles, he calls it or that ecstatic moment; the spiritual orgasm that spiritual practices all attempt to attain. That sense of enlightenment and that moment of enlightenment.

And they are things like big physical changes and energy, a feeling of increased energy, huge visualizations of blinding epiphany of meaning that everything suddenly makes sense. Things like that, and our people had every single one. Also, heightened, heightened senses. People reported over and over, the grass was greener than it ever had been. The flowers smelled sweeter than they ever had done. And a big change in their lives, a decision to move forward to do something radically different. All of that was part of this experience.

But here’s the difference. While they share those characteristics with Sufi masters and Buddhist monks, you know, it takes years of disciplined practice to be a Buddhist monk; it takes hours and priming to get into that chanting state, as a Sufi master. Our students were complete novices, most of them had never even meditated before. And all they had was a 12 minute video from me, explaining the rudiments of how to create a power of eight group.

Nevertheless, they were transmitted and transported into this extraordinary altered peak experience. So there was only one conclusion
to draw. You don’t need sweat lodges. You don’t need Ayahuasca, what you need is a group and a common intention. And it is a fast track to the miraculous.

**Christine:** Well, it clips everything in a peg, doesn't it? When go through what you’re going through and experience what you're going through. I have so many questions for you, Lynn, and one, I guess that's at the top of my mind is, did you have the intent in any way in your journey to seek this out? Because from my perspective, I know you say you’re not part of this; that anybody has access to this, but you’re bringing this information through your lens and your experience. And there's probably something about your field that allowed this to come through and for this to happen. So, I'm just curious about your journey and if you ever set out to do this work or you just kind of found it.

**Lynn:** I absolutely did not set out to do this work. In fact, I ignored it for a long time. I kept saying to my husband, “I didn’t know what's going on here. I need more proof. I need more groups. I need more of this. I need more that. I have to study it this way. I have to look at it that way.” I'm an investigative reporter by background, as to say. So I'm used to not reporting on anything unless I have a couple of sources of evidence. That's a real hard and fast rule with me. So to suddenly be confronted by the ineffable was a big freak-out for me. It was exactly what I didn't want. And yet, all these people were getting healed.

So I think I didn't choose it, it chose me. That was a big question I had for the longest time. “Why me?” Why was this put in my lap of all people? Because this isn't part of my repertoire. I am not a healer, and nor did I ever pretend to be one. And yet, there was this just accidental stumbling onto this modality that may be an ancient modality, but in all of my search to try to figure out why, I looked at it from every angle. I looked at it, was it just a group effect? No, there were other things that happened in groups but not all of this? Was it the intention itself? Well, there's a lot of things that happen with intention; that certainly plays a part, but not everything.

The one thing that was a big piece that made a lot of sense was altruism. That's a huge part of it because people in the personal development field, and those studying the personal development field, are working on themselves all the time. And when I started studying what might be going on here, I started looking at the science of altruism. And I was amazed because people who do things for other people, in any regard, lending a helping hand, they live longer, happier, healthier lives in every regard. Even if they're ill and they help somebody else with the same illness, they're more likely to get better. It was amazing.

And that was borne out by what I saw in my groups. In 2015, after witnessing all of these, I had started teaching intention master classes. But in 2015, I decided, “Okay, I need to study people. I need to have my own little petri dish. I'm going to have a master class but I'm going to hold it for a whole year. And I’m going to monitor everybody, month by
month, by month. Look at their health, their relationships, their career, their life’s purpose; their finances. And see, if they meet regularly, does everything in their life begin to shift?"

And so I did that for a whole year. I started out with 250 people. Of those, 150 continued to meet regularly with their group for the whole year. Of those 150, pretty much everybody had major life transformations. Michel Diem, clinical psychologist, had terrible, near suicidal depression for most of his life. And through his group, he came up with the answer; because I oftentimes tell group members, “Don’t just intend that the person will be healed. Intend that they find the best path to do the healing.” So they did with him and he somehow got the idea that he should go to a Chinese herbalist who determined that one of his liver filtration systems wasn’t working. And as soon as he sorted that, he was completely well,

And we had people with financial problems, down to their last 200 pounds, in the case of somebody over here in the UK, and she suddenly got a windfall for just what she needed. She had worked for Lloyds of London and suddenly gets a letter saying, “You qualify for special funding.” And that happened over and over. People who needed money got exactly what they needed, at the time they asked. People who wanted to start businesses, got started and were flourishing. People who wanted change their jobs. People who wanted to meet people, were meeting people. It was amazing. Absolutely amazing.

But a few people weren’t progressing. People like Andy, who was recently going through a divorce, had two small children, needed a new job; needed work. She was very talented in marketing and counseling, couldn’t get work. They tried everything, her group. Intending and intending and intending, nothing. So I finally just turned to her and said, “Andy, good off of yourself. Just stop intending for yourself. Intend for someone else.” So she did. I’d heard about a young guy, a 15 year old called Luke, who broke up with his first serious girlfriend. She had broken up with him. And in a fit of adolescent angst, he threw himself off a 40 foot structure onto hard ground. And the doctors didn’t think he was going to live.

He had broken everything. He had brain damage, he had everything. And I started using those groups to do a healing vigil for Luke. We intended three times, on successive Sundays, while his stepfather kept a running commentary of exactly what happened to him, just at the time we sent intention. It was really fascinating. He had a big change every time we did. That was interesting but what was more interesting was what happened to Andy.

As soon as she started focusing on Luke, she gets a call out of the blue, the next week, from somebody offering her, her dream job. And that happened so many times that it was beyond some sort of weird coincidence. People, when they either were one of the sender’s to a member of their group and stopped worrying about their own intention,
or they were intending for someone outside, amazing changes seemed to happen in their lives too.

**Christine:** So the recipe seems to be this collective experience, plus this experience of oneness with the universe and thinking outside of ourselves and our own needs; but focusing on the good of others. And that seems to be obviously... there's more in your book and there's more to this but those seem to be themes that really help people shift.

**Lynn:** Absolutely. And one of the most compelling pieces of evidence about that was a study that looked at people who were living, you know, a Kardashian type life. They had all the money in the world, they had all the holidays in the world they wanted; they had all the things in the world. And when they studied their immune system markers, they saw they were terrible.

These were people who were perfect candidates for a heart attack, stroke; Alzheimer's, they were going to be dropping like flies. Whereas, the other group were groups that weren't anywhere near as affluent but they were living a life of service. And when they studied their immune system markers, they found they were amazing. They were off the charts. These guys were going to live forever. So that to me, was a really compelling argument about health, about serving others and health, and its relation to health.

**Christine:** So in kind of the self-help or personal development, or kind of new age thought process, there's also this thought of how people kind of get to these places of disease and struggle. And there's a lot of thoughts from subconscious beliefs, to negative thought patterns, to you name it, there's this kind of dialogue of how we kind of get ourselves into these positions. I don't know, in maybe a conscious or unconscious way. And obviously, your work is helping people shift that quickly. But have you studied or seen kind of themes in how we can maybe live a healthy life, so we don't get into these circumstances that make us seek out miracles?

**Lynn:** Well, I mean that is a whole other issue, the idea of, “What happened?” What collected into your past? And a lot of processes, in lots of ways, to try to deal with that. I think some of the most interesting work that is being done now, cuts right through that. I mean, look at Emotional Freedom Technique. Look at EMDR. You think of a traumatic thing while somebody moves their finger like this and that seems to erase it. Emotional Freedom Technique just says, “Okay, even though I'm feeling like this, I totally love myself,” and it seems to erase it too. And I see with power of eight groups, over and over again, they are healing in the moment. And that is what's so interesting to me.

For people who are stuck, I do retro intention work. I don't change what happens, I change how people feel about what happened and what happens to their power. And I do that. I also work with my husband, Brian Hubbard, who is the author of a really great book called The
Untrue Story of You. And Brian's argument is, essentially, he cured himself of an abusive childhood, a psychologically abusive childhood, by using the techniques he now teaches. And he basically demonstrates that we are a collection and an agglutination of undigested thoughts from our past, and they create the self we think we are. So his work and my work attempt to cut through that. You can change in an instant.

**Christine:** I appreciate you sharing that. And on the summit, we have people who talk about tapping and EFT. We even have Eileen, who talks about bio field tuning, where she uses tuning forks to create more coherence in the bio field, to help with that trauma work. So, no, I think that's the point I want to continue to share. That even though there could be a lot of trauma or toxicity in your past, there are opportunities to shift and change that, more quickly than you realize.

So I think that's really powerful. So I guess my question and probably yours throughout the years is, why are we not...? I mean, I know you're doing an amazing job getting this message out, but why isn't everyone doing this? And why has this message and really this science been so... you know, just not part of the dialogue? And conventional thinking around health and disease of life, have you pondered that question?

**Lynn:** Oh, sure because my other hat is editing a magazine called What Doctors Don't Tell You, which looks at alternatives that work, and have evidence of working around the world, everything from energy medicine, to the more classical things like homeopathy. New ideas proceed, as many people have said before, one funeral at a time, when it comes to science and that includes medicine too. And also, medicine is in the stranglehold of a corrupt monopoly called the pharmaceutical industry. They are attempting to crush alternative medicine and they have basically taken over the medical model, so that they fund medical schools. They have infiltrated all of our government agencies.

You may not know this, but the Centers for Disease Control, which is supposed to be a government body, a neutral government body, has 56 or 57 patents on vaccines. They have a private part of their entity that is profit making. The Food and Drug Administration is populated by people who are friendly to or former members of the drug industry. So, we have this infiltration of the pharmaceutical industry at every level of health and doctors. Systems are created that reward doctors for giving out certain kinds of medicine, particularly new medicine. That's one reason the opioid crisis is as it is. And the other part of their job is to denigrate anything that offers something alternative.

So I think what we are right now, involving alternative health, are a bunch of Jedi knights, essentially; fighting against the Dark Star, you know, the Death Star. And I think that the only interesting aspect of this is that people are seeking us out because the conventional route is not making them well. Now, this is going to get a little harder and harder because Google has changed its algorithms now, in the last year.
So that if you try to Google ‘alternatives for asthma’, alternative treatments for asthma, what you’ll get on the top is something like the Mayo Clinic; you’ll get all the conventional stuff. And the reason Google’s done this, quite simply is they’ve purchased two pharmaceutical companies.

And they’re now in bed, wanting to gather information about people interested in different diseases, in order to get them to participate in clinical trials or take certain drugs. So the system now is really dirty. But we, myself and our company, and 50 others, as the start of the big guns in alternative medicine, are getting together to create an alternative search engine, because we feel that the public wants this information. And maybe Google doesn’t want to provide it, but we can provide it.

So I think there is that attempting to damp it down. In my book, The Field, I wrote about the late Fritz-Albert Popp, the late Jacques BenVeniste, and many others, the late Robert John; most of them have died. These were geniuses with great foresight, about a completely new view of the body and yet they were absolutely demonized, in many cases. Robert John, former Dean of Engineering at Princeton University, would try to publish some of the amazing work he was doing on the effect of human intention on electronic equipment. He was doing a very, very systematized and rigorous study of this, and they would just throw it out of hand. They were just dismiss it out of hand.

Then BenVeniste ended up having to do... he was in line for a Nobel Prize for his work on allergies, and he ended up working in a portacabin with private funding, on his amazing discovery that noted that molecules communicate through frequency. And Popp was also for a long time treated like a criminal, when he made really one of the most incredible discoveries of all; that we are emitting tiny currents of light, and that is probably the communication system of the body and beyond.

Christine: I appreciate you sharing all of that and bringing that to light. We’re quite aware on the front lines of treating the patients we see here and the community that I’m with, of the forces that don’t have an interest in our health or bringing this information to light. So, no, I think it’s just important for us to all be educated and we need to do a power of eight group and shifting the current paradigm, and protecting our health and our kids. But no, I really appreciate you sharing all that. And we’re having these conversations in the summit.

Dr. Klinghardt talks about the bio photon theory and Popp’s work. And we have many people who are talking about the human bio field and how to how to look at our body from the communication with light and frequency and color, and sound. And I think that is the future and that is how we can break away and have options from this pharmaceutical model that’s just so tied to biochemistry. So it’s an empowering conversation at the same time.

Lynn: Absolutely, absolutely.
Christine: Well, Lynn, you've inspired me. I'm kind of going through my head about how I work with a team here and how we can work together in groups to help accelerate the healing for our patients, and how our patients can even take this on as well. I think this is just such a beautiful and empowering message and story, and how we're just ultimately connected to this peer potential that really has no limits. So I just really admire you and your work, and your courage in just bringing all these wonderful people together. And what a fun lens that you see the world and all the miracles that you see on a regular basis, it must be quite inspiring.

Lynn: It is, it is indeed.

Christine: So, Lynn, how can people find out more about your work? Or if they want to work with you, with these intention experiments or master classes? How can people find more about you and your work?

Lynn: Okay. I run a masterclass every year, starting from January. So if you sign up to my website, lynnmctaggart.com, you'll get all the information about that. We are planning a major intention experiment. A lot of my more recent work has demonstrated that during these intention experiments, we've been able to bring polarized groups together.

I did a big intention experiment for Jerusalem and in the audiences, we had cameras distributed to nine different locations. We had people from eight Arab countries and the ninth place was a batch of Israeli Jews in Jerusalem. And we all sent intention together and the Arabs and the Jews, now these are hated, hated enemies, started coming together. Saying things like, “Your God is my God.” “I love you, sister,” all this kind of stuff. Everybody was crying, everybody was connecting, etc.

So the big plan is with the big next intention experiment, probably 2020, is to bring together Democrats and Republicans, and other people who are really polarized. And to demonstrate they come together on a mass thing, with intention. And it creates a situation where the heart leaps across the fence.

And I was interested to see some University of California Berkeley, evidence in the psychology department showing that when that happens, when you engage in something altruistic, like intending for peace, it activates the Vagus nerve. That's the longest nerve in the body, starting at the neck. When that happens, people are more likely to identify with people not like them and so they identify with all of humanity. So it's an opening up, it's a breaking open of the heart.

So I want to do that on a big scale. So that's planned for next year. You can find out about that too, by just signing up. I have a podcast. You can get to that by again, coming on my website, lynnmctaggart.com. And if you don't have seven other friends, you can do a virtual group via my forum, lynnmctaggart.com/forum. So come and check out everything we do. We do weekly intentions of the week for deserving people, a whole
community does it. And we've had amazing miracles with those too.

Christine: Wonderful, thank you for sharing all of that. And thank you for all the projects that are up and coming. I'm really interested in your 2020 intention experiment, it's so needed in the US. So thank you for putting your intention there. And thank you for your time. I know that you're quite busy, so I really appreciate you taking the time to do this interview, and sharing your wonderful knowledge with our summit audience. So, thank you.

Lynn: I've really enjoyed it. Thanks so much.
Dr. Schaffner: Today I'm here with Dr. Deanna Minich. And we're going to be talking about the Power of Color in Health and Healing. Dr. Deanna Minich is a health educator, researcher and author with more than 20 years of experience in nutrition, mind-body health and functional medicine. Her passion is bringing forth a colorful, whole self approach to nourishment, and bridging the gaps between sciences, soul and the art and medicine. So welcome, Dr. Minich, I'm so excited to have you on the summit. And I thought you would just be really a perfect speaker with the work that you're doing in the world. So welcome.

Dr. Minich: Thank you, thank you for the invitation. I was actually really excited to see this summit. And as you and I were talking about, I've been very selective about which summits I appear on. But this one, when it came through, I was thinking, oh, there's a resonance here. There is really some good information that I think can get out to people. So thank you.

Dr. Schaffner: Thank you. And yeah, my goal, as I've been talking throughout the summit is I just wanted to open people's minds. And really give people who might be suffering out there just more information and more ideas of different tools and strategies, beyond just supplements and looking at the body through biochemistry. So we have this really great opportunity to share this knowledge with people. So Deanna, so you really -- I know that you're passionate about nutrition and health, and you've really highlighted and share this whole idea about color is medicine. Can you talk about that and what that actually means?

Dr. Minich: Yes, what a great question to start us off with? Well, we hear a lot about food as medicine. This is from the old adage from
Hippocrates, that food can help to heal us. And what I have found is that there's more than just saying food; there are many things along the spectrum of healing that we can tap into for our healing.

And one of the things that I have found for myself is the energy, the vibration, everything that color can carry for us. So there are even studies on the psychology of color, having rooms painted a certain color can connect to certain emotions. There are certain colors in nature that are exhibited at different times of the year, or in different animals within the animal kingdom for mating or for camouflage. And just even for ourselves, if we even take color, then into food.

What I have studied, being a PhD researcher is how these colorful compounds affect our health. So color is a spectrum in that spectrum, can really create a different spectrum of how we can take those different colors, and heal through them, whether it's through something physical, or a little bit less physical and more energetic through the frequency that we get through our eyes or through our bodies from a specific color.

Dr. Schaffner: And so how do you apply this to nutrition? So how have you found that color impacts our health or nutrition? So foods being different colors, do they have different properties and how they can affect our body?

Dr. Minich: Yes. And in fact, I just recently had published a 19 page review article in the *Journal of Nutrition and Metabolism*. It's called *The Science of Eating a Rainbow*. And so what I did in this article was I presented my concepts and thoughts and patterns of what I was seeing in the literature; how there are certain colors, and they have certain themes and certain physiological properties for our bodies.

So I talked about red foods and inflammation, orange foods, reproductive health and hormones, yellow foods and digestion, green foods and cardiovascular function. Aquamarine or blue-green foods and thyroid health. Blue-purple foods and the mind, mood, memory brain. And then I even talk about white foods, and the White connects into detoxification, clarification. And in some cases, I bring in discussion of fasting.

And Christine, one thing I want to mention too, is people are thinking about that because, you know, we've often been told to eat a rainbow. And that's been heard in various contexts, whether by opinion leading organizations, or even through commercials and media. And so what I've done is taking then eat a rainbow into the “why.” Why do we need to eat the full rainbow, it's because each of those colors is connecting into certain properties, and doing certain things in our bodies.
And so there is a chart that I have made for folks. This is my operating system according to color. And I know we're going to get into this, but I just want to show people that there's a map of how to navigate all of this, because I just spoke about a lot of different things with color, whether it's our physiologic connection through food, or whether it's our psychological connection through vision or being in nature. And a lot of that is encompassed within the seven systems chart, which is the basis of all of my teaching, all of my books, everything I do, because it's universal. A lot of these concepts are very universally recognized.

Dr. Schaffner: And I can't help but notice there's probably no accident and that the color is a mirror, kind of not only the rainbow in the order of the rainbow, but also what about chakras, and you know, that whole science. There are different colors that correspond to different chakras and it seems like there's a lot of synergy there. Am I correct?

Dr. Minich: Yeah. And I would say chakras are part of it, because I definitely have studied yoga. And I have seen what the ancient traditions say about colors and different frequencies and resonances with a psycho neuro endocrine system of the body. Or chakras, right? Kind of the ancient Sanskrit, but I feel like there's more. You know, what does color mean for people? It's everything from the Hopi prophecy of the rainbow warriors being born. There's even talking about the rainbow kids that are being born. The Indigo is where like in the 20s, they're in their 20s now. Then there were the crystal kids, and now there are like the rainbow kids. And then we think of rainbow as a symbol of diversity and pride, and really looking at like the breath of the physical and the non-physical. So yes, you could see it through the eyes of chakras. You could see it through the eyes of a child of like, oh, colors, and rainbows and unicorns.

I feel like it's such a great point of entry for so many people. So I do have the chakra knowledge from my yoga training. But what I would say is that I've taken the ancient and then melded it with more of my scientific pattern recognition of stuff. So even though this may look like chakras to some, it's not, completely loyal and doesn't track exactly back to everything within the chakra literature. And in fact, there's a lot of interpretation within that literature too. But yeah, for people who resonate with that, they will see some resonance with this food and spirit work.

Dr. Schaffner: And of course, I want to dive in into how you've expanded upon it. I think, what struck me was the order of the colors, and how they affect those parts of the body? And so can you walk us a little bit through your chart, just share, what you're finding and what themes and patterns you've seen for each color and how that affects our physical body?
Dr. Minich: Yes. So let's focus primarily on food, because I feel like that's a great point of entry. And then I'll just kind of wax on anything else that kind of comes up as we move through. So we'll start with the color red. The Psychology of red is that it's all about urgency, emergency, it's alerting us to action.

So when you look at the psychology of red -- you know, why is the stop sign red? Because it's evoking an action, we need to do something. Red is a passionate color. There are interesting, and I do talk about a lot of these studies in my whole detox book, but I'll just bring up a couple of them. Like one of these studies was looking at food and eating and how the color red plays into it.

So in this one particular study, which was a small study, they had participants eat from either a red, a white, or blue colored plate. And what they found was that people ate the least from the red colored plate. Again, that red in some way may have had a halting effect. So if you want -- and I always ask audiences if I'm lecturing, “Who likes the color red?” And whenever people raise their hand, kind of like that's their favorite color. I always say to them, “You are the action oriented people.” So as we go through the colors, think about for yourself what color you like the most. And I'll ask you too if you're interested in a little bit of analysis on that for you.

Dr. Schaffner: Absolutely, that'd be fun.

Dr. Minich: It is fun for us to think about. And I think that we have constitutional colors that were always resonate with. For me, since I was small, it was always green. I love the color green. But then we kind of wax and wax out of certain colors was like, “Oh, I'm really drawn to wearing orange clothing lately.” And that's relevant.

So back to red. What is red symbolize? Well, if we think of red in the body, it's inflammation. Rubor, calor and dolor; redness, pain and swelling, loss of function are the hallmarks of inflammatory responses. So with red colored foods, it's really interesting, because what I have found -- And again, this is just my own pattern recognition, is that red colored foods can either quell or reduce inflammation because of some of the different phytochemicals, vitamins and minerals that they contain.

So let me give you an example there, like a lot of red colored foods tend to be high in vitamin C. Vitamin C is required by the reddish colored adrenal glands in our body for the survival response, which is really moving us into fight or flight. And so red can be very healing. But on the other side of the spectrum, this is where -- you know, again, I'm trying to encourage people to look at not an on or off responds with food.

But there is a spectrum depending on where we're at. And in some
people, red foods can actually cause inflammation. So let's think about a histamine response from food. So I'll just give you an example. For myself, if I eat tomatoes, I get a tomato like response. I start getting reddish skin and I get rashes. I get a histamine response from tomatoes specifically. I know other people where when they eat strawberries, they get a histamine response. And strawberries tend to be high in histamines.

So in this article I wrote, I do talk about night shades as a group. And again, not everything's going to neatly fall in these boxes, because some people listening might say, well, but I get inflamed from purple potatoes, or something. You know that can be the case. But let's look at these as generalized concepts.

So again, read urgency, emergency action, which is not a bad thing, but too much; moves us to the side of the spectrum where it can become inflammatory. And so that's where we look at food allergies, what are we responding to, the inflammatory response connects to the immune response. So red colored foods seem to be rich in certain nutrients, which may help with inflammatory conditions. And also on the flip side, may also contain things that cause our system to respond.

**Dr. Schaffner:** I hadn't thought about that with histamine connection with red foods, that's really great visual. And yeah, like anything, there's the positive end and then the overactive end. So Deanna, what's the next color on your chart?

**Dr. Minich:** Next color is orange, and that is the color of the reproductive system. So when I think of orange, orange is very similar to red, it's a warming color. And if we think of how it's used in society, I think of a construction cone, I think of a life preserver. It is in some way, evoking in a response, but perhaps not as with the same urgency that red is. In nature, what we see is that there are certain animals when they're ready to mate, like guppies, certain fish and certain birds like flamingos, they exhibit more of these orange colored Carotenoids in their plumage or in their gills.

And it makes them more luring in their environment. You know, Orange is catchy, just like red is catchy, it's going to get your attention. So orange is a playful color. It's the color of sexuality. It's the color of really connecting into an emotional response. And so when I look at the foods that connect to reproductive health.

And it's really interesting, because my whole master's degree was on Carotenoids. Carotenoids are the plant food compounds that we find. Most of us know beta carotene, which is present in carrots, but there are over 700 carotenoids. And so these carotenes, some of which have an orange color, others of them have other colors along that spectrum. But
orange in general, and especially to specific carotenoids, beta carotene and beta cryptoxanthin, you don't need to remember the names of these.

But there are some studies that show that within the ovaries for women that there have been up to 14 of these different carotenoids identified. And there are select studies, which again, I won't go into, but all of which to say when we eat some of these orange colored fruits, fruits that are high in beta cryptoxanthin. Things like persimmons, and mangoes and tangerines, they're round, they're orange, that they may influence our risk for certain diseases connected to reproductive health, like endometriosis; citrus fruits, oranges, things like that.

And there's also a correlation in animal studies, not in human studies. I haven't seen any research on this, but in animal studies showing a link between blood levels of beta carotene, and blood levels of progesterone. So they matched. A lot of these antioxidants and plant compounds, they have cycles within our blood, much like we have cycles of hormones.

And some of these plant compounds do track closely with hormones like some of these orange colored or carotenoids type compounds. So that led me to think that there might be a connection between things like fertility, reproductive health, and plant foods. And if you start to go deep into the literature on it, indeed, plant foods are protective; they are helping us with a lot of these functions.

Dr. Schaffner: That's fascinating. I again, this is new information for me. A lot of my patients tend to have estrogen dominance and progesterone deficiency, and there's this increase in infertility, unfortunately. So looking at some of this foundational, you know, dietary support in the orange colored family. I think that's great. So then we have yellow. I'm assuming, yellow?

Dr. Minich: Yeah. And yellow is an interesting one. If you look at studies in a psychology of yellow; there was a study in Manchester, England some years ago, and they tracked people's health state to their color preference. And what they found was that people, who were not anxious or depressed, chose yellow. Kind of funny yellow, and they did a study in children as well. And they found that in general, yellow was connected to a feeling of happiness.

If you look at a smiley face, kind of the iconic symbolic smiley face, it's usually yellow with black smile and black dots for eyes. You look at a banana, the smiley face. And so as I started to get into yellow, thinking of fire, digestion, acid, yellow bile. I'm thinking of like just all of the heat secretions. And then I started to look at some of the yellow foods like summer squashes and starches, and even a banana which is high in
prebiotic fibers, which can help with gut function.

Interestingly enough, there was a study I think it was from -- it's quite an old study from a couple of decades ago, where they looked at the serotonin level of foods. And what they found was that up at the top three of the foods that they tested, and I believe that they tested about 80 different foods. Plantain was number one, a yellow food. Up at the top is also bananas and then pineapple. The top food is high in serotonin happened to be yellow.

And then I started thinking, well, maybe there's a connection between these foods. We can't necessarily make the leap, however. I'd like to be able to say if you eat more bananas and plantains and pineapple, you're going to feel happier. We don't know that in the research yet. We don't know that, we don't know the implications of psychoactives in food.

But there seems to be a little bit of a connection there. And then if I think of acidic, yellow foods, or food that impact the motility of the gut like ginger, which is yellow has a lot of gastro protective effects. If I think of lemon and lemon bio flavonoids up regulating some of the liver detoxification enzymes. There seems to be a bit of connection there amongst the different yellow foods.

And on the other side of the spectrum, much like I talked about red. If we get too many of the yellow processed foods, what does this lead to? Usually metabolic syndrome, type two diabetes. And I'm thinking here; cakes, breads, pastas, starches, processed starches that do not contain the adequate fibers to reduce the flux of sugars, whether it's simple sugars or complex carbohydrates into the blood.

And typically, those foods have more of a simple sugars. So there's a spectrum for yellow. And I do think when we eat too many of the other side where it's too processed, you know, it's almost like if we use the fire analogy is like burning out. We're burning out our digestive fire, we're just depleting ourselves every time and we want to sustain that fire with fibers, prebiotics with the proper amount of acid. And so in general, yeah, that's how I see those yellow foods. There's like the red, kind of on the upside and then also on the downside. And we just have to figure out what that balance is for ourselves.

**Dr. Schaffner:** Yeah, that's fascinating. We have Dr. Anderson, actually on the summit, and he's talking about photodynamic therapy. And we have a medical laser that we use intravenously at Sophia. And the yellow is good for Serotonin and depression. And so we're seeing that application in light. So I think it's just fascinating that you're seeing that in nature.

And we at Sophia Health Institute, Dr. Klinghardt was really clear on the
colors that he wanted for the logo, and they were gold and turquoise. And so we've painted the rooms, different colors, just to keep the feeling like more uplifting. And his room is like gold, yellow color, where he does a lot of his healing work. And so yeah, just thinking about all the other applications of the color yellow there.

**Dr. Minich:** Powerful. And you know, we are run by the sun, we're driven by the light. And I mean sun and feeling happier in summertime with more golden light. There's a lot of discussion about blue light versus yellow light, soft light, candle light, fireplace light, and how that changes our mood. So I think that's really interesting to hear what you said about the laser.

**Dr. Schaffner:** So next is a blue on the chart?

**Dr. Minich:** Green. Will do green, and then we'll do purple. And I think those are the two that are really outstanding in terms of the literature. So green connects to -- the feeling of green is expansion. Imagine you go into a forest. I believe you and I are both in the Pacific Northwest. And so I'm even looking out my window here looking out onto a massive cedar tree, which I love. I love green.

So when we think of green, we think of nature, we think of expansion. The literature on being in nature and healing, whether it's forest bathing, or even having a potted plant in our kitchen window is phenomenal. There are some great scientific review articles that are coming out, just one came out in 2017. Talking about how being in nature can help us with stress response, with blood pressure, with better sleep, with mental health, reducing depression and anxiety, better sense of connection.

I mean, it's just amazing, all of the different things that nature connects to. And again, it doesn't have to mean we have to go camping for a week, it could simply mean just looking outside of a window if you don't live in nature, having a picture of a nature, having a poster, a postcard. One of my colleagues, Dr. Michael Stone, talks about how if we look at something, a photograph of something very uplifting for 20 seconds.

And I believe he has some research from Rick Smith and Buddha's Brain and some other things from this. But if we look at something for 20 seconds, we can actually change our brain derived neurotrophic factor. We're going to change the neuronal growth and how our brain is communicating just by seeing this expansive image of whatever again, inspires us.

So green is about the heart. And if we look at leaves on a tree, I often when I'm looking at it, whether we think of the doctrine, of signatures or whatever it is, many times leaves look like a heart. And then you look close, and you see the fibers network of the circulatory system of that
plant. And I do think that plants help us in so many ways. Cardiovascular speaking, if we look at the literature on eating plant based foods, and helping cardiovascular health.

I mean, we can't arm wrestle that. It's hands down, it doesn't mean we have to be vegan, or vegetarian. It just means plants. I'm not a diet person. I'm not wedded to a specific way of eating. But what I do advocate is that everybody eats plants, because whether you're doing keto, paleo autoimmune, whatever you are doing, I think we're all sharing in a common foundation of plants.

So what is it in green foods that lead to expansion of the heart and blood vessels? Couple of things. First and foremost, we probably think of -- well, some of us might think of chlorophyll as the plant pigment. And chlorophyll, the green color in plants is harnessing all the light from the sun and creating energy for us. And so basically, what is nutrition, it's the science of eating light and converting it to energy.

And green has that big resonance for us, that gives us a lot of energy; so great antioxidant as well. Another nutrient is vitamin K. So vitamin K comes in multiple forms, but the kind found in plants is called Phylloquinone, or vitamin K1, which plays a role in blood clotting. In fact, the K is for coagulation in German. And so there's a lot there with blood dynamics and vitamin K. I think that vitamin K is like our next vitamin D.

And then finally, Folates. Folates are key within the green leafy plants. And one of the other things that most people don't think of probably is nitrates. When people hear nitrates, they kind of feel like, Ooh, that sounds bad. It's not. We have naturally occurring nitrates in green leafy plants, when we eat the green leafy plants through our salivary bacteria. And in general, all the bacteria that we have within our digestive tract, we can convert those nitrates ultimately into nitric oxide, which is a gas that opens up our blood vessels and allows us to feel relaxed.

So all in all, eating greens is great for the heart, it's great for circulation, it's great for keeping clotting measures in play and in balance. And in general, it's almost like when we eat the greens, we take in the energy of expansion. I like to talk about -- even though we're talking about the science here, there is the other side of the energetics of food. And so green is about that expansion, if you really want to let go of things, go for a walk in the forest, have a big green leafy salad. And notice how different you feel energetically with that.

Dr. Schaffner: Yeah. And going back to our laser to the green actually is all about oxygenation and blood flow. And so I just love this synergy here. And if you don't have you know, if you're going to listen to the laser talking, can't go to somebody who has the laser, you don't have to. We can do these things, you know, and then every day in away with our food.
Dr. Minich: I love hearing that, that is so great. And there was even -- you saying that makes me think that there was a study where they had people sit in a room with green light, and found that green light. So it's even like a light bulb, we can change the light in the room that we're in. But it helped to improve heart rate variability. So again, these studies, I want to give credit to the researchers, a lot of them are all in my book called Detox. I'm sorry, I'm not mentioning all these research studies and names. But there is some scientific basis to these colors, which is really beautiful to see.

Dr. Schaffner: Yeah. And I'm going to pick your brain in how we can continue to add more color into our life and to really use this as an everyday therapeutic tool. But let's hear about purple. I'm always drawn to purple. I love it. You know, I have purple colors depending on where I'm at, but purple is one that I've always felt really drawn to.

Dr. Minich: It's interesting. My niece, who is now 5, before she could speak and she was 2, I asked my sister. I said, I need to know Ellie's favorite color. Just have her -- even though she couldn't communicate. So my sister, she had it on video. And she showed her this picture book of all the colors. And she said Ellie, which one of these do you like? And she was mouthing and you know, trying to communicate with her. Ellie just chose purple. She couldn't say the word. And then as she became 3 and 4, and could speak. She kept saying purple, purple, you know.

Dr. Schaffner: So cute.

Dr. Minich: When they like purple, they really like purple. I mean, it's everything purple. And for her she just wears all purple, like her wardrobe is just purple. Purple is a rare color in nature. And what we see from like a food perspective is that what makes those foods purple when they occur in nature. And if we just think of them, it might be something like raisins and grapes, purple cauliflower, purple broccoli.

There are certain varieties of different cruciferous vegetables and other vegetables, even purple carrots. Purple carrots are two to three times more nutrient dense than their orange counterparts. So I always say to people, if you see purple varieties of foods at the store, get them because they're really rare. Purple special, there's something really -- I think nature uses purple for very specific reasons. Whereas green is ubiquitous, green is everywhere. Purple is very selective.

And when it comes to the color code of purple, it's the brain. Blue purple foods, whether blueberries or concord grape juice or blackberries. There are studies even on raisins. There's a preponderance of evidence on blueberries and even grape juice, believe it or not, looking at mood, memory, and different mental cognitive functions.
And what's really interesting in some of these studies is that even in people who are cognitively healthy, that they can improve their cognitive abilities, whether learning memory, sometimes mood state. They've done these studies in children, as well as adults. Even if they're healthy, they don't exhibit dementia, they're not at risk. It's really fascinating to me, because I've always thought based on my research in this whole cognitive science area that you can only improve so much, but no, it's like blue purple.

Some of the animal work from Tufts University, would suggest that blue purple compounds seem to localize in certain parts of the brain that are responsible for learning and memory. So purple is regal, purple is special, purple is brain mind focused. And in fact, I'm very concerned that people don't get enough blue purple, because there was a study. This was done by neutral light in 2009, I think they surveyed about 1500 people. And they found that the color that people fell short on every day, if we look at the rainbow, was blue purple. 88% of these people surveyed, did not meet their blue purple requirement.

And if we think that blue purple is for the brain, for memory, mood and mind, and then we have this commensurate increase in things like risk for dementia, risk for cognitive impairments, neuro-degeneration. I just wonder if there isn't a correlation where we're not getting what we need from nature in order to help our brain with its functions.

**Dr. Schaffner:** Yeah, that's fascinating. And of course, with the rise of neurological illness and dementia, prevention is key for a lot of this. So if you're listening to this now, definitely take Deanna up on it when you're going in the grocery store, just picking out those things that are purple. I think that's really important. Deanna, this is excellent. And you've made my mind to go in so many directions of thinking of how to incorporate this in my practice. But how can people who are listening, how do we maybe make this a little less overwhelming and more practical, and how they can start eating more of a rainbow in their life?

**Dr. Minich:** Yeah, really good. And that's why I love this message of eating a rainbow. Because a five year old like my niece, or a 93 year old, like my mother in law can get it. And we can make it a game. So one of the things that I like to do is just have a checklist that people put on their refrigerator.

And they can just do like circles of color. The tracker that I have is just simple lines and days. And then people just do checks for when they got their red food or when they got -- and it can be very simple, right? We don't want to overdo it with too much analysis paralysis with food, I feel like that's got us into trouble. Like, we've been thinking too much about food and not seeing the art of eating. So, just doing a quick tracker.
Another thing is just taking pictures on your phone, or however you like to take pictures. But most people have some kind of smart phone where they take pictures, uploading, seeing the art of the plate and kind of looking at colors in that way.

Like, for example, one of my online communities, I just did a rainbow meal challenge, where people had to upload a picture of their most rainbow meal in order to win a prize. And so it's kind of like, how can you get all these things in? Can you? Making a rainbow smoothie. What I've also done is, and I talked about this in the rainbow Diet book, where I do one day per color. So if you really want to go deeper, and you say okay, or eating a rainbow every day, that's doable. I'm already doing that.

So where do I go next? The next level would be, let's go deeper into the spectrum of red. So it's not just getting tomatoes, or raspberries or cherries on a particular day and just checking off the red. But it's like, okay, let's go deep into the spectrum. Because cherries have different phyto nutrients, then do raspberries, then do strawberries. You know, sometimes we get into food ruts. And so you might be eating a rainbow. But you may not actually be going deep into the phyto nutrients spectrum within each color. So what you can do is on one particular day, you make a red, maybe a smoothie. And I have all these recipes. And you know have done all the thought work on that. So anybody who needs tools that can help them, but Red Day; wear red. I had my dad do this and he took pictures of himself as he went through it.

He wore red T-shirt on the red day, he made his red smoothie. He had beats with greens for lunch. So everything was red, there was a red focus, and then the next day is orange. So then you wear orange. You really get into the color, you get to know it because of color is medicine and it has so much to offer. Yes, it is eating it. But it's also looking at it. It's immersing in it like having a light that is orange. My sauna that I have at home, I have an infrared sauna. It has colored lights.

So if I really want to bathe myself in a color, sometimes I'll do that. So it's like how can we just saturate our lives with color and then observe how we feel in the presence of that color? Because some colors may actually be averse that we may not like the feeling and that's okay, too. So then where are we drawn? What do we need? So I think it's like when we hear personalized nutrition and personalized genomics.

I do think that every day it's kind of like personalized colors where I really think long and hard. Well, I kind of go with my intuition. But my wardrobe is set up as a rainbow. And I can't feel out like what kind of day is it today. And today I was feeling this is an orange pink day.

Dr. Schaffner: It was beautiful on you. It's so beautiful. I'm so happy
you’re sharing this and I don’t all have the citation. But Dr. Klinghardt often quotes that when -- you know, people wear black. It actually has an effect on their natural killer cells. And so you know, there is this connection when we -- as simple as wearing color and how that can affect our immune system and our body’s interaction with our environment and how we feel. I think we probably may underestimate that or maybe minimize that and the healing process.

**Dr. Minich:** Absolutely. And I can’t tell you how many people who have done my color program, that whole detox where they say, Deanna I was wearing -- I’m so glad you mentioned the black color, because they would say to me, “I’ve been wearing black, navy blue, beige, brown, and these colors are bad.” I don’t see these things as bad. It’s just that they had a concentration of these cars. And they didn’t realize it.

And then one woman, I remember she worked in an office, a cubicle that was all gray. And she said, I never realized that I was working in a great cubicle before until I started to tune into color. And then she completely dressed it up. She gave us a picture of how it looked out with. She had these kind of rainbowish, not streamers, but kind of like a banner thing and just different decorations.

We had another woman who did not like her charcoal gray sofa in her living room like she -- you know, sometimes you just stop seeing things. I think colors and being aware. It allows us to tune in at a different level. And so you know, whether it’s our home environment, or colors do we have around us, that’s constantly priming our subconscious mind. So yeah, it’s so interesting on with black and natural killer cells, was it a positive or a negative?

**Dr. Schaffner:** It suppresses. So black and black over time. Though Dr. Klinghardt is always like, “Don’t wear black if you’re through the healing process.” He’s just always, you know. Then I agree there’s a place for all color, but the some people kind of just get in the habit of black is easy.

**Dr. Minich:** Absolutely. And I think your point, Christine, is a good one. Like, how do we just get more color. And that’s why I want us to expand it on the spectrum. It’s not just eating the rainbow, it’s living the rainbow. And it’s like seeing the rainbow even when there’s no apparent rainbow in the sky. It’s like, oh, I’m noticing the green in the trees. I’m noticing the blue of the sky, I’m noticing the yellow of my cat, and just how that changes.

At least I’ve noticed for myself, we start to live a more artistic right brain life, which can bring us into symbolism and story and myth and metaphor. And has a different healing capacity than the left brain, which is logic and being analytical. We need that too. But we are so much that that we don’t have -- the color brings us kind of full circle, is my feeling of it.
Dr. Schaffner: Kind of opens the door to start accessing that part of our brain. Again, I mentioned Dr. Klinghardt has this like gold room. And we were intending on creating the office and wanting it not to feel like this sterile medical office, especially because people come from all over and they've been through a lot. I was never into blue, but again, our colors being turquoise and gold.

We found this really pretty like blue green that my room is and my office isn't, and it's like every wall is that color. And it's amazing how I do feel like there's this whole other energy in the room and people kind of relaxed a little bit more easily. And you probably can make sense of it with your insights on blue. And blue is often been touted as a healing color. What is your knowledge on blue turquoise around color therapy?

Dr. Minich: Exactly. I love this question. So when I'm asking audiences, when I go through each of the colors, what their favorite color is, blue is the one that is I get the most hands up for. There are the loyal purple people, of course, and the loyal orange people. But there is a large segment of blue. And blue comes in a lot of different forms. So when you stick to blue, green, rather than blue purple, blue green connects to thyroid. This whole part of us which symbolically we look at the chakras is about speaking our truth, communicating our truth. One of the things I look at, especially for women, because so many women have autoimmune conditions that involve their thyroid.

My metaphor for this part of the body is that it's like a birth canal for our heart. If women have a lower birth canal of their uterus, the heart is like not birthing something physical in the way of a child, but it's birthing our dreams. And sometimes things get stuck, like how do we birth our dreams? How do we like live our passions and do that in a way that really cultivate self care and compassion for who we are.

And I think a lot of things get stuck in this upper birth canal of what we're dreaming and what we're visioning out. It's a really sacred place of the body. And even in martial arts, if you hit somebody in the back -- I'm no martial arts expert, but if you hit the cervical area there, you can knock somebody unconscious. This whole area is just filled with activity.

And so no wonder it makes people apprehensive. Because there's so much integration that is happening there, especially in the eating; eating world too whether it's eating disorders taking in too much. You know, I kind of look at the physiology of this whole space, and what does it say symbolically. And then from an alchemy perspective, if we think of the colors blue and green, there isn't much science on blue green. So what I've thought about more is like an intuitive connection. If we think of blue is sky, green is earth. And we look at things that grow in the ocean that are green, sea plants. So it's kind of like the bridging, the alchemy, the conversion of elements.
So there’s lots of mystery. And this is -- I call it the truth system. And I’m glad that you brought it up because I don’t address it forthright with foods because there are really no true to nature blue-green foods. We do experience this sense of blue intellect and green heart, and how do we meld those things to everyday living. And sometimes that’s challenging for people to bring those two things together.

**Dr. Schaffner:** Yeah, it’s really intriguing. We do something in the office called autonomic response testing. And Dr. Klinghardt has talk with someone about how and why that works. But it’s a way for us to connect and figure out where there’s stress in a certain person’s body and how to alleviate that. And I really feel, Deanna, like this area is one of the most blocked areas on a physical level.

And of course, your time in this whole other energetic emotional level. And so when we think about it, we think of like the tonsils, we think about the lymphatic system, the thyroid, the blood flow in and out of the brain. And there’s just a lot, the vagus nerve; you know, there’s a lot that is going on in this area of the body. And a lot of our strategies are applied to greens and lymphatic drainage massages. You know, all the things we do.

I think it’s really important to tie in this connection, as you’re sharing. You know, how connected people are to their passion, their dream, their purpose. And I think that’s not a small part of the healing process.

**Dr. Minich:** It’s not and if you look at some of the stresses with the neck, and just what can happen with it, it’s a fragile area. It’s a fragile space. It’s a it’s a portal, it’s a canal of sorts. And you know, for many years, just me personally, I would wear turtlenecks. I felt vulnerable in this area. This is especially like, in my late 20s, I had this thing with turtlenecks. I always had to wear turtlenecks, and then I transitioned from turtlenecks into scarves. I was wearing scarves all the time. It just like, I needed something safe.

And I wasn’t thinking about it like that, I can look back now and say, Oh, I know what was going on during that time. I was having a lot of problem expressing my truth, being who I was, being authentic. And then I kind of let go from that, but it helped me. And so even celebrating this area wearing jewelry that we love, and that has meaning for us.

I think that’s important, you know, what we wear around this area, whether it’s a gem, a stone. I always wear this. I mean, I rarely take off this necklace that has a mother of pearl, has a flower of life on the back, it has all this, like significance for me. So I think about that and living my own truth, like okay, to be resonant with whom I really am.

So having some kind of token or some kind of remembrance in this
general area can bring our attention back there. It's kind of like with
color brings our attention back. Or it takes us somewhere else in terms
of thinking. And so I think if we do some of those things with our neck
-- and even getting a neck massage, it's kind of like -- you know, most
people have never experienced a foot massage. We forget about our
feet, we cross our legs, we cut off circulation, and it's kind of like the
same with this area. Kind of like, “Don't touch my neck.” Or like, we got
food. Or how are we speaking.

There's just so much about a person can really be told by that area. So
I'm glad we spent some time talking about that, because I think it often
gets overlooked. So thanks for your insight and picking that up.

**Dr. Schaffner:** Yeah. Thank you as well. The flower of life is mentioned
in one of the talks with James Oschman who wrote the energy medicine
textbook. And he talks about how sacred geometry organizes our
energetic field. And he finds that that's a huge filter for organizing our
energy. So that's good. I love that you mentioned that.

**Dr. Minich:** I am so looking forward to the summit and all the different
topics. These are my kind of hybrid of science and spirituality, to come
together one summit. And to really be seen in that way, rather than
segmenting and siloed. Because we've done a lot of that and I feel like
this is the time for unification. We celebrate diversity, but all under the
same umbrella. It feels good. So thank you again.

**Dr. Schaffner:** Yeah. Thank you, Deanna. And again, I know why we
are both doing what we're doing. And you know, our experiences. So
showing this is what -- you know, this is where healing happens for
people when they can't integrate. You know, everything we've talked
about in your lecture, and what we're bringing to light in the summit.
And that the more that we can acknowledge this other aspect of our
healing and how we're all interconnected. You know, we're beyond the
pharmaceutical pill, or the right form of supplement is bigger than that.
And so I just want to get that message out there to people.

**Dr. Minich:** Yeah. And I'm excited for that to happen. So thank you.

**Dr. Schaffner:** Yeah. Thank you, Deanna. And this was lightning
conversation. And I just love the work that you're doing and the
framework that you're putting this in, and I'm going to find your chart
and put that in my office soon. So how can people find more about
you and your work? You have some great books, and obviously, this
beautiful chart. And there's a lot of way for people to learn from you. So
how do people find out more about you?

**Dr. Minich:** Yeah, thank you. They can go to my website, deannaminich.
com. And through that website, you can get to another one of my
websites, which is foodandspirit.com, from which you can get this chart. You can just download it as a PDF. There's also a quiz that people can take to figure out, out of these seven areas, where do they have imbalances? And that's on another site, which people can access to, again, the deannaminich.com, but it's whole-detox.com.

There's a quiz on there that people can just do for free. It's kind of long, it's about 125 questions. But that might personalize this chart a little bit more for people as they go through and say like, oh, Orange is really calling me. And let me just do this quiz and see where the imbalances, because the quiz is segmented into five different sections per color.

So you can get a sense, you might actually come out as balanced in one color. But it could be because something is more overactive in one section versus underactive in another. So yeah, I would say, you know, through my main website, deannaminich.com, people can access all this information. Try to get a lot of free information out to folks to help them along. So yeah, thank you for, again, giving a window into that. And if I can give any resources to help folks here, I'm glad to do that.

**Dr. Schaffner:** Well, thank you so much for your time today. I know you're quite busy, and I appreciate you sharing all your wonderful knowledge and being on the summit. So thank you.

**Dr. Minich:** Thank you, Christine.
Christine: I'm with Jason Prall, who is a former mechanical engineer turned health educator, practitioner, speaker, and filmmaker. In May of 2018, his independent research and experience as a practitioner was used as the basis for the creation of The Human Longevity Project. And he's now working on his next film series that explores ancient methods of healing mind, body, and spirit, from indigenous cultures around the world.

Welcome, Jason, I'm really excited to have you on the summit. We got to know each other briefly, with Dr. Klinghardt, on your documentary, The Human Longevity Project. And I think that you have just the perfect set of skills and background to really bring this topic that we're really trying to make more relevant and applicable, to the audience. So let's just dive in. How did you turn from mechanical engineer to really becoming an expert and educator on health?

Jason: I mean, it was my own health issues, really; that was the basis of my sort of leaving my old career and starting a new one. And as I became familiar with the topics and health, and how to resolve some of these issues, and really solve the puzzles; that just prompted me to sort of start a career out of it. So that kind of was the basis of it. And then I worked mostly in sort of the functional medicine style of practice for a while. And ultimately expanded into incorporating more things like trauma work, sort of energy medicine style of practice; and really lifestyle medicine.

So that's really where I ended up, sort of in the lifestyle medicine, energy medicine world because I found that for me, it was more interesting. And it seemed to be able to get to some of these underlying factors a little bit better, than some of the standard sort of chemistry based practices that I think we're still very, very reliant on.
So I'm very happy to be a part of this summit. I think this is a very good topic. It's going to be very relevant. It's relevant now, it's going to get more relevant as the years go on. Because I think people are starting to wake up to the fact that energy, the things that we can't see, and we can't hear sometimes, and maybe can't even touch or feel, is very, very real and is the underlying basis for how everything works in the universe.

**Christine:** It's often through our personal experience, especially with these topics that we're going to discuss, makes us more and more curious, and really how they work and why they work, and why they're relevant. I think with your background and your experience, again, I really want to just talk one on one style. So, how does our body work with energy? And how can we just bring that to really basic understanding?

**Jason:** Yeah, I mean, it's really not that complex. And it's not that farfetched. I mean, we hear talk of energy medicine, and Qi Gong, and Reiki and these various sort of, let's say, commonly practiced energy medicines. And a lot of people sort of turn away from them because they think it's either A, not very effective, or B, it doesn't work. But the reality is, is that our body is pure energy. And when I say energy, and this is a very loose term that we throw around, but at the very basis of it all, and this is accepted in mainstream science even, we are electric charge. That's the basis of our entire body.

We have all these sort of metallic proteins that are consisted of iron and copper, and zinc and all these things that are in the body on the sort of metallic level that carry charge. We are mostly water, which, if you... I know, you've got Gerald Pollack on this, he's one of my favorite guys to talk about water and structured water, or exclusion zone water, and that carries a charge. And really, if we just go back to Volta, Alessandro Volta, everybody's heard of the volt, right? Well, most people don't even know what a volt is, they forgot their physics or their electrical classes back in the day; but essentially, voltage is the electrical potential, due to charge separation.

So in other words, you have plus charges over here and minus charges over here, and when you separate them, now you have an electrical potential; you have the ability for work to be done. And that is voltage. So now you have power, basically. You think about a battery, a Duracell, with the copper top and that's really what we're talking about. We're talking about the ability to hold charge separation. Well, water does that extremely, extremely well. And Alessandro Volta, back in the day, and the reason we call it a volt is after him, he essentially just layered a bunch of zinc and copper metals in a bath basically. I think it was a sulfuric acid and water bath, but essentially sea water; you can imagine just sea water.

So you have these metals in sea water, and all of a sudden you get a voltage and electric current. So you have electricity flowing just from
that alone. That's pretty amazing, right? That's essentially what our body is consisted of. We have basically metallic proteins and metals. We have heme, and iron, and we've got all these things in our body, plus water and salt. I mean, we are just this bath of things that can create a battery. And when we look at, let's say, the mitochondria, for example, I know in Dr. Klinghardt's work and a lot of work by some of the top doctors, they're looking at mitochondria in terms of diseases and what we can do to improve mitochondrial function. How diseases are manifesting from mitochondrial issues.

The mitochondria, their whole role in the complexes, the complex 1, 2, 3, 4, and 5 in the inner mitochondrial membrane, basically, that is charged separation. It's moving hydrogen, which has a positive charge, and the electrons apart. So you have this voltage, you give this this capacitor; you have this ability to store charge and create current. And lo and behold, if you look at particularly the work that HeartMath® is doing, and others, we see that the places with lots of mitochondria, like our heart, and our brain, carry a huge, huge electromagnetic field or magnetic field and electric field.

So we know that this is the case, right? MRIs work on this factor, EKGs, EEGs; they all work on this factor of picking up this field that our body is naturally producing. So this should no longer be considered, “Whoo,” that our body produces an energetic field; we know this. Every time you go to the doctor, you know, x-rays, and this is all measuring these type of things. We're using these phenomenon. So we know that we produce a field and how do we produce field? It's very, very simple. It's by mostly mitochondria because they do so much of the work at the basic level. But then also, our entire body's water, which is carrying electric charge.

And I think most, if not all, of the water in our body is exclusion zone water or fourth phase water, or structured water; however you want to define that. But because it is in that form, it is able to carry a charge, it is able to charge, separate, and creative a voltage; and create a battery essentially. So we know that this is going on in the body, we just have to accept the very, very basic premise of how this works. And if we can do that, then all of a sudden, all this energy medicine talk can start to make sense. And even if we don't know how it fully executes, fully works in the body, we have a basis for understanding how it does work.

Christine: That was really helpful. What you're talking about is how our body creates energy. And there's a huge communication piece to this as well. Many people are thinking about maybe what disrupts our ability to create charge and hold charge, and what disturbs our field, if you will. That's with chronic illness on the rise, and I know a lot of your work, wanting to really share how people can stay healthy as long as possible. What is disturbing the energetic field in our body these days?

Jason: I mean, there's so many things, right? Let's kind of go backwards a little bit, let's look at the consumption of plant foods. Let's just say you're eating spinach. Well, that spinach was able to take a light, sunlight, and
somehow turn that sunlight into nutrients; into actual physical matter. From a seed, it was able to do this work. So, now you’re talking about light, you’re talking about electromagnetic energy interacting with water, and essentially metals and minerals, to produce matter. So you’re seeing that in live action.

Then, when you consume that food, now you’re actually... the whole digestive process, we think about it in material form. We're breaking down this physical matter, and then we're going to separate this physical matter and move this physical matter around our body. No, it's really not how it works. We're breaking apart physical matter into energy, into electric charge. Our whole digestive process is about separating that charge again, about pulling apart charges, and moving around it the body in ways.

We might call it calcium, we might call it magnesium; we might call it these things, but these are just basically charged particles, charged structures that we can then utilize in the body. So we're just moving charge around the body. So the active digestion is absolutely critical. So anything that's going to get in the way of digestion, is limiting our ability to pull apart that charge and use the charge. So again, this is just energy stuff. We can think about it in matter and we can think about it in energy.

Electrochemistry is really what the body does and this is essentially biophysics. So, glyphosates and all these things that are disrupting digestion are really, really creating problems in that process. Especially things that are pulling out key leading minerals. The mineral is the thing you need to sort of create charge and work with electricity in the body. So, anything that is going to chelate, like glyphosates and other pesticides, it’s a big problem. Another big one that I think Dr. Klinghardt talks about a lot... and many other people are starting to really wake up to this fact, I think Klinghardt has been talking about this for years and he's always been a quack for it, by so many people; but now he’s being proven to be absolutely correct.

And I think more on point than I think we even realize is the 5G and the EMFs that we're dealing with, both from cell phones, Wi Fi; Bluetooth. I mean, now the whole houses are wired for this stuff now. Actually not even wired, it's just running... and some of them are actually using wires. So they're infusing EMFs into the wired system, and then you pull it out, it's ridiculous. The sort of Internet of Things is becoming a really big problem. And how we can think about that is electromagnetic fields, this radiation that's coming from, let's say, Wi Fi; that is light. We can't see the light; it's electromagnetism, it's light, it's just beyond our ability to see it; but that light is interacting with our body in every way.

When you have Gerald Pollack talking about this stuff in terms of water, we see that both UV and infrared are primary factors in charging the water. In charge separation, in creating the structure of water. So we
know that these light particles, if you will, this EMF, is actually affecting water. But it's also affecting our proteins, which primarily contains metals; these metallic proteins. So we have these things called voltage gated calcium channels, and voltage gated ion channels essentially; this is one of the mechanisms that we're realizing that radiation, EMF, are affecting us, in these voltage gated ion channels.

I mean, think about what that basically says; voltage gated ion, we're talking about electricity. We're talking about the ability to separate charge. Voltage gated, so there has to be some voltage difference or voltage situation going on that's going to allow this gate to open and close. So the body's working on electricity all the time, we just don't like to accept that fact.

But this light is absolutely affecting the electrical processes in the body because the light is essentially electromagnetism. It is EMF; that is what it is. So it's going to affect us. EMF is probably one of the biggest issues that we're facing, when it comes to this sort of unknown energy medicine and energy interactions going on in the body.

Christine: You mentioned a few things for people to start thinking about. If you want to have healthy charge in your body, really, minerals are important. And so we have this mineral depleted diet. And yeah, we've learned a lot from Dr. Seneff about glyphosate and how that chelates minerals from the soil. So we're already kind of operating in this deficient depleted soil.

So you have to replace minerals to get charge. So bringing in kind of the biochemistry a little bit too. So, supplements do have a role in this time. Then EMF is cumulative stress over time, right? So unfortunately, we're not going to... I think there needs to be people like you and this summit, we need to increase the public awareness.

So we can speak up and have different technology and different safety precautions. But we're all in this kind of grand experiment right now. So, what are some of the practical things that you do to protect yourself from EMF stress at this time?

Jason: The first step I always recommend to people is to get things as far away from you as possible. So this is something that we can all do, right? So most of us can't escape the Wi Fi scenario. When you flip on your phone, and you look for Wi Fi, there's almost always multiple Wi Fi hitting you at that point, and your phone is picking it up. But what you can do is you can move things away, you can move your router away, you can hardwire your home; you can keep your phone further away from you at night. It's a very basic process because according to the inverse square law, essentially, the farther the source gets away from you, the reduction in the effect by a factor of a square.

So it's really, really important to actually get these things away from you. But simplify everything, go back to, again, hardwired systems. I mean, they're so much more stable anyway. But running a Cat 5 [Category
5 Ethernet cable], it's not that difficult to get wired to your computer. So that's probably the easiest thing, I would say. You can check to see around your home, if there's any Wi Fi towers or especially if you move, if you're moving, make sure you’re looking at an area that isn't just completely pounded by this stuff. All of that can change. It's difficult. I mean, people take various steps to resolve this process.

I mean, there's paints now that exists, there's clothing that exists. I think it's all great. I don't know how truly effective that can be in our modern world. I mean, what, are you going to walk around literally in a Faraday cage bubble? I mean, it just doesn't work that way. So I think you just have to take practical steps in your home, in particular, and perhaps in your office that you can, to minimize and mitigate that stuff. The other things are to protect yourself. So this is where drinking good quality water that Gerald Pollack talks about. Whether its nutrient depleted water or whether it's hydrogen water, or what have you, spring water. Just getting good quality sources of water is a really, really important factor, I think, in this process.

And then eating really, really high quality food. I mean, this is still the basis of a lot of our health, is eating really high quality food; food that's grown in live soil, good soil. Getting outside and getting sunlight, I mean, that's actually an important factor too. You kind of have to do all the things. You've got to sleep well. This is probably the most important factor for all health concerns, is to sleep well.

So getting your circadian rhythm on point and making sure that you're sleeping well. Not necessarily long, but well. I would say those are key factors in trying to reduce the effects of radiation that are unfortunately, a part of our lives. So unless you've moved somewhere... I mean, that's the other option, just to move. And if you have that capacity to do so, I would say it's a good option, if you can do it.

Christine: Thank you for some of those practical lifestyle tips. And I agree, distance is your friend. So that's probably the quickest and easiest thing that we can do when we're thinking about EMF hygiene, if you will. So, Jason, you just mentioned some lifestyle tools and things that people can implement in their life. But what are some healing modalities that employ energy medicine that you have been drawn to and that you've seen be effective with your clients or within your personal health?

Jason: Probably my favorite right now to explore, is sound, it's one that often gets sort of left in the dust and I'm not sure why. Even though it's starting to come on a little bit, there's sound therapy and sound healing stuff. But sound is essentially light. We now have infrasound technology that is starting to make its way. We have tuning forks that can do amazing things on the spine. There's really, really cool ways to use vibrational sound.

And again, it is light, it's essentially light; it's the same thing. So we can use both the actual physical light and sound to heal the body. We know
that all our organs resonate at a certain frequency. We’re starting to sort of hone in on what these are.

So, using sound is very, very good. I mean, this has been used for thousands of years in Asia and some of these other cultures, and indigenous cultures. Where I’m working right now is on this next film series and looking at these indigenous cultures today; they all use music as therapy. Whether it’s the tribes in South America that work with Ayahuasca. Music is a critical component of the Ayahuasca healing, whether it’s through the icaros, which is what they sing, or whether it’s through musical instruments; they’re actually part of that therapeutic setting.

And then you look at Ayurveda, same thing; they use sound. Drumming, Native Americans in particular, using this sacred drum. This is a critical tool that’s being used. So this has been used for thousands of years, all over the world. And I think it’s a really, really interesting modality to explore. I think it’s the future of medicine, I really do.

I think music and some form of light therapies are going to be the primary factors because I think we can control them with our technology now, really, really well. And some of the technology we need to actually go back to, which is the old stuff like drums and guitars and flutes, and these type of things. We need to go backwards, harps and that sort of stuff, to get the full effects of that sound.

It actually reminds me, I was in Nepal working on this film series. And we experienced a sound therapy session by somebody who had been studying an entire lineage, his whole family had been doing this for eons. And I was in this room and he had all these instruments around, songs and all this kind of stuff. I was laying on a table, so it’s like a therapy table, and I could sense that he was moving around quite a bit.

And he would play these instruments around me, and it basically sent me on a psychedelic trip. It was wild. It really, really altered my state. So, we can see that these things... drumming does this. Shamans and medicine men use rattles and drums to get into an altered state. Chanting has been used, so I think it’s a really, really fascinating and fun way.

So even something as simple as going to a live music show, something that’s going to pick you up and make you feel good or playing music, or singing is a very, very effective tool. But then things like Reiki and Qigong. These are fascinating methods as well. I think exploring all of these is really, really powerful. I’ve explored body dowsing and some of this type of stuff, applied kinesiology, muscle testing; these type of things. There’s lots of ways to sort of use it as diagnostic tools, and also as therapeutic tools. And I think exploring them, for me, has been so much more fun than any of the biochemistry and functional testing that we do. I mean, it’s so boring to me at this point. Even though it’s still valuable.
I just have so much more fun in the energy medicine world. And you start to play with that and you start to look at some of these ancient cultures and how they use the four elements or five elements, depending on the culture. You know, the fire, the water, the wind, and the earth and how you can use those energies, the spirits, if you will, of those elements, to heal. It's fascinating stuff. And you can call it weird and 'whoo-whoo' and BS, but I'm telling you, when you experience it from somebody who understands how to use these things, you feel the proof. Like there's no arguing at that point, you just understand that it's somehow working, even if you can't explain it.

Christine: Yeah, I think we see a lot of people who are chronically ill, and they've been sick for a long time. And while the biochemistry has a piece, it takes a time to shift. And I do agree, I feel within my own body, I love these tools, because you can actually feel them. And I'm so glad that you mentioned sound, we don't have anyone really talking too much about sound.

And my personal experience, and I think maybe more and more communities are doing this, if you have a yoga studio, but a sound bath; using the singing bowls where somebody will do maybe an hour session with a group and you do go in an altered state. My daughter is almost one, and while I was pregnant, I did this a handful of times. And I just remember just... yeah, just there's nothing... words are limited, explaining the feeling. And I know she enjoyed it too, as well.

Jason: Yeah, you have to experience it. I mean, yoga nidra is another one of those things that kind of uses the same techniques. But I forgot probably some of the most basics; one is breath work. People forget about breath work. I mean, for crying out loud, we're just breathing in air and breathing out co2 essentially.

So we're just having this exchange; that is one of the most powerful physical shifts that can occur in the body. So breath work is extremely powerful. But the other thing I neglected to mention, I think that's really, really important, is meditation and any form of meditation. Whether it's through yoga, walking meditation, or some sort of sitting meditation; because our thoughts and emotions are probably the most fundamental and chronic form of energy that are affecting us.

So you can do all the stuff in the physical world. And you can work with energy medicine externally, and that's fantastic. But if you have somebody who has thoughts and emotions that are chronically keeping them in a state, physically, their nervous system and we know that your thoughts and emotions affect the nervous system. The nervous system is what? Basically the prime electrical system in the body.

So think about this, if you're not comfortable speaking on stage, and I told you to come up and speak and give the commencement speech at some university, I mean, you would probably lose your shit, right? Like you'd start sweating, your heart's racing; your face turns red, and your
body just goes into pure panic mode.

So what are we talking about? We're talking about a thought, basically from the past. A thought that's generated from the past. A program that's generated from the past, saying, "I'm not worthy," or some sort of thought or emotional experience from your childhood, from youth, from somewhere, that's now impacting you in the present moment and dictating your physiology. So that's thoughts and emotions, that's energy. I mean, how do you even describe the thought or emotion? We don't even know how to talk about these. We talk about in terms of neurotransmitters, but that's just the end result. So, what is a thought or an emotion but pure energy, that's now affecting your nervous system.

So learning how to master your thoughts and your emotions, is probably the most pure form of energy medicine that you could ever master. So this is where I think things like yoga and things like meditation, and things like hypnotherapy, and a lot of these other tools that are being used, can also be classified as energy medicine.

And the cool thing is, is that they're your own energy medicine, you don't have to go to anybody else for this stuff. When you look at the more shamanic or curanderos, the healers in Central and South America that use plant medicines, like Ayahuasca and wachuma, San Pedro, these type of things, they're actually opening up the nervous system affecting the subconscious patterns.

And once we change those subconscious beliefs and patterns, then the nervous system can start to shift. From a constant fight or flight state that's affecting the neurochemistry and the physiology across the entire body, to now one that's more parasympathetic; rest and digest and everything. So, Joe Dispenza talks a lot about this, Bruce Lipton talks a lot about this. There's a lot of people talking about this type of thing. But that is the basis of a lot of indigenous culture work, and the eastern work and the Ayurvedic work, is in these philosophies of learning how to master your own self; know thyself.

And really to be able to master who and what you are, is the primordial energy medicine that we can all look into. And it's not 'whoo-whoo'. For crying out loud, at this point, if we're not accepting this stuff, if we're still denying this stuff, then we're actively denying it. We're not opening our minds to the possibility of this. And I think as you experience it, it becomes undeniable and then as it becomes undeniable, you have no choice but to look further into this, if you want to heal.

Christine: No, I can completely agree. Michael McAvoy is on the summit and he shares a lot about breath work and his own process. If you're curious about that, please check out that interview. And then Joe Dispenza, I'm glad you mentioned him. He's not on the summit but a lot of my patients have just found his meditations and found that that has been one of the most helpful tools for guiding them to change their thought patterns.
And then I know your documentary is going to go over this, but I would love for you to maybe introduce this topic to our audience. There’s a lot more information and awareness around plant medicine and what that looks like. But can you just describe a little bit about Ayahuasca or San Pedro or these plant medicines, how they work? And then if someone’s feeling called to maybe look into this for their own healing, how do they even go about learning more about this?

Jason: Yeah, this is an area that’s taking off. We’re starting to see cities like Oakland, and I think Denver too, decriminalize these things. Which just means that they’re going to now, at some point, become legal. They’re going to follow the path of cannabis, I think. And so it turns out cannabis was really the gateway drug, right? It actually opened up all the other ones. So, what’s interesting about these medicines is that there’s two ways to look at it, essentially; you have the western pharmacological way of looking at things. Where we study these things and we try to figure out doses and responses and exactly what’s happening. We try to map it with a scientific method and all this stuff. And that’s fine and we’re going to get some useful information on that.

And essentially, Ayahuasca and psilocybin, which is the mushrooms, and San Pedro and these type of things, these plant medicine, hallucinogenic compounds, if you want to call them that; psychedelics, they bind to the nervous system. And they work with a nervous system primarily and they affect dopamine, serotonin, and all these things. They essentially attach to the serotonin receptors.

We can explain this stuff mechanistically but the reality is, is that when you experience this stuff subjectively, as opposed to trying to study it objectively, you realize there’s a whole different aspect of this. And this is where the indigenous curanderos, the healers down in central South America, primarily how they work; they work on the subjective level. In the energy world, they work in the spirit world, they don't work in this sort of biochemical world.

And when you work with them, it's a very, very different experience than what we're, I think, going to start doing here in the West. So there's going to be two very, very different ways of looking at this and working with this. Personally, I have had a number of experiences with a lot of these medicines, I really gravitate towards the indigenous cultures, because they've been working with these things for thousands of years.

They know how to work with them effectively. They use the wind, in ways. I've been in an experience where they will turn on the fan, I mean wind, but it's the element of wind, it's the energy of wind. And they will work with the wind and they'll work with the fire and they work with the water. And it's amazing how this stuff works on a sort of energetic spirit level.

So there's two ways; there's the physical way that this stuff works, which is through the nervous system, and it binds and it opens things up and
it changes neural pathways and all these things. It's great, and there's really, really cool research going on there.

But the experience, the ability to tap into repressed memories, the ability to open up your mind to new understandings, new ideas; new thoughts; to see your entrapped belief patterns that weren't yours, that were impregnated onto you by parents or by people, when you were young. You can start to see this stuff, because your system is sort of wide open. So it's a really, really fascinating way to take a look at yourself through the lens of the spirit world, if you will.

It's very, very hard to explain until you experience this stuff. But it really does open your eyes to concepts like energy medicine. In fact, a lot of people I know that have done Ayahuasca and some of these other things, they start to meditate finally. Where they start to do yoga.

All of a sudden, they have a basis for understanding why these breath work practices and yoga, and meditation are so effective. Where before, they were denying it, or they didn't think it was really that helpful, or they just couldn't find the time or whatever it was, all of a sudden, now they start doing that stuff. So it's really fascinating to see that being an intro to or opening the door to things like more meditation and breath work and these type of things.

But the plant medicines work in a number of different ways. We're still learning pharmacologically, and with the neurophysiology, how it all functions. But I think at the end of the day, no matter how far we get down that path, we're going to recognize that it's a subjective experience that basically is working at another level that's outside this physical reality.

And one sort of early proof positive of this is the research that's been done on psilocybin, which is the mushrooms. They found that the positive effects of doing this sort of therapy... and this is not in a sort of lab type setting; this is like a therapist and a person sitting in a room, and they're doing it in in sort of very western ways. They found that the most effective aspect of the process is the tambor and the quality of the music.

So it's not the dose. You can increase the dose and all that, but it's not going to produce a greater healing effect. What produces the greatest healing effect out of all the variables that they tested, was the tambor of the music, the quality of the music; the color of the music, if you will. Well, the indigenous people have known this for a long time.

They've been using sound in those sessions, forever. Ikaros, they say that the plants even teach them the songs to sing that actually produce healing. So we're just starting to verify scientifically what these people have known for thousands of years, and they know how to work with it more authentically. And so again, that's the energy world that we're talking about when we're talking about sound.

So to find these good places, I think the best thing I would say is if you
know somebody that's had a good experience, at a place in Costa Rica or in Peru, or South America somewhere, then that's a good tool to sort of go off of a referral that you're confident in. The other way is to go online and do some research. And there are starting to become a lot more review sites now of people that had experiences at various places.

So I would look at the reviews; trust the reviews. You want to go to a reputable place that has something to lose, you know. And what I mean by that is, you can go to the most authentic sort of experience in the jungles of Colombia or Peru, with random shaman, and you will get the most authentic experience.

But they can practice in ways that are not super helpful or could be even harmful, and there's nothing you're going to do about it. They don't really have anything to lose because they're just random sort of people. But if you have a center or something that's sort of operating in a commercial way, in an authentic but commercial way, now they have something to lose, you have reviews on them, then that, I think, is a safer way to go.

So I would say, look online, do a lot of research because finding a good healer, a good place to do it, a place you feel safe, a place you feel comfortable, is the most important factor when you're looking at plant medicine.

I would not recommend doing them in the United States with random people who say that they've done it and they've had good experiences. Even if you have people that have good referrals, I would just suggest that there's better places, energetically, to do these things. Because a lot of these sort of shamans or medicine men and women, they actually set up sacred spaces. And we're talking about energy medicine here, they literally protect these things energetically. And there are certain ways and directions and methods, and there's all kinds of stuff that goes into this process.

It's not just, “Here, take this medicine, and let me just guide you through it.” It's far beyond that, if you want to get to the real crux of how these people work. So it's fascinating stuff, it's going to become more and more mainstream. So, people probably would benefit to opening their minds and their ears to this topic right now, if you haven't already, and just start to explore it mentally, if nothing else.

Christine: I am so happy that you're increasing awareness about this topic. I've seen in my own practice, a handful of patients who've really been helped by plant medicine, and it's this whole idea that the plant is a healer. It has a spirit, and it knows what to do and how to address trauma and how to also address toxicity in the body. And these are, yeah, people who've been sick for a really long time, they finally shift when they engage with this plant spirit, if you will.

And I'm so glad you also just mentioned all the caveats. I've seen one or two patients who haven't done this in a supportive setting, and it
hasn't been helpful for them. And there's just so much intention and preparation. It's sacred medicine, and it should be treated that way.

**Jason:** And one thing I want to add to that too. There's a medicine called yage, which is a form of Ayahuasca, but it's practiced in the specific Colombian tradition. It's a very, very authentic method of plant medicine. I have had an experience on yage. And this one is particularly known as a purgative, so it makes you purge; both vomit and out the other end, and a lot of diarrhea and that kind of thing. Particularly diarrhea and so you can go to the bathroom and all that stuff, you can take care of it. But that's one of the methods of its cleansing. And I actually had an experience with yage one time that I did a lot of crapping.

Because I look at stool a lot and I know the digestive system; I'm pretty confident that I actually expelled or got rid of some pretty decently sized mass of biofilm that was in my GI tract somewhere; that was causing me inflammation on the skin level. So, yage, you look at it, it's like deep blood red. I mean, it doesn't taste very good either. It's very bitter. So, we talk about bitter greens and green juice stuff and the benefits there.

I actually think there's massive physical interactions and benefits going on in the digestive system, because this is something that's not been studied. How the gut microbiome and how the whole GI system works with these plant medicines, because we have an enteric nervous system, right? So those things are binding to the enteric nervous system, no question. In fact, that may be the primary binding mechanism and so it's working with the gut.

So there's not only on the spirit level, but as above, so below, so to speak. Whatever's happening on the spirit level, if you want to think about it in indigenous terms, is probably going to manifest physically. So me getting rid of this biofilm, they might call that getting rid of a spirit or a demon, or a dark energy. And we might call it a biofilm and it's like, “Well, what's the difference?” It's healing. So I'm very confident that I got rid of some kind of slimy biofilm. It was very, very noticeable as it came out. So there's really interesting things on the physical level that I think these things can work with as well that are very interesting to me, and I'm really curious. This is what I want western medicine to study. I want our western scientists to look at the physical aspects of the gut biome. And these things like Ayahuasca that are basically this liquid that you drink, and affects your digestive tract.

**Christine:** Yeah, I had a patient who has chronic GI issues; really sensitive to everything, and she found definitely a similar experience.

**Jason:** And gluten doesn't affect me. Gluten doesn't affect me as much as it did, after that experience. This is fascinating to me, of how this stuff might actually be working.

**Christine:** Yeah, I see that a lot. While of course, we want high quality food and all of that but this sensitivity is usually secondary to inflammation in the gut. Secondary to parasitic infections, biofilm; fungal
overgrowth. So, as you treat these things, you can have more resilience in your digestive tract and tolerate more foods.

**Jason:** Oh, absolutely. And one thing I want to mention too, kambo. Kambo is another fantastic medicine that men generally put it in their arm and women on their leg. This is a poison that affects the nervous system and again, this is a form of energy medicine. In the jungle, they call it, I think, the vaccine of the jungle or the vaccine of nature.

But you get a couple of these and it really, really affects your immune system in so many beneficial ways. In fact, there's so much literature on kambo and how it affects the immune system. And this is legal in the US, this is illegal in the US and Canada. So, I would again, suggest looking up and researching a really good kambo practitioner.

But that is another fantastic tool that we can use to step outside of the western medical paradigm. To step outside of all these, even the supplement paradigm and work with nature on a fundamental level, in a way that's been used for thousands of years and that many people have seen tremendous benefits from. You want to be safe and take the precautions, of course, but this has been safely practiced for a long time. So, I just want to throw that out there as another little plug for sort of the nature energy world that we're walking into. Kambo is a very, very effective tool at working with the immune system.

**Christine:** I'm so happy that you're again, sharing information on these topics, as we see just illness increase, and more and more kiddos being sick. And just there's this rise of neurological illness that I see all the time and cancer and so forth. And as society has advanced, and there's of course blessings to that, but it's this whole return to nature and return to looking at the rhythms in our body. I do feel and what I see in my practice is that our bodies are a microcosm of the macrocosm, and the planet needs healing right now.

And so the more that we connect with these ancient forms and indigenous forms of healing, I think that this will have a ripple effect. So I'm just really happy that you're taking all of your passion and your ability to make these wonderful movies and things to share this information with more people. So, I'm glad we're touching on this.

**Jason:** Yeah, likewise. I mean, I think as we become more in tune with these things, we start to become more sensitive to these things. We can start to feel these things a little bit more. And you're speaking to somebody who was really insensitive to energies. Some of the things that people were feeling, I couldn't feel.

Then as I started to work with this stuff a little bit more and more and get more in touch with this, more embodied, then I could start to feel the subtle energies of things. I could feel the energy of somebody's hand. I mean, this is really wild stuff, when you get down to this. Again, people call it 'whoo-whoo' because they don't know how to have an interaction with it. They don't know how to have an experience with it.
Once you have an experience and develop a relationship with it, you can't deny it anymore. You're now in the world of accepting the fact that energy is a real thing and that, on the subtle levels, it's always ongoing. I mean, you can't feel your liver doing its work. You can't feel the kidneys doing their work. You can't feel what's happening in the body, but yet it's happening. You can't feel the mitochondria separating charge and creating ATP, and producing heat and light and all that stuff. You can't feel that, but it's happening. So we have to accept that some of these things that are happening on a subtle level, we just aren't able to really recognize fully.

And as we become more in tune, especially through things like meditation, that is one of the most effective tools of becoming more sensitive to these energies... in fact, let me just close with this, because it's a fun story. I went to the Vipassana meditation retreat, which is 10 days of basically 12 hours of meditation a day. And it's just body scan type of meditation.

Eventually, on day four or five, I started to actually finally get to a point where I was meditating. And there was essentially a chant going on, like a deep chant, and I could feel the vibration. I could feel the sound vibration in my body; in my system, and then as a note would change, I would feel the vibration change. And I thought, “Oh, my God, finally. I now understand what everybody's been talking about. And I feel the vibration, I feel it.” So that was really cool.

So it just doesn't take very long, I think we just have to get in tune with the subtleties of this stuff and learn to direct our awareness into these subtle energies. And it's really the awareness that is the key. If you learn how to start to direct your awareness, and get into these sort of silent and quiet, and dark places, then you can start to feel the subtle things that are going on all around us. So anyway, that was probably my first real experience of the subtle vibrations, was in that Vipassana meditation retreat.

**Christine:** Well, thank you so much for opening our minds and our awareness. And just sharing your story and your journey, because I know you've got a lot of people's wheels turning after this conversation. So, Jason, if people want to find out more about your work and your upcoming documentary, and all the things that you're up to, where can they find out more about you?

**Jason:** Yeah, they can go to humanlongevityfilm.com, which is where our previous film and our new courses are coming out. And we'll give updates on the next film as it gets released. In fact, I'm heading to Peru to work with the wachumeros, which is the San Pedro. We're heading there this Saturday, whatever that is, so a couple days from now. So that will be exciting. And we'll update you on the release of that film series. And then they can find us at Human Longevity Project on Facebook, and on Instagram as well.
Christine: Well, I so appreciate your time today and being on the summit; and thank you for all the work that you’re doing.

Jason: Thanks for having me. I appreciate it.
Dr. Schaffner: Welcome, everyone. I’m here with Jodi Cohen and we’re going to talk about how to use essential oils for frequency and vibrational healing. Jodi Cohen is a bestselling author, award winning journalist, functional practitioner and founder of Vibrant Blue Oils, where she has combined her training in nutritional therapy and aroma therapy to create unique proprietary blends of organic and wild crafted essential oils. She has helped over 50,000 clients heal from brain related challenges including anxiety, insomnia, and autoimmunity.

Welcome, Jodi. I’m really excited to have this interview. And as many of our listeners may already know, you’re a dear friend and I know that we have a lot of these conversations in our walks, and a lot of our personal conversations. And it’s really going to be a fun talk today to really talk about how essential oils really fit this whole world of vibrational and energetic medicine. So I’m excited to see you and have this conversation at the summit.

Jodi: Hello, thank you. I’m excited to be here and to share this information.

Dr. Schaffner: Great. Well, let’s just dive in. I mean, essential oils have just been really more and more popular over the years. There’s a lot of probably great information out there and some misconceptions of how essential oils really work. And I feel like you have a really unique handle and viewpoint on why essential oils are therapeutic and how they really work in the body.

Jodi: Yeah. I think the most important thing is that they’re plants, and humans and plants are kind of bio familiar. We eat plants, we eat the ethically raised animals that feed on plants, and so they’re very familiar...
to our system. There's nothing that's been altered or changed. And there are a lot of ways that you can use them. You know, a lot of people know like, “Oh, lavender, that's great. It reduces my stress and helps me fall asleep.”

So there's kind of like the basic level. And then there's the more advanced level if you think about how they work vibrationally. And the best way I can compare it is, you know, we can all recognize colors. We have the primary colors. And then when you combine them and add shading of either white or black, it changes them. It still has that aspect of the original color, but it's modified to match things. And there are all these colors in the world that we're blessed with.

Like musical notes, you can combine instruments to kind of make different notes. I believe that every organ in our body has kind of its own unique frequency, which you can think of as a sound, you can think of as a color. And you can combine different plants to match that frequency because what happens often when we get out of balance, that organ gets out of balance, and so that frequency gets off.

And just like with pitch, if you hit a tuning fork on one side of the room, and then hit another fork on the other side of the room, they kind of find balance together. You know, if you listen if you're in an audience and people are clapping, at a certain point, the clapping kind of combines and matches frequency. So if you take a combination of oils that match the frequency of a healthy organ and overlay that on an organ that might be out of balance. The organ kind of rises to match the balance and returns to balance.

**Dr. Schaffner:** Yeah, it's great. And we'll break this down. And that's why we're having this summit to have these types of conversation and to really open people's awareness to this whole other aspect of how our bodies respond to treatment, and how we can heal beyond just looking at biochemistry. And a common theme in the summit is a lot of speakers are talking about how we have this biofield, as Dr. Rubik calls it.

And we have essentially this energy field in the body and this is where we inform our physical body. And so Jodi is really sharing with us so that when we, you know, tell the bio field and kind of communicate with the bio field on a frequency level, that kind of holds the blueprint for healthy organs, healthy systems, healthy tissues, and then the body can match and respond to that and become healthier.

So that's been a real theme in the summit. And that's one of the big take home points if you're chronically sick and you're not feeling well. And you're just thinking about, okay, how do I support the liver from all these biochemical aspects. But what is it to actually give the liver a healthy frequency or what healthy liver tissue is. And so I really appreciate
you sharing that to that point. So you talked about the combination of your oils, you know, to have this different frequency. You have created your blends to affect different systems. And maybe even to take a step back and share a little bit about how -- what is your creative process in creating your oil blends?

**Jodi:** Yeah, it always starts with kind of intuition backed by testing and then research. So I'll get really clear on what it is I want to do like matching healthy liver tissue, because the liver is so overwhelmed with all of the toxins in the environment, all the toxins in the body. And so getting a clear sense of what that is, and then figuring out what oils to put into the blend, figuring out what ratios to put in the blend. And then testing and refining and then researching and saying, “Oh gosh, it makes complete sense that grapefruit is included in this plan because grapefruit helps to emulsify fats and supports the liver. Oh, it makes sense that we have helichrysum.”

So I almost reverse engineered it. I'm not looking at what are all the blends that could help the liver and you know, kind of kitchen sinking a supplement or a blend. I'm looking at kind of the balance to match the frequency of healthy liver tissue. And then we have practitioners like you that test and validate that this is actually working.

**Dr. Schaffner:** And I know one of your areas of interest and what you have a lot of experiences over the years is looking at the brain and the nervous system, and you've created a blend called parasympathetic. And so what has been your experience with oils in treating the brain and the nervous system?

**Jodi:** Yeah. I mean, the brain is almost like an article. People are kind of like, you can't get remedies in there. So we don't know what to do. So we're going to do nothing, which, as you know, is so unfortunate because the brain communicates with the body and the body communicates with the brain. And if we're not addressing that communication, then we're missing a really critical element of helping us return to health and return to balance.

And one of the things that I've loved about our collaboration, this parasympathetic blend that Christine is speaking of; your nervous system has two states, kind of your fight or flight emergency sympathetic state and your rest-and-digest, heal parasympathetic state.

And ideally you toggle between the two all day long so that you can respond to the stressor and then returned to health. What happens, unfortunately, too much is that people don't return to that parasympathetic state. Now, you may wonder how you toggle between these two states. It's this important nerve, the vagus nerve. It's cranial nerve number 10, straight to the very back of the head, ones around
both sides of the body behind the ear lobe, and then goes through every organ of digestion along with the heart and the lungs and spleen. It's really critical for helping us to turn on our immune system, to anti-inflame, to detoxify, even to relax so that we can rest and heal. And one of the things that Christine has found in her practice, that sometimes there is actually viruses and infections that impede this vagus nerve signaling. There is a researcher out of tufts that found something similar.

So applying an oil right here, behind the ear lobe on the vagus nerve does two things; it helps to stimulate that nerve to drop you into the parasympathetic response. There a lot of other practitioners like Patti Granzin who have caught on to this and are advising people to gargle themselves with the tongue depressor, to gargle to splash their face with freezing water, far less comfortable and just putting up good smelling oil. But the nice thing about oils, especially if they have really small molecules is they can actually get into the nerve.

And if you do any research on oils and their antibacterial, antiviral qualities -- our combination is cloth and line. And both of those have been used throughout the centuries to help clean them out of toxins. So you're actually helping -- you know, if you think of this vagus nerve as a highway. Imagine it's a four-lane highway, and three of those lanes are blocked by infections. Kind of like driving in traffic, you're on a freeway, four lanes are not moving because three are obstructed by an accident. And once the accident gets cleared away, everything can flow more smoothly.

So once you kind of help to clear out the toxins and stimulate the nerves, the brain can signal the body, the body can signal the brain. It opens up the healing pathway.

Dr. Schaffner: And that's an excellent explanation. And so we have the vagus nerve that we can actually treat internally and with some of the recommendations, you talked about Patti Granzin. But there's this whole topical application and one of the things that you mentioned, the neck is the highway and so we have the vagus nerve. And then we also have a huge glymphatic drainage area, and you have another glymph oil blend. And what has been your experience with kind of not only the lymph oil blend, but kind of -- what have you found with your clients with application and how to get the glymphatic system moving?

Jodi: Yeah. It’s like there are these little things that are really hard to treat. You know, like supplements are great. If you're low in magnesium, suplementation is the way to go. But there are these kinds of blind spots like moving limps, supporting kidneys, and those tend to be what clients really suffer from. It's like that place in your back that you scratch, so you need a device.
So we've had amazing success, especially we apply it on the sides of the neck, over the left clavicle, under the armpits along kind of the bikini line. And what we found and we've talked about this, you know, the brain cleans house. Every night when you go to sleep, it's like a little car wash. It's called the glymphatic system. Your brain can shrink by 60% and the glymphatic system in combination with the glial cells of your brain, go through and clean it out.

And then what happens? You know, you take out your garbage, and once a week it gets collected. If it doesn't, it starts to add up and smell. If the fluid can't drain down your neck, then it stays in the brain and then it starts to cause problems that are presented as inflammation, depression, anxiety, pain.

So the more you can help open up that neck channel so that things can leave and then also the downstream organ so that things can then flow out of your body. The less pressure will build up, the less likely you are to have headaches, especially migraines, the less likely you are to have inflammation. So it's just something that, Christine, is -- you're quite brilliant in this area, but it's something people don't realize and it's really important.

**Dr. Schaffner:** Yeah. And so I really love the combination of calming the nervous system and using the parasympathetic one, and then really opening up the glymph system. I think that's a really big part of where people are stuck in, so you have great tools for that. And then another system I know that you -- you know, have your pulse on and you really support people with, is the liver and the gallbladder. And so what has been your experience with liver-gallbladder formulations, and what have you found to work?

**Jodi:** One of the reasons that I love essential oils so much is I think that most people have some kind of digestive compromise. You know, if we could just take supplements and use food like we used to 50 years ago, we'd all be fine, but with all of the chemicals and pesticides and modified foods, digestion doesn't flow as easily as it used to. And so having kind of alternate channels to get things into the system like when we topically apply something it gets into our system and our bloodstream within 20 minutes.

We know that because we use nicotine patches, we have hormone cream. We're familiar with this. But to actually get to the liver, if you can just overlay a blend that goes through the system right on your liver, which is right under your breast on your right side and your gallbladder is right next to it.

It's just a really easy way to help the body returned to balance. And we've had amazing success, especially with the gallbladder blend. As
you might know what happens in the gallbladder, is that it's supposed to release bile into the small intestine to help break down your fat, and then carry out toxins with it through your feces. But sometimes -- it's supposed to flow kind of like water, but it gets kind of dumped up like molasses and doesn't flow.

And so that's one of the bottlenecks in the body. We've had a lot of clients who were about to lose their gallbladder. You know, the doctor was insisting that they have surgery. And overlaying this -- and you know, also some dietary changes like coffee enemas are great. There's a lot you can do to support your gallbladder but that suddenly allows the bile to flow and it's no longer a bottleneck in something that's impeding toxins leaving the body.

**Dr. Schaffner:** Yeah. I know it’s a huge area that we're trying to always get in a movement and flow in the body. I am really happy that you just -- for people to understand topical application of oils is a therapeutic strategy. And you know, we have medications all the time that use the whole topical delivery and then to the liver. In naturopathic medicine castor oil packs have been used for a long time to help bring the lymph drainage and circulation to the liver and the gallbladder. And so I think it's really nice to combine even castor oil with the oils. I think that can be a really like, kind of a deluxe, you know, castor oil pack.

**Jodi:** You might have even told me you can combine castor oil pack oils and then an Epsom salt bath.

**Dr. Schaffner:** Yeah, you can put that all together. So, Jodi, we know that the essential oils have this physical aspect. And then we also talked about how you create blends thinking about the frequency. What has been your experience, or what have you learned through your clients of how do the oils also open up the energetic body or kind of the emotional body? What have you seen?

**Jodi:** Yeah. I think what we're really all trying to do is return to balance, and the earth is balanced. This is why grounding is so good; why walking barefoot by the ocean. And the cleaner the connection -- like organic food has, it's not just apples for apples. It's not just, oh, it costs more. Oh, it's not grown with pesticides. It really has that earth energy that we're trying to connect with. And so oils are highly concentrated. You know, it takes a lot of raw material to make even one drop of oil.

And so it's like concentrated Earth. So it's a really good way to return the body to balance. And I think when we talk about the biosphere and vibration, what we're really doing is kind of lining up with the earth, right? Like the earth has rhythms; it has night, it has day, it has the seasons. It has, you know, the solar, the month, the years, moving through time and space.
And we are supposed to line up with that, like we’re supposed to have our circadian rhythms. We’re supposed to go to sleep when it gets dark, we’re supposed to wake up when it gets light. And what happens is when we fall out of balance with those rhythms, that’s when we fall out of balance with our health. And so the more we can return to kind of that flow, the easier it is. And I think that you can use plants, especially highly concentrated plants, if they're organic and kind of free of pesticides to help get your body back in the groove.

**Dr. Schaffner:** And you mentioned grounding, and lot of the speakers -- you know, that's a big takeaway from this summit. To begin with one thing; ground every day and to put your feet in the ground to get that connection with the earth, and get the electron supply from the earth to help your body deal with stress and inflammation. But you also have recommended applying oils on the bottoms of the feet.

**Jodi:** Yes.

**Dr. Schaffner:** Share how that works.

**Jodi:** Yeah. I'll use that as an example. The vetiver is a plant with really deep roots. And there’s a lot of research that vetiver is great for kids with ADD and impulse control because it grounds them, it centers them. If you think about yourself -- a good example is if you've ever been in traffic and someone cuts you off, and you're kind of like I don't really care, and maybe they’re in a hurry.

And then other times, the same exact situation, and four letter words are flying out of your mouth. The only difference is you. The only difference is, are you grounded and feeling resilient and little things don’t faze you or are you ungrounded and certainly the smallest thing sets you off. And so vetiver is a great example. If you put it on the bottom of your feet, it has that energy of being really rooted in the earth. You know, there are a lot of root vegetables that help you ground as well.

But if you’re living in a very cold climate and you don’t want to walk barefoot through the snow, you can use oils in the winter to really help you ground. Or your children you know, they come home from school and often they hold it together at school and in a minute they get home. You’re just rubbing oils on their feet. And I have yet to meet a child that doesn’t like their feet rubbed.

**Dr. Schaffner:** Yeah. That’s a great strategy. Amy Stark who you introduced me to, she is on the summit. And she talks about how she queries her son's energy you know, at night before bed. So you can tap your child and put essential oils on their feet before bed.
Jodi: Yeah, and it's interesting. I love the idea of layering like all these strategies that the listeners are learning from the summit, they can combine them and it amplifies.

Dr. Schaffner: Yeah. Amplifies the healing. I completely agree. One thing that I think we should definitely put as part of the conversation, and you've already hinted at this a little bit. A big part of your communication about oils is how -- you know, they basically are lipophilic. And what that means is that they're fat that actually get absorbed into and can communicate with things that are fat in our body. And can you just share a little bit more about what that means?

Jodi: Absolutely. You said one time and I loved this, that it's really hard to get the right remedy into the right area of the brain. And that's in part just because of how the brain is protected. We have a blood-brain barrier that is very selective about what it lets into the brain with good reason because you don't want toxins running rampage in the brain. So the preferred substance is super small, fat based molecules.

And that's what they allow you to get through and that's what essential oils are, that's what liposomal remedies are. So they're kind of perfectly packaged to get through, and then they're also fat based. And so if you think about it, our cell membranes are fat based and it allows them to get into the cell membrane. They're naturally made of the right lock to fit the key to get into the brain. And that's one thing that I really want to get the message out about, because I think the brain is almost been forgotten about because you can't access it. You know, you can't do chemo in the brain because you can't get the remedies in there.

So I feel like there's a huge potential to use essential oils. I know you use a lot of liposomal remedies that kind of wrap nutrients in fat. So you call it Trojan horse thing, it sneaks into the brain, so that it can actually help and benefit. But I feel like oils are -- you know, it's hard to do it wrong. They're natural. They're easy. It's just something that should be more accessible for everyone.

Dr. Schaffner: Yeah. That's a great analogy. And we've talked about already the parasympathetic oil that helps the vagus nerve. And then you do have a couple brain blends to help with children with ADD ADHD and even asleep. Tell us a little bit about the nuts and bolts of those formulas?

Jodi: Yeah. So the sleep one. One thing that you do that I love is you're always trying to kind of go upstream. It's like the ceiling is leaking instead of just putting the bucket below to catch the water and deal with the symptom, you're actually trying to get on the roof and fix the leak. And I think when we talk about sleep, it's the pineal gland that's releasing the sleep hormone melatonin.
And what throws that off is like blue light at night. It's supposed to respond to darkness. You know, the stress hormone cortisol, these two hormones work in tandem. So you know of cortisol think of a teeter totter; cortisol is high, it forces melatonin low. If cortisol goes down, melatonin can come up which you know, from a survival standpoint makes complete sense because if a lion is chasing, you don't really want to fall asleep. But what we can do, and there are some other homeopathic remedies that do this, but support the pineal gland so that it naturally releases melatonin.

And for anyone who has kind of anxiety at night; you're exhausted but you're thinking about everything for tomorrow, you're worrying about something, you can't fall asleep, helping the pineal gland to release melatonin helps you to kind of relax and drop into sleep. And then you talk a lot about how melatonin not only helps us sleep, but with amazing detoxification especially for heavy metals.

So it's a good hormone to have circulating. The other thing that we've noticed; I don't know if you know like when you hurt yourself, say you have a headache. You can naturally put your hand on your head or maybe naturally hold your hand. What you're doing is you're providing warmth and you're encouraging blood flow which then brings in nutrients, it brings in oxygen. You can use oils in the same way by applying them kind of on the temporal and that helps to bring blood flow to the frontal lobe.

So this is another strategy if you're suffering from any kind of anxiety. Anxiety really lives in part of our brain called the limbic system; the limbic brain, the amygdala. And the brain can't do two things at once, it can't do all tasks. This is the principle behind the EMDR therapy, rapid eye movement. So you can't think about something upsetting and move your eyes, it kind of cancels out the upsetting thought. So if you apply oil right around your forehead, it kind of brings you into the moment so you can focus and concentrate and it helps you feel better.

**Dr. Schaffner:** Yeah, and that's a great analogy. And there's just so many tools, you know, are ways to use essential oils. And I'm thinking, especially there are so many people with insomnia these days or poor sleep quality. So you can limit your blue light exposure, but use your pineal gland blend. Also open up glymphatic system so the glymphatic system can drain. And then if you have a high anxiety at night use the parasympathetic oil on the vagus nerve, so just kind of all system when we think about the vagus nerve. The glymphatic system, the pineal gland all that can help support healthy sleep, which is so fundamental for our health these days.

So Jodi, you're always going to conferences and researching, and I know that you'll be writing a book one day and everything. And so if you
Jodi: I have my book, I'm writing my second.

Dr. Schaffner: Yeah, which is wonderful. So what are you most excited about that you're learning right now in your research and your studies?

Jodi: I think it's really the vagus nerve and the potential for the vagus nerve. I mean, there are three books that I know of that are out on the vagus nerve. And I think they all assume that it has to do with stress, that we're just stressed.

So we're stuck in what they call sympathetic dominance and we can't drop into the parasympathetic state. But I'm really fascinated, like you and Dr. Klinghardt talk about how his 95% of your chronically ill clients have some kind of you call it vagus nerve toxicity. The test researcher calls it vagus nerve infection.

I think that if we can start to clear out the infection and the toxicity of the vagus nerve, it can really move the needle very, very quickly for people. And it's not like they have to drop everything that they're doing, it's an and not a but. Like, this and what you're already doing. It's like biking back to the wind, you just go faster and amplifies your success.

Dr. Schaffner: Yeah, that's so true. And I think there's just more and more for us to learn. If you're listening, a lot of the conventional ways to treat the vagus nerve; vagus nerve implants or stimulators are things that have a lot of promise but still can be hard on the body or not effective and invasive. So there's a lot more elegant ways to treat the vagus nerve. And I completely agree and will be excited to read that, I'm sure, in your book coming out on all the things that you research and want to share.

So, Jodi, in wrapping up, I know that you use a lot of energy medicine in your own life, and essential oils in your own life. And I've asked most of our speakers, you know, how do you maintain your energetic, health and your well being?

Jodi: It's a really good question. And it's funny, we just did this amazing trip to Italy. And I realized I came back and I was like, oh, my gosh, I was so distracted. I didn't do it at all. And the other funny thing, I went with some friends that are the same age, and other people commented that I look 10 years younger, what am I doing? I'll tell you what I'm doing. I wake up in the morning, and I really try to set an intention for the day and have gratitude.

And I've been reading and I'm fascinated with this; the gratitude actually changes the way your brain is wired and kind of how you perceive the
day. So a little bit like that, you know, cutting you off in traffic example. You’re always kind of in a place where little things don’t throw you and you’re more receptive to the positive things.

And then I try to go to yoga and I use the parasympathetic blend and the glymphatic blend, because I think -- I have found when I use the glymphatic blend in yoga, it just helps me, makes workout so much more powerful.

And then we have an adrenal blend that I didn’t mention, but that also helps me stay in balance. And so I think it’s a combination of mindfulness and very intentional thought focused process, and then oils. And I found that if you can combine three things, and so I do it with exercise, like I love to move, to walk, to do yoga, to hike, to run. All of those things combined just help you kind of stay in balance so that you’re really resilient. You know, whatever comes along, you can kind of weather and handle.

**Dr. Schaffner:** I love that. I haven’t brought your oils to yoga yet. So that’s going to be on the list.

**Jodi:** You know, it’s funny. If you do the balance poses, try it and then try smelling the adrenal blend and see. It makes it a lot easier.

**Dr. Schaffner:** Yeah. And that’s a great tip. So, Jodi, this was such a fun interview and fun conversation. And so if people want to learn more about your work and where to find your oils, where can they find you?

**Jodi:** They can find me at vibrantblueoils.com. And they’re welcome to email me any questions at info@vibrantblueoils.com, we answer everything. And I’m happy to give them a chapter of the book or send them information so they can learn more.

**Dr. Schaffner:** Thank you, Jodi. And one note, I am just thinking out loud. Your logo is the flower of life of the sacred geometry symbol. And James Oschman, who is on the summit, he talks a lot about the living matrix and how the sacred geometry can really help to organize energy field. I know that was a really inspired symbol for your oils, which is so relevant to the conversation as well today. So I’m just remembering that.

**Jodi:** Yes, not an accident. And there’s one thing I forgot to mention. This is from Titus Chubbie; when you’re feeling anxious, that’s often your right frontal lobe overreacting. So if you smell something through your left nostril, it stimulates the left frontal lobes, it puts you into balance.

And it can be anything. It could be lavender that you get from the drugstore down the street, but it’s just a great trick. You know, if you are prone to anxiety or panic attacks, or you have kids who get anxious.
when they take tests. It's a really easy thing to do.

**Dr. Schaffner:** Yeah, thank you for that. That's a great tip. I'll start sharing that with patients too. I didn't realize that. So thank you for that. And thank you for your time today. And it's so nice to see you virtually and I'm sure we'll be seeing each other soon. So thank you.

**Jodi:** Thank you for having me.