



Maximize Brain Health, Minimize Leaky Brain

Guest: Greg Eckel, ND, LAc

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Dr. Wohlfert: Hi. This is Dr. Ryan Wohlfert.

Dr. Villanueva: And this is Dr. Elena Villanueva.

Dr. Wohlfert: We want to thank you for joining us on the Leaky Brain Summit with our special brain expert, Dr. Greg Eckel, who spent the last 20 years developing and refining his unique approach to chronic neurological conditions. He combines naturopathic and Chinese medicine — so cool. Dr. Elena and I are so happy you're joining us to learn from Dr. Eckel, and how you can maximize your brain health and minimize leaky brain. Thank you so much for joining us, Dr. Eckel.

Dr. Eckel: You are so welcome. Thanks for having me on.

Dr. Villanueva: I just want to dive in with this personal connection that you have with a chronic neurological disease with your wife having passed away with a neurological condition. She was told that there was no cure for that. What are you finding with regards to the state of care for patients with neurodegeneration?

Dr. Eckel: Yeah, for sure. I had been in practice. I started in med school in 1996, graduated in 2001, and I'd been in practice for 17 years. And you can be a provider physician, and you've got a ton of patients under your care. It's a little bit different when it's your wife. And we discovered Shariah was this

amazing being on the planet. She passed three years ago to this incurable neurologic condition called Creutzfeldt-Jakob disease. And it's a very rare disorder. It's one in a million people get it — about 300 cases a year in North America. And I knew the healthcare system was fractionated as with all of my patients and with the needs of folks coming in. It's like, wow, we have like pieces and parts system.

But then going through it, this Creutzfeldt-Jakob disease is nothing like I'd ever seen before. It was rapidly progressing dementia. Basically, Shariah was in the clinic. She was an OBGYN practitioner, graduated top of her class from Oregon Health Sciences University. Women would come out of her GYN room kind of singing a little song and doing a little jig. You never see that coming out of a gynecologist's office. So just an amazing provider, and she was super sharp. She graduated top of her class and all of a sudden, over a couple of months, we started staying later and later as she's doing her charts and like, hey, honey, what's going on here? And she's like, oh, I've got some really tough cases I'm charting diligently. Get off my back. And I'm like, okay.

But it became evident like, well, wait a minute. No, she's looping, like, she's starting to develop dementia signs, and it's like we look to the early things of what happened? What would a 43-year-old — how would they start losing their memory? And it's like, well, is it perimenopause? Is it hormonal? No. Is it molds? Is it mycotoxins? And I know you have people talking about all of these facets on the Leaky Brain Summit. And no, it wasn't molds. I had my clinic tested. My home tested. We'd had her body tested, really worked up. I did over \$2000 worth of labs and workups. And then it was like, gosh, I've never seen anything like this in 17 years of practice. I'm going to get some support.

So I went into conventional practices, and I just got the most horrible responses of like, oh, well, clearly this is a psychotic break and blah, blah, blah. I'm like that, no, this is not that. So I would not settle for any of the answers that I was getting. And so, I dug deeper and deeper into the research, and what I uncovered or what I'm sharing with the world are Shariah's gifts. It's my FAN-C approach to brain regeneration, which we're going to talk about today. It gave me even more empathy for my patients and just folks suffering with their health conditions. I know firsthand it can be very isolating, overwhelming. You feel kind of just out there like what in the world's going on, especially with neurodegeneration.

And so, I took it as maybe the mission. I'm planting the flag in the ground, kind of turning my personal tragedy into some wins for thousands of people. Because I really uncovered some really amazing techniques and therapies and kind of assembled them all in. In addition, it gave me such — it kind of ripped me open as a human being of just surrendering to our human status and

state on the planet. I came to a realization we are all one pretending to be separate in this reality, and we are treating people as family members.

I'm always honored when folks entrust me with their care. And so, that's why I'm writing about it. I'm educating about it, really talking to everybody I can about these Shariah's gifts. Just in honor of her, in honor of the process. But also, there's some really amazing therapies that aren't being put out into the world right now that really people need to know about.

Dr. Wohlfert: We can dig deeper into that too because I'm interested in your studies because, again, I know this is a very rare disease. In your research, did you find anything that — again, because it's such a rare disease, I want to say the tips that you're going to be showing today and helping people with today, would that have helped Shariah and will that help someone in a very similar situation where they have these unexplained dementia symptoms? For example, like what questions because you went through it, too. Shariah is going to these neurologists, going to all these doctors, and I know you're going to be able to help the listener out there even if they don't have this one in a million disease.

Dr. Eckel: For sure, yeah. And so, the overlap why I started there is that's kind of what led me in on the research. And one of the things, so one of the main causative agents, for Creutzfeldt-Jakob are prions. These are misfolded proteins. So I have the second edition of the prionic diseases out there. Well, guess what's in there? We have Parkinson's with alphas and nucleon. We have dementia. We have Alzheimer's. We have multiple sclerosis. We have possibly anxiety as well linked to prionic activity.

So that's coming out of a lab in UCSF. So we have a lot of neurodegenerative states that may be as a causative agent, these misfolded proteins, which when you look at neurodegeneration in general, there's been no major breakthroughs. And so, why? Maybe we're looking at the wrong things, and maybe these prions or misfolded proteins are an underlying source of the dysfunction.

So that is one. The second component — so that's the linking as to well, right, docs. This is a great interview, but I don't have that, and it's very rare. Why do I need to listen to this guy? Well, here that's a very big underlying component. And then on top of that, you have questions to ask your neurologist. So what I see every day in my practice is folks come in, they get their diagnosis, let's say it's Parkinson's, and they get parked in the motor neuron disorders or even anxiety. And so, here's the meds. Now you're parked there. And then that's basically your label. Sorry, there's nothing we can do for you. You're either biochemically imbalanced that you need this drug and anxiety or for

Parkinson's, you need carbidopa-levodopa, but it does nothing to address the underlying root cause.

So questions that I am asking and I'm kind of educating people is well ask your neurologist. Do they have a plan for your nutrition? Food is our best medicine. It is the information coming in for our bodies to heal themselves. So we need to really address diet and nutrition to get complete care. The second one is your neurologist recommending any exercises? Exercise increases your circulation, gets blood flow flowing. Well, what travels in the blood? The healing properties of your body.

And there is clear research in Parkinson's in particular around exercises slowing the progression of that disease. So those are two main questions that I say, hey, you got to ask your neurologist and if your neurologist doesn't have a plan, like, oh, the diet has no influence, exercise there's no evidence, well, they're not up to date on the research. Basically, I want to provide some hope and let people know, let your listeners and viewers know like there are things that you can do now that you may have not implemented yet to really help move the needle for you to get back to wellville or have your body heal itself because I am seeing it day in and day out in my clinic.

Dr. Wohlfert: And I'll follow up with this as you said if your doctor isn't up to date on the research, on a diet, and exercise and all the other lifestyle healthy habits that we can have that will help our brain health — sometimes it's even not up to date on the research. I'll flat out say, I mean, just common sense. We know we got to sleep. We know sleep is important. We know healthy organic food is better than chemical-laced stuff that they intentionally put in it and stuff that's sprayed on it inside the processed carbs and processed fats.

So it's more of if your doctor says that, again, that's fine. They won't say that's fine. They're not trained in that. That's why we're doing this summit. That's why you've done the Brain Degeneration Summit to help bring awareness so we can help bring this to everybody out there. To hundreds and thousands of people. So yes, we want to have common sense as well as the research.

Dr. Eckel: Right. Totally.

Dr. Villanueva: And implementing and teaching this different type of approach, which all three of us do, why don't you give a comparison to the listener of what a typical assessment is in the traditional model versus what type of assessment that they're getting when they see a functional specialist who works with brain disorders.

Dr. Eckel: Yeah. In regards, so a lot of the neurologic or neurodegenerative states, there is no laboratory testing. There's not imaging. So for Parkinson's, for instance, it's a clinical diagnosis. So there are some criteria. In particular, you're looking for the tail-tail signs of dyskinesia slowing of the movements, one-sided — it's not at the central — one-sided tremor. And some speech difficulty can also be put in there and then the stutter-step gait or walk.

And if somebody comes in, usually, it's a tremor that starts it. Occasionally, you'll hear about the story of Alan Alda of MASH Fame. He went in after reading an article about Parkinson's. He woke up kind of hitting his wife with his pillow. And he was in dream state thinking it was a sack of potatoes and he was getting some invader he was kind of fighting against.

It was his wife in bed. He had his pillow. He said, "That's odd. I've never done that before." It's a kind of recurrent theme for him. He went in and got checked out. And actually, that can be a really early sign of Parkinson's. Also, the sense of loss of smell sometimes can take people into the neurologist. So it's cranial nerve one, the olfactory nerve, it can show if you're not smelling properly and there are some smell tests that you can do now that are early screening measurements for neurodegeneration. It means like your brain is actually not functioning well, and you're losing brain cells because you lost your sense of smell. Now, there are some other causes of it, like a zinc deficiency along those lines. So it doesn't have to be this life sentence of neurodegeneration, but that's an earlier sign as well.

And then the third early sign is constipation. So super common in our society, but it can also be an underlying issue around neurodegeneration — up to two decades before you develop any central nervous system degradation. So that in a traditional realm or conventional land, those three early signs are just coming on board, but then it's a clinical diagnosis. And then once they get diagnosed, here's your carbidopa-levodopa.

If that drug worked to limit or calm your tremor down, well, then by golly, you have Parkinson's disease. That's the diagnosis as if the drug — and the drug doesn't cure it. It's just a symptom-based approach that typically will wear off about five to seven, eight years after use, and leaving people in a much harder spot to get out of, at least I've seen clinically. Much harder to get them out after the drug therapies have worn off.

To then this new approach, which is a functional medicine approach, which is we treat whole people moving through time and space. I like to say we treat heart-centered beings moving through time and space. Well, what does that mean? Well, we're assessing all of the different facets of what it means to be

human. So, in particular, for any neurodegenerative state, heavy metal testing is essential.

I have actually a patient coming in this week, Dennis, his wife, proclaimed two weeks ago, "I have my husband back." He had early MCI, mild cognitive impairment, early signs of dementia. We found he had a heavy metal burden. We started chelation therapy, and he's able to hold conversations longer. His memory has improved. He's more witty, more sharp. This is coming from his wife. So she really loves him. And so, having that she's like, I have my husband back.

There's such excitement because otherwise, it was just this death sentence right into dementia or Alzheimer's, like basically losing your loved one where they don't remember you. And it's just not the same. You still love him, but it's just not the same relationship that you can have. Heavy metal testing, all of us in North America, have a heavy metal burden in our bodies. Is it causing you your health issue?

And so, anybody with brain dysfunction, neurodegeneration, I got to put that in there because that's a stone we could turn that over and really make a major impact for people. The second area of testing that I really think everybody should get with a neurodegenerative state is stool analysis with checking the microbiome. There's so much research coming out on the microbiome — our gut bacteria. If we remove that, we'd have like four to seven pounds of aerobic and anaerobic bacteria.

It's a little bit gross when you put it that way. Like that's like a small baby of bacterium, that's the visual. But it's very important for your health and your neurotransmitters. We know our stomach, our guts are the second brain, so all of our neurotransmitters are being manufactured there. So that's very important for brain health. And then the third area that I really think everybody they're missing is on hormone testing and looking at your stress hormones, estrogen, progesterone, and testosterone for men and women. So for both genders, looking at that because those get balanced at the hypothalamus level, a very high functioning component in the brain looking for the homeostasis imbalance in the body.

So those are three big areas of testing and assessment that I think everybody with neurodegeneration should get because then you can really start to balance out the being. That dynamic being moving through time and space, we can get a lot of information.

Dr. Wohlfert: I mean, I think you'd probably recommend this for even early signs, but definitely if they're in a state of neurodegeneration, they've been to

multiple doctors, multiple neurologists, haven't seen any results. Would you do something else and like, for example, if maybe they decide not to do it? I would think at that point, all right, we're going to do everything we can. Alzheimer's, dementia, Parkinson's, all these things scare the crap out of me. I want to make sure I don't end up in that position.

But let's say they're having early signs of just memory loss, that brain endurance isn't there. They can't think as clear. If there's one of those that you're like, all right, let's do that test, or they say, well, I can't even do that, do you have them start on the FAN-C approach, which we'll get to as more of therapy because underlying we know more than likely there is some level of heavy metal toxicity? There's some level of infections or dysfunction of the microbiome.

Dr. Eckel: Yeah. Well, two components in that. One is that statement of get used to it. You're getting old. When we lecture, and we talk to people out there, there's such that pervasive like, oh, it's just a senior moment. Or we kind of joke about it, but it's like, no, that's not normal. That is not normal aging, and that should not be occurring. So what happens, and what we've done societally and why the numbers for Alzheimer's are freaking through — one in two people by the age of 65? That's a criminal number.

And we know levels of toxicity are definitely adding into that because we can actually pull people out of that. We've had cases of significant Alzheimer's to women getting their driver's license back. From clinical diagnosis of severe significant Alzheimer's back to getting their driver — That's not supposed to happen, right?

But if you go just conventional route, that's what happens. You get parked, and we're going to watch you decline either quickly or slowly. So that's where these testing come in and really, I stress like it, test don't guess. I totally get it. Like a lot of times, people are like, well, how much does all that testing cost? But how much does it cost you not to have your brain? Like we're talking about our health, our functioning, and our — basically, everything.

And so, without that, it's a very small investment. People are spending more on their TVs than on what that level of testing is. And so, the TV is mindless entertainment, but it's entertaining this brain. So if you don't have your brain, you really don't have anything. And so, when the numbers are 50% by the age of 65, so this is like the 30s, and 40-year old's really listen up. Like this is the time to get your act together. 60, 70, 80-year old's, it's not too late.

I have 90-year-olds that over a decade of care from 80 to 90, they say they're in better shape at 90 than they were at 80. So do not limit your body's healing

ability because your mindset says, well, I'm old. It's just like this. I saw my parents were like that. Now I'm like it. So to get on, testing really is crucial. Like, yes, I'm going to share on end is the nerve health and nutrients and things like that. However, they're not as effective. If you have metals in there, you got to take care of that because it doesn't matter what kind of FAN-C new therapeutic we put on top of that. You're just building on quicksand.

And so, really finding and uncovering the underlying imbalance is really crucial. So that assessment really is a very essential piece of this thing because you can be taking some supplements that you're just either throwing fuel on the fire or two, it's just going to quicksand. You're just not able to move. And then I see those people too that they've taken well-researched supplementation. These are all the great nutrients for my brain, but nothing's happened. It didn't work. It's like, well, let's test you. And it's like, oh look; you have an opportunistic bacteria in your gut.

You don't have gas or bloating or digestive issues, but you have an imbalance of your bowel. Have you ever taken antibiotics in your life? Oh, you had ear infections as a kid, and you were put on multiple rounds of antibiotics. Well, that screwed up your whole microbiome for the next three or four decades. You built your palace on really rocky ground, or I'll just stick with the quicksand analogy.

Dr. Villanueva: Yeah. The segment of mental healthcare is the only specialty in medicine that is not systems-based. It's not evidence-based. There's no data-driven methodology behind it. And people who have mistakenly bought into the lie and the deceit that, oh, well, this is a part of aging my mom had it, my dad had it. Or I'm 49 like I guess this is a part of it. I'm just going downhill from now. It's BS, people. Like, wake up. There are answers, and there are solutions, and there is a lot of testing that can be done so that you can see and even at a much earlier onset before it's gotten really bad.

So that you can see what road you're heading down, start to understand, oh, this is why I've got some of these symptoms. And then you can start taking appropriate measures so that you can actually fix the problem. I'm so glad that you're talking about these different tests because Dr. Wohlfert and I are talking all the time about the different tests out there and what they're looking at and why we like to order so many different labs so that we can uncover all of the stones and find all the possible variables that could be contributing and compounding on top of one another to actually lead to these issues. They're totally reversible.

Dr. Eckel: Yeah, I love it.

Dr. Wohlfert: And I think that leads perfectly into when we get the results of these tests. I know I have a system. I've shared that with both of you — the six-pack of healthy longevity. I know Dr. Elena has a system. Well, we're here to learn about your FAN-C system. And the first time I heard it, I had to see it spelled out. I'll let you explain it because it's fancy. So go ahead. Go over that.

Dr. Eckel: Yes, fancy. Super fancy. So the F is for functional medicine, which is what we've been talking about. The A was the assessment. The N is on nerve health. So we're going to cover some nutrients specific for nerve health. And then it's a dash C. The C is for cellular and regenerative medicine. So the stem cell therapies, exosomes, neuropeptides, et cetera.

And also, we've got hyperbaric oxygen and Photobiomodulation. Say that five times real quick. But we'll talk about nerve health to start. So the N in the FAN-C approach. One, when I went to medical school, we did not even know this system existed, which is the endocannabinoid system. And one of my heroes is Professor Mechoulam. He's the gentleman in Israel that named the system. He named the different anandamide and the cannabidiol, the CBD oils, which people are seeing now all over the place. It's like in the grocery store now.

In Portland, Oregon, we have a whole shelf of CBD-infused products. Who knew? But there are more receptors in our brains for cannabidiol, CBD1, cannabidiol-1 receptors than all of the other neurotransmitters put together. And when I started learning about this, it was like, oh, this is a whole system that's maybe the foundation underlying our hormones because I was doing a lot of functional medicine around bio-identical hormones and looking at the endocannabinoid system and responses to stress, resiliency, and brain function. And so, that is one that we definitely want to look at is CBD oils. They're not all created equal. I would highly recommend to know your source — the old hippy adage of knowing your source. And so, looking at that, that is one thing to consider for sure.

Of course, we've got the B vitamins. B12 in particular for mood, for energy, for clear thinking. B12, you never want to take it by itself, though. You'll always want to take it with folic acid, or I like the methylated folate or activated vitamins in general because that can mimic or mask other neurologic deficiencies. So you never want to take it by itself. You can measure that as well in the blood. I look at the mean corpuscular volume, that kind of the size of the red blood cell. 92 is the number that I have so people can look at their blood work.

You can also measure methylmalonic acid, which is the breakdown product of B12 in your urine. So you can look at do you need B vitamins in particular in

neurodegeneration and in mental health components? I would say yes, you do. So those are two big ones. We also look at specific to the individual. We'll put in homeopathic for mood disorders. We'll put in other nutrients. Like vitamin D is a big player. I think it's misnamed as a vitamin. It really is a pre-hormone precursor and does a lot more behind the scenes, heavy lifting for folks, especially with brain health. So there's a couple right off the top.

Dr. Wohlfert: Nice, man. I think we are done. Just kidding. You got to give more.

Dr. Villanueva: Now, that was for the nerve health part, right?

Dr. Eckel: Yes.

Dr. Villanueva: And so, let's now move into the C portion of your FAN-C approach, which is cellular regeneration. Talk to us a little bit about that.

Dr. Eckel: Yeah. So this was one of the — never in a million years would I think when I went to medical school that I'd be talking about stem cell therapies. So this was one of the biggest finds with Sharia's gifts. I was looking; I was like, how do we get information into her brain? That's where this thing is happening. We're getting this differential down into some really significant degeneration. And I came across a mountain of research on the peer-reviewed journals. We've been put behind the curve here in the United States. In 1991, they stopped research on regenerative therapies for religious and political reasons. And so, the rest of the world, though, continued to research stem cells. And these are not from aborted fetuses. This is very ethically derived. That's a big question that people ask me.

I use mesenchymal stem cells. They're from the placenta and amniotic tissue. This used to be just tossed away after birth. Maybe some people will save their cords and plant rhododendrons over them or things like that. But that's very few and far between. Usually, they're just discarded as if okay, that served as purpose. Well, it's a rich source of exosomes and stem cells. And stem cells for your viewers, listeners, there's a lot of talk of that, but I want you to know what they are.

You have them in your body. They're in your fat. They're in your bone marrow. They are called pericytes or next to yourselves until they get activated. Well, what activates your own stem cells is an injury. Injury sends up a little cytokine signaling saying, hey, pay attention to me. Pay attention to me. I'm out of balance. Then your body releases those stem cells, and they can turn into your nervous tissue.

So for your brain that can turn into the brain; they can turn into muscle, tendons, cartilage, bone, the epithelial lining of your gut, cardiac tissue for your heart, liver tissue. So they're called pluripotent. They'll help all of these different tissue types heal. In particular, what I'm using them for is really healing the brain. So what they do, they secrete an exosome. Exo is out of some of the cell. So anti-inflammatory cytokines, growth factors, basically the fountain of youth. It will donate pieces and parts to your innate healing ability, your own intelligence to heal itself. So the analogy I give people is like you get a new conductor to your innate immune system, which is your symphony. Just when you're in a dysfunctional state, your symphony is playing the wrong tune.

So these come in, and you get a new conductor. You get the hot shot coming in, and they come in and reorganizes your healing ability. These things are showing — I've had patients tremors go away, halt to reverse to no evidence of disease. I've had patients; their speech comes back. Their gait, they get very fluid gait walking. Currently, I've seen it around the immune system and autoimmune conditions as well. Helping people heal autoimmune conditions. For multiple sclerosis, there were 100 cases of relapsing-remitting multiple sclerosis out of England that showed no evidence of disease on MRI after this procedure.

Irritable bowel and inflammatory gut disorders because of the epithelial lining of the gut, these cells will help repair that. So they're not a penny CA cure-all, be-all, end-all. However, it is one of the biggest levers that we can push on people right now today to help their bodies heal themselves.

Now, a lot of times, my patients are saying, well, why isn't my neurologist, or can I talk to my neurologist about this? And I said, okay, what do you think they're going to say? And they say, "Well, I did talk to one, and he said that there wasn't enough evidence." And I thought, okay, he is true. In the United States, we do not have enough evidence for that.

So we haven't had the research because we've had a 30-year lag time. Now there are boatloads coming out. Every week I've got my internet bots searching for new regenerative stem cell research. So it is a growing amount of evidence, but to have the cohorts that the medical establishment needs, we're talking about 30 years. The people right today do not have 30 years to wait for that research. So the first tenant of medicine is to do no harm.

There is sufficient evidence. There's been over 100,000 procedures done using the cell line that I use from a certain company — so again, you want to know your source — with no adverse responses. That's number one. So do no harm. These I have put into my own brain. So I learned about this. I have my wife

kind of disappeared into dementia land, and I'm thinking, I got to get these into her brain. I have a bunch of patients in my clinic with Parkinson's disease.

First patient, I brought it up. I said, hey, there's this exciting new research that came out of the international conference for Perinatal stem cell discoveries. They were treating children that had a stroke in utero. So before they were born, they had a stroke in their mom's belly. Now, these kids were coming out neuro-developmentally disabled and dying young as you can imagine having a stroke at that early age. So they haven't really fully developed.

They took the stem cells right from the amniotic tissue, did an intranasal procedure on these children. And low and behold, they improved. They were hitting their milestones. They had full cognition, full thinking capabilities. Like nothing less than a miracle if you ask me. So I took that research. I was like, hey, let's extrapolate that. Let's try it out with some people. First patient said, "Hey, that sounds amazing, doctor. Have you had it done?" I thought, well, you're right. I have not had it done. I need to go get it done. And I do these therapies on myself anyways because I want to know. I want to experience them, and I had to learn the procedure. So it's a flexible catheter that we do intranasally, and we do one unit, about 3 million cells.

And what the research shows is within 10 minutes, those cells are circulating around the brain and the cerebral spinal fluid of the brain. And then they go systemically throughout the body. Well, I had it done. I was hoping, for me, middle-aged vision loss. I wear readers. I have hearing AIDS from a genetic disorder in my family for the man. I was thinking, well, maybe it'll help with these things. At the same time, I had 10 years of chronic hip pain from inner tubing in Colorado with my then six-year-old boy. We went over a little waterfall. Papa instincts are grab the boy. I'm holding onto him, and my hip hit the rock at the bottom of the river. And I'm in the industry. I was doing everything. I was getting chiropractic, prolotherapy, trigger point therapy, physical therapy, massage therapy, acupuncture, you name it, but for a decade, chronic hip pain.

In less than 24 hours, that hip pain was gone. Like it has not come back. And even my hands, I do this when I tell that story. It's like I didn't even realize that they were swollen until the absence of that inflammation was gone. It was like, Holy cow. So that went into my brain, out through the brain, through the glymphatic and then systemically throughout my body. But then I could come back, and I told Mark. I said, okay, I had a done. Here are my results. I didn't die. You want to do it? And he said, "Sure, hook me up, doc." Now, that's one

piece of it. So the stem cell regenerative therapy just by itself is rather potent. But then I was drawing all of these other lines in.

So hyperbaric oxygen therapy, HBOT, you go into a container; you pump it full of pressure, and you breathe 95% pure oxygen. And what that does is it drives oxygen from then the environment into the brain. Now, we have some great SPECT analysis. So these very colorful images of the brain and before treatments they'll be very wholly, very patchy, not lit up, not full brain color. And after a series of hyperbaric, they come back. So this is for traumatic brain injuries. This is for a stroke. This is for Parkinson's. This is for multiple sclerosis. Really a lot of these central nervous system disorders. Hyperbaric oxygen really should be part of the care. I put it in with this my FAN-C approach because oxygen is a great substrate for those cells, those mesenchymal stem cells to do their work.

In addition to that, then we're also doing Photobiomodulation. That's just a fun one to say. That's the pulse electromagnetic frequency, the PEMF, and the low-level laser therapy, the LLLT. It's another red-light therapy. We've seen those out there — great research coming out of Germany on those. There's a cool study down in Tanzania called the bucket head challenge. They're putting LED lights in a paint bucket. It looks very silly. That's just how they are down there, I guess.

But they're showing some benefits. So that research isn't done. However, there is some really compelling smaller trials going on for different gears that you can put on and use red lights directly to the brain for healing. And then I also include acupuncture because that's near and dear to my heart. That's the framework that I use with everybody — is the Chinese medicine framework. It's one system of care that has been on the planet for so long. We get some phenomenal results with that. So that was a mountain of info.

Dr. Villanueva: I was wondering about peptides.

Dr. Eckel: Yes. So then there are peptides. Yes, there's more, but wait, there's more. Peptides right now, there's a lot of evidence. I put them in the exosome category. These neuropeptides come out of the exosomes, out of stem cells, et cetera. And so, depending on — there's some nasal inhalers that we can do. We can do injections. We can put those in IV as well. And there's a different array depending on kind of the genetic platform of somebody coming in, what's been going on with their family history, and then what their current symptomatology is. We'll put those in as well.

Dr. Wohlfert: Wow, Holy cow. I'm going to have to re-listen to this one too. That's okay. That was amazing because yeah, stem cells it's a buzz term, a

buzz therapy, that's over the last couple of years — athletes going overseas to get stem cell therapy and coming back good as new. And one question I have is, okay, you do the stem cell therapy. You regenerate the tissue.

Now, I'm assuming you still — let's say you go back and you only do that. They still have heavy metals. They still have toxicities. I don't want to say how long will that last, but have you seen, one, people who have changed their lifestyle, their sleep, their nutrition, their exercise, or at least on that path and journey, are they responding better than if you just did the stem cell, or do you only do the stem cell if you're like you have to be committed to the rest of the plan?

Dr. Eckel: I only do it that way because it's really doing a disservice to people. There are plenty of clinics that will just inject people and say, see you later. And I get into those conversations with patients all of the time, like, look, you can go to their clinic. Yeah, it's not as much of an investment, but they're not in it for the long haul here. Like, I want your body to heal itself. So that's all of the facets. And that's where, again, I go back to the assessment. We got to take care of that stuff because if they're a smoker, I'm not going to do a regenerative stem cell therapy because the smoke is going to damage that. That's the biggest needle you can move for your health to stop smoking. We'll help support you there.

If you have uncontrolled diabetes, that's not a starting spot. We got to get diabetes under control, especially for brain health, because those sugar imbalances and insulin spikes are damaging to the brain. We call Alzheimer's kind type three diabetes at this point because of the sugar influence is on our brain health. I will work with somebody. It's not just my way or the highway, but they've got to be in the game working on it.

And if they don't get that, the value of doing that, then I've done a poor job of educating because it really is on me to let people know like, no, we got to take care of this underlying foundational stuff like diet, sleep, hydration — the non-sexy stuff. But it really is that essential for all of the rest of this. Again, I'll go back to the quicksand. It's like we could give you this FAN-C really cutting-edge therapy of stem cells, and it not work very well because your body was just not receptive. That's why your body wasn't healing in the first place.

Dr. Villanueva: No, that's absolutely true. I work with many practitioners around the country who do stem cell therapy as well, and we've had many discussions around how important it is to take care of the foundational issues because if you don't remove the environmental toxins, the heavy metals, change your lifestyle, and do things that are beneficial for your body's healing abilities, then you're totally wasting your money to do anything with stem

cells. And so, I feel like any doctor out there who's really wanting to help their patients, they're not going to just do stem cell, but unless they make sure and ensure that that individual is taking the steps that they need to take so that they can get the best benefit from that.

Dr. Eckel: Yeah. All too often in the orthopedic world because the orthopedic docs are doing these procedures, but they're not trained in nutrition. They're not trained in functional integrative medicine. And so, they kind of poo-poo it and discount it and it's like, all right, well, let's just look at the numbers of what's the results I'm getting out of my clinic versus out of your clinic?

Because I'm seeing the patients that they've done some either PRP or stem cell procedures on, and then they're coming to Nature Cures Clinic to actually get the full deal because they know these cells are supposed to work. So what was the limiting factor? Well, they didn't have any of the other foundational work in there to really set the stage for success.

Dr. Wohlfert: Yeah, and I mean, you've given so much already, so I thank you for that. And one of those foundational things that I want for like an action step, I want you to take our listeners through if you can, and us as well is this limbic breathing technique because that helps with stress. It's a form of meditation. Just breathing in general. I would love you to give that foundational technique strategy that you do with your patients if you can do that.

Dr. Eckel: Yeah, so this is one on our fight or flight stress response. So a lot of times on the hormone testing and not a lot of times. I would say a majority of the time, there is a cortisol imbalance of stress fight or flight stress response. And so, the limbic breathing is one of those techniques that I've discovered that can really just slow down our whole process.

So I'm going to pull it up here, so I don't botch it on for viewers and listeners. But it just involves like — it's a therapy that you can put in today no matter what's going on. If you have stress, anxiety, depression, chronic pain, et cetera, this is like a great technique that you can put in. So do you want me to walk it through, like talk it through now, or do kind of an abbreviated version?

Dr. Wohlfert: I leave it up to you.

Dr. Eckel: I think we can do it, too. Well, we can all do it together here. Yeah, so here it is. So limbic breathing. So go ahead and sit comfortably in a chair with your spine straight and your feet flat on the floor. Place both of your hands on your belly and imagine filling your abdomen with air rather than your lungs. So as you breathe in, your hands will go out off of your belly. Now,

when we were kids, we used to do that all the time. When you watch little kids breathe, but now adults, we all kind of hold our core. So we don't want to show our belly or our guts, but nobody's looking, I promise. I can't see through here.

So do that. Your hands should rise and fall, and only your belly should be breathing or should be moving during the inhalation and exhalation. So draw your attention inward. Listen to the sounds around you. So as you breathe in, hands are rising. Breathe out; hands are going down. Maybe you hear the air passing through your nose and just start slowing your breathing down about three to four breaths in and out.

Now, try to achieve an inhalation that lasts five seconds. So we're going to do it in one, 1000; two, 1000; three, 1000; four, 1000; five, 1000. Hold your breath for two seconds, and then breathe out. You're going to go to 10: one, 1000; two, 1000; three, 1000; four, 1000; five, 1000; six, 1000; seven, 1000; eight, 1000; nine, 1000; ten. So then you're going to keep doing that. So breath in of five seconds, hold your breath for two, and then out for 10. So longer on the exhale.

What that longer exhale does — basically, when you're doing that deep belly breathing, you're pulling on the diaphragm, which pulls on cranial nerve 10, which is your parasympathetic activity, putting your body in a deep state of relaxation. And that one, I would say do it at least twice a day is a great start on that one, but it will — Did you notice any changes in your state while — we only just did three breaths, but did you guys notice anything with that?

Dr. Villanueva: Oh, absolutely. I totally noticed it. When I opened my eyes, I just felt a lot quieter. Just everything was just like came down a couple of —

Dr. Eckel: Yeah, just everything down here. That was just kind of going up there. Now we're like, oh, we're actually way more grounded. We're calmer. We pulled on that cranial nerve 10 and really put our system at rest, a regenerative state. So that's a great way for our bodies to heal.

Dr. Wohlfert: So I get two tips there. Let's say you can't get to that five and 10 right now because you haven't done that in a while. You forgot how to breathe essentially. Don't let that be a reason to not do this. It doesn't take any time, or it takes a minimal amount of time. It takes no money to do it, start it, four and eight or three and six.

Dr. Eckel: Yeah, whatever those are.

Dr. Wohlfert: And one other tip is sometimes sitting down or standing up is harder to do it, so either lay on your back. I mean, I found that easier to do as well. Lay on your back, put your hands on your stomach, just like Dr. Eckel said, and you can feel better. And then the exhale is easier as well because it's bringing it down. So those are just little techniques that I've found over time that help to get that deeper breath.

Dr. Eckel: I love it. Yeah, that's great.

Dr. Wohlfert: Man, I tell you. You went over a lot here. Holy cow. I hope the listener can go back through this. I know you can go back through this. Dr. Greg is just a — I mean, I just think he's light. That's what I think of — just a light of a person where I love talking to him. I love being in his presence because it just lifts me up because he has done something. He's taken a tragedy and created something great out of it. We can all do that.

I don't know how many times the listener you have had what you'd call a tragedy in your life. Sometimes we think it is. We think it's something tragic, but actually, it turns out to be a blessing — just like he calls it Sharia's gift. That's what she's given to him. I can't thank him enough for being here. I know Dr. Elena can't thank you enough for helping the listener with not just information, but actionable steps, especially that limbic breathing, anybody can do. Talking how important the FAN-C approach is.

Functional, Assessment — Assessment is key to find out what is your body — what is inside your brain? Is it chemicals? Is it pesticides, herbicides? We didn't even talk about that. Is it heavy metals? Is it all of them? Is it infections because that's going to limit your ability for your nerves to heal for those therapies that he described to actually provide the benefit because you want that foundation? So thank you so much, Dr. Greg. This is going to be great for our listeners, and we love having you here.

Dr. Eckel: Awesome. Thank you, guys.