Episode Seventeen - FSM, There Is Hope Here

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Kim Pittis: [00:00:03] Hello, everybody got twenty-four people on live. We're going to hear a recap of your week. Adam fell. Adam is Carol's son.

Dr. Carol: [00:00:11] Adam fell. Broke his ribs. Then we started treating fracture last night when he got home from where he was. So his pain levels coming down and so that was good. And then the reason I came screaming into the room at 3:59 was my cousin has a friend that is having a bilateral mastectomy and in two weeks, and he sent me his CustomCare and Magnetic Converter that he's lending to her. She's an R.N. down in Bend. And I just programed it for her. So the breast, the post-op breast day one-two-three-seven, whatever is for like a breast reconstruction or a lumpectomy. She's having a bilateral mastectomy, with expanders put in at the time of the surgery. So it's not a three-hour mastectomy, right? It's an eight hour because after the general surgeons are done, the plastics guy comes in and puts the expanders in and begins the process of reconstruction. Right? So what I thought was going to be a 15 minute let me program the basics. Then, she said they're having expanders. And for those of you that aren't familiar with that surgery, the expanders are. Plastic or something. And they stretch the skin to make room for the pocket that the implants are going to go into. The problem is that the expanders lay on the ribs and in the way the periosteum and the nerves that live in between the ribs. So I was about to just program it for them. And then she said it's an eight-hour surgery. And I found out there's expanders, so I had to remove the frequencies for mammary glands and ductal tissue.

Dr. Carol: [00:02:32] And put in frequencies for Periosteum Ulnar nerve. So that's and then I explained to her and for everybody that's listening if you're treating patients post-operatively. After such an extensive surgery, they will often put patients on what's called PCA patient-controlled anesthesia, so it's a morphine pump that goes right into their IV and they get to give themselves a bolus when they need it. It's time-limited, so you can only give yourself a bolus every 15 or 20 minutes or whatever they set. But there's a baseline amount that steady-state. Per-minute per hour. And then you give yourself an extra boost when that isn't enough. So when somebody is on is being treated post operatively in the hospital and they're on a PCA, you have to tell the nurse that's setting up the PCA not to do a baseline. So this lady is a nurse. She knows what to say. And I said, So you need to tell them you're sensitive to opiates so you don't want to baseline. Just set it up that you can do a bolus every 10 minutes. If you need it, you won't need it. You're you're going to know after an eight hour surgery, you've been beat up. But FSM will keep the pain down and you won't need as much morphine. And if I'm correct, you probably won't bruise. And she just went. What? So I explained about hips and fractures, and things were, yeah, so that's why I came in at 3:59.

Kim Pittis: [00:04:27] Well, we made it. I'm glad you're here. No I got this. I was sitting, I was sitting and waiting. I didn't come that much earlier either, because it's so weird Wednesday before Christmas, so. It's, you know, having the holidays on the weekend is kind of throws me for a loop, so I took most of this week off except for people that I could not take off. And it's been a weird it's been a weird week. I'm not sure. I'm not sure what it is. I have a couple of fun things planned for today, though, because it is a couple of days before Christmas.

Dr. Carol: [00:04:57] You always do.

Kim Pittis: [00:05:00] Well, I try my best. There is a couple of questions that came in. I see there's already one on the chat, so we're going to try to enter splice, all the fun stuff with all the knowledge, stuff as well. Ok. Having this week a little bit more free time to "relax" in air quotes, I was looking on Facebook for our practitioner forum. How much time do you spend on there yourself? Probably not as much as

Dr. Carol: [00:05:30] I used to go on. That used to be the last thing I did every night before bed. Okay. And as a recovering workaholic, I'm not allowed to do that anymore. Good. So I check it randomly in the daytime. I'm I allow myself. It's not like anybody else tells me, but I allow myself to check it just before I start eating dinner. And then I'm required to by myself as a recovering workaholic, required to watch something non-medical. Fun. While I eat dinner and for 60 minutes afterwards before I go into my computer on or check anything. And then so no, I haven't been at the short version is I haven't been on Facebook. So what are they talking about in there?

Kim Pittis: [00:06:29] Well, I also don't spend a ton of time on social media I post, but I don't read again. I used to just get way too worked up over things, and it was way too time-consuming. So I kind of threw a shot out there. I would reply to somebody. We talked about the person a little bit last week who had the acute rib fracture and was treating it with chronic. And so that actually spewed a lot of really great questions that I got emailed and a lot of gratitude for talking about the stages of healing because I think that can really help navigate people when we're stuck like, what is it? What's wrong if you can just start off with what stage are we in right now? And it's very rare that we are in a chronic state. We're usually in this new injury

acute phase, or it's a flare-up of something that's chronic, but it's really not chronic.

Dr. Carol: [00:07:26] It's acute, it's all almost always acute on chronic. Especially in musculoskeletal conditions, they have facets, they have disks, their back goes out. So it's always acute on chronic. So in the core, the chronic low back pain. I just blow right past it because you're never going to see it. I ran it on David, Dr. Simons, and that worked for him because his back always hurt. And that was easy for him. And he never made it worse because it was sort of permanently worse. But he was 82. So right, right? Everybody else that we see, it's acute on chronic. The one exception to that is visceral conditions. So somebody's had irritable bowel for 18 years. It's still irritable bowel unless they've had surgeries and you have to dissolve scar tissue. It's the same irritable bowel if they've had it for 17 years or if they've had it for six months, right? It's this. It's the same same thing with asthma or kidney or liver. The visceral conditions, I mean, except for liver fibrosis.

Kim Pittis: [00:08:50] So, right, right? I was kind of going in two different directions with that story just now, but going back to Facebook really quick, there seems to be a lot of really good critical thinking questions on there. Right. And I think that's what we wanted to have that forum for exactly. But I still see a lot of like recipe searchers. What's the frequency for this? How do we do that?

Dr. Carol: [00:09:18] So those are going to be the people who either took the course 10 years ago or they took a course from someone who's not me. Or you or. They're not problem solvers. Their brains don't work that way or they don't have time, so they either don't think that way. They want to be able to push the button and leave the room. That's not how you and I

roll, right? There are. So there is a recipe. You can use just a recipe and you have to be prepared for the fact that it's only going to work 50 percent of the time.

Kim Pittis: [00:10:13] So that was what I was going to ask you, what for those people who don't have the bandwidth to troubleshoot or desire? And I get it. Some people are in really busy practices. So I think of all the chiropractors that have already busy practices, especially that come to the sports course after an hour, and they're just like arms crossed rolling their eyes, like, what's wrong? And I used to take it. So personally, I'm not teaching this. It's just that that model doesn't fit their practice, right? So if you're used to seeing a patient every six minutes, this probably isn't something that you're going to stick your sink your teeth into. But perhaps having an assistant or having you know you integrate somebody else into your practice who

Dr. Carol: [00:11:06] Demartino is the best model we have for taking. He's got to he has to have one of the busiest chiropractic practices in the country, and his model is. His patients are prepared before he ever sees them. They know what to expect twice a week for four to six weeks to fix this. He does the intake, his history. He's already has the history before the patient walks in the door. He spends his 15 minute new patient history, physical whatever, and then they move on to a room that is specifically designed for FSM. So he doesn't do the FSA, right, the other. So that's for the six minute chiropractor or the 30 minute P.T.. The solution for the people that have 20 to 30 30 minutes is kind of a minimum. The solution for them is multiple machines. I was talking to somebody about that last night that if you only have 30 minutes. It's tricky because there are some protocols like relaxing the legs and 81 and 10 and 40 and 10 that takes 60 minutes. Sciatica takes 60 minutes. They don't need your presence. They

just take up space. So Christy Hughes used to have a room with four recliners in it and end tables next to each recliner with an AutoCare.

Dr. Carol: [00:12:50] And in this in this world, we would do it with a CustomCare that was programed for that patient. And you just park them in the chair and you run. Irritable bowel or 81 and 10 or 40 and 10, or you can have two CustomCare's and run both reduce the pain and reduce the spasticity and increase secretions in vagal tone. Ehlers-danlos 60 Minutes. So you do 40 and 10, you do torn and broken and the connective tissue, and then you run neck to pelvis. Do concussion and Vagus, and all of that takes 60 minutes. You park them in a chair and they come in once a week and they pay you one hundred and fifty dollars. What's bad about that? The machines pay for themselves in about two months. And so I'm now looking at my my clinic has doors. It's like I'll take pictures. They got hung up because of the door guy, but it'll be finished and the signs will be up and I'll take pictures and do show and tell on Facebook, probably. But so that's how the clinic is set up. Each room has two PrecisionCares, an AutoCare in two CustomCare's. And it's and we've got five rooms, right?

Kim Pittis: [00:14:14] So I think something that maybe we need to do a better job talking about, maybe in the core and sports or dance or somewhere is this is planning. And maybe the word planning is circulating in my head because it's Christmas and I'm planning for food and presents and Laaa. So the patients were or the people that I see on Facebook, the practice. So this is obviously a practitioner based who are looking for almost looking for an answer before the patient even comes in the door. And so I think I think for me and I get it, it can be scary and it can be time consuming. I think the learning comes from not just asking the universe for for the answers, but for sitting with the patient and being present and trying your own hypothesis. Because for me, that's where the learning really

takes place. And that's where I saw my successes go up is when I sat with the patient. And I think like, this is the you're welcome. Then the I'm sorry part is we have so many practitioners that do FSM from different scopes of practice. So I think for practitioners that are listening, you have to be super careful what you're asking on that Facebook forum because that can be totally outside of your scope and you're not expected to know these things. So like the Naturopathic will talk about mold and lime and gut problems, and that Pittis are talking about fractures and concussion and Vestibular, and you have to sit with it yourself with your own mileage, I think, and that's where the fun stuff is.

Dr. Carol: [00:15:52] Well, and for for me, the fun stuff is following the chain back, so I can't remember the situation it was. It's a I was the person that I'm leasing the clinic from. They came by to just look at the build out and see how things were going. And he said, How do you do with diabetic neuropathy? And it's like, Well, that's easy. And he said, Are you serious? And yeah, that's just not that hard. The real question is, so I can treat your diabetic neuropathy that's park you in a chair, set up the sticky pads, punch a button, cover it with a blanket, let you fall asleep, or that's so the diabetic neuropathy is easy. The real question is what? Started it right? You wouldn't have. And he's insulin dependent type two. The vagus nerve controls, sugar release from the liver and the vagus nerve is turned off by infection, stress and trauma. So fixing your neuropathy is easy, but it's like rearranging the deck chairs on the Titanic makes you feel good, but it doesn't change the outcome. So I can treat your neuropathy, that's easy, but to influence your diabetes. You go back. When did it start? Infections, stress or trauma? He said, I know exactly when it started. My wife got pregnant. She got in an auto accident, almost lost the baby and it was and you could see it in his face. And I said, OK, that was it. So then we'll turn your treat your Vagus, turn it back on.

Dr. Carol: [00:17:48] And then he said, And then my legs are so tight. And I went your legs are tight. And he said, yeah, and that restricts the circulation down of my feet. Ok. Did you do sports? Yeah. And I said, if you press here on your neck. Does that hurt he said ouch, and I said, do you have pain in between your shoulder blades? He said, Yeah, there's this ache. It's it's a rib or something. It's like, No, you're tight. Legs are being caused by the disc in your neck that you injured when you were doing mountain biking. And that's the pain of between your shoulder blades. So we treat the tight legs. We turn on the Vagus and then treating your diabetic neuropathy is easy. And I literally I don't have to put my hands on him for any of it. And I never touched him. He's leaning in the doorway with his hands in his pocket, talking to me. Infections, stress or trauma points you at the Vagus then he said tight legs, tight legs we get rid of with the 81 and 10, but what causes the tight legs, the disc injury? So there's 81 and 10, there's diabetic neuropathy, there's treating the Vagus and he's and I said, and then there's a fourth machine on you from your neck to your chest to treat the disc. And so I'll see you twice a week for probably four weeks.

Dr. Carol: [00:19:26] The tight links will go away, the disc will get better, the diabetic neuropathy will get better, your insulin resistance will get better and you'll end up buying a CustomCare so that you can treat yourself at home and don't need me. And he just sat there with his mouth open because it was like, It's so obvious once you have enough mileage. The other thing I think that happens with new people is they want to be good at it. Also yesterday, yesterday, it's like there's no reason that you should be nah-uh. What why would you expect it of yourself, right? For me, it's obvious because I've been doing like 81 and 10 for eight years. And to recognize it's all pattern recognition. Mm hmm. So what is the Vagus nerve

had to do with diabetes and diabetic neuropathy? Glucose from the liver. Why would you know that if you haven't watched the Vagus webinar and you didn't pay attention to that one slide where I talk about that? So you go back and you watch the Vagus webinar and around the fourth time you watch it. Then the liver shows up in your. In your vision. Right? So it's it's pattern recognition and putting it all together and because I've been doing it for 25 years and I've literally made more mistakes than any of you can possibly make now, it's like, well, duh, right? I make it sound simple, but it's not fair.

Kim Pittis: [00:21:03] No, it's not.

Dr. Carol: [00:21:05] No, it's not fair. It's not a reason. It should be simple for somebody that just started three months ago.

Kim Pittis: [00:21:12] Right? I think for me, one of the things to help overwhelmed practitioners, too is you still have you don't have to solve it in day one. You know, like we talk about solving cases and closing cases, and that's what after after you create those, those miracles in one treatment, you get greedy and you're like, I'm going to do this every day and they're going to come in once and I'm going to fix them. And that's great. But it's not realistic for anybody

Dr. Carol: [00:21:41] twice a week for four to six weeks.

Kim Pittis: [00:21:43] Right. And and there's still patients, I'm sure that stump you after all this time, it's never going to be like a slam dunk. But again, if you can just get their pain down, so I'll say, you know how you say my goal is to not make you worse today. We all have our own phrases, I'll say, to new patients. My goal is to make a dent in this pain today. You

know, so and then when they do get a dent in it, it does drop even if it's from a 5 to a 3. That's great. And you didn't make them worse, and there's hope and their stuff, so for the practitioners out there. Stop panicking, and maybe it's that time of year where we're all just kind of fed up and it's like, there's a lot going on and there's some anxiety or I don't know what there is, but that was kind of what I gathered off of Facebook over the last forty eight hours and I wanted to kind of address that and talk about planning one thing before we get into. I see some of the questions in the chats are coming up. I had two people email me about this over the week about 18 on Channel A, and this kind of transitions to our stages of healing conversation that we were having. So this one PT had written in this was fabulous stages of healing that really helped me. So does that mean after an acute injury? We never have to use 18?

Dr. Carol: [00:23:08] It depends on what you're doing.

Kim Pittis: [00:23:12] So for the lay people, listening 18 on our A channel is stopping hemorrhaging or stop the bleeding

Dr. Carol: [00:23:19] And you're the lady for post-operative the first day you run stop bleeding for almost 60 Minutes, you write 20 minutes at a time. Three times during a two hour protocol. Second day you run it 20 minutes at a time, 10 20 minutes at a time twice. And the third day you run at 20 minutes at a time once. The amount of bleeding is directly related to how soon the injury was. So when Adam was in so much acute pain last night from the fractures. I touched his skin in the front and the skin and the front was hypersensitive, the fractures are in the back. But the skin in the front is hypersensitive. Bleeding causes inflammation. Inflammation from a fracture, bleeding from a fracture. The intercostal space is very narrow, and there's a nerve that runs around to the front. So the skin in the front is

hypersensitive. There's inflammation in the nerve. But the thing that causes inflammation in the nerve is the bleeding. So I went and reprogramed the fracture protocol and ran stop bleeding for 20 minutes right up in front, and that took his pain down the other place you're going to need stopping bleeding is when you're taking apart scar tissue. Or working on like the axilla and you're peeling nerves away from fascia. Every nerve has little capillaries that feed it. And if you're pokey, thumb gets too pokey. And if you don't wait and you actually tear a little, just a little hole in a little capillary, the pain is going to go from a 3 or for up to a five or six. And it's like, Ow, that's really sore. Oops. That's why you want to PrecisionCare so you can run or and you can run back to do 18 and 62. It takes two or three minutes to stop the bleeding. If you have a CustomCare, you always have some place in your list of things that are programed a single frequency combinations. You always have the frequency to stop the bleeding. Because when you're taken apart scar tissue, it's going to happen.

Kim Pittis: [00:25:58] Exactly.

Dr. Carol: [00:25:59] Not very often, but it's going to, for sure.

Kim Pittis: [00:26:02] Like you said, you get greedy, you want to, you know better. You can't help yourself sometimes rush rushing. You're rushing. Sometimes you can even get caught up with patients like, Oh yeah, press harder. And it's like, No, no, I know you're used to this because this is all you've ever like had with someone's elbow in your peraformance. But we don't we don't do that anymore. So that's kind of what I had written back. Not so quickly. I kind of rambled, but I was saying for people who are doing manual therapy, I'll have those one liners on my CustomCare for like a post-op treatment. So post appointment with me. Let's say we're doing a ton of manual therapy. You can have them outside of your clinic, just

running a little bit of 18 and 62 as like that little vacuum that just helps kind of like suck up the the stuff that you blew apart so well,

Dr. Carol: [00:26:58] Increasing reducing inflammation. Endolymphatic. Sure. Right. So that you can drain the fluid away that you just. Created by beating up this soft tissue. Right, right.

Kim Pittis: [00:27:14] Let's get a couple of questions before we go into any of the fun stuff. If you have a wet towel on each foot, do you need to link the two wet towels with a third wet towel? No. Oh, like, anastomosis them.

Dr. Carol: [00:27:28] I put what you can, but that means that the patient's legs have to be tied together together. I tend to put one wrap around each foot, so you have the red and green one at the neck or the low back, and then you put a black one on one foot. The yellow one on the other foot. So the red and green are together up at the neck.

Kim Pittis: [00:27:49] Yep, black

Dr. Carol: [00:27:50] Is on one foot and the yellows on the other foot. I don't like, especially for patient. While almost any patients the the abduction involved in tying the feet together make the hips and low back not happy. So that's you can't put a patient in a in a position that is uncomfortable, right?

Kim Pittis: [00:28:13] And restrictive.

Dr. Carol: [00:28:14] Yeah, yeah. And then expect them to get better. So that's you have to. Yeah, no, I don't do that.

Kim Pittis: [00:28:21] And those of you who do passive active and resisted range of motion with your treatments, they're never staying still anyway. So you'll have one foot on the table, one foot off the table, one foot in a stretch, one foot over here. So bind it with a wrap and the other foot's off. So yeah, you don't have to have those too connected. Going down here a little bit. So this is outside my scope, so I'm needing help and answering a question I have. I have a problem with that first sentence, but OK, I work with the holistic PT who is wanting more info on the machines. Specifically to see if it can help with the patient of hers that she believes has a flipped small intestine.

Dr. Carol: [00:29:11] Denise, I don't know what your scope is, but it's not a it's only outside your scope to treat outside your scope for a PT. What the flip small intestine can happen if the patient has had surgery and where they got in and rearrange the furniture and then didn't put it back the way it belongs. So the small intestine? I've never heard that phrase, but you want to treat scarring in the small bowel. And mostly what you're talking about is abdominal adhesions. So the what you tell the holistic PT is I'm really glad you're thinking that way. You can only buy a machine if you take the course. If you go to precision distributing, they do sell bundles that they can take just the pain and injury. Module three days and they can get a device that'll treat its like flip small intestine, whatever that is, but it gives them an idea. So that's what you tell them, Denise, is that you can, of course, you can buy a machine. Yes, it will help with abdominal adhesions and scar tissue, and you can only buy a machine if you take the course and this is the website. So then you're off the hook. It's not outside your scope. You're spreading the word.

Kim Pittis: [00:30:50] I love it. I want to talk about that in a second. Let me go back to some of our questions, but let's finish this up really quick. What

we have off here. I'm a neuromuscular therapist. Every client I use, concussion and Vagus on every visit. Do I need to do the Vagus on every visit?

Dr. Carol: [00:31:06] Probably not you.

Kim Pittis: [00:31:10] Depends how often they're seeing you.

Dr. Carol: [00:31:12] Two depends on how often they're seeing you. And it depends on their general health and their life stress. How how stressed are there? Are they? How's their digestion? How's their immune system? So if the patients you're treating have inflammation everywhere and their x rays are OK, but they're low back pain is out of sight. That means the facets and the low back are way more inflamed than they should be. So you can run the facet protocol, but the vagus nerve is in charge of the immune system and how much inflammation the patient has. So in that case, if what you're treating is low back, psoas, QLs, whatever. It on myself. I treat the Vagus and let the Vagus nerve decide how much information your body needs. I don't use 40 and 116 to just knock the inflammation down. I treat. I mean, that's included in most of the automated programs, right? But I turn on the Vagus and let the Vagus decide how much inflammation the immune system should be creating. That's an interesting concept.

Kim Pittis: [00:32:35] Yeah. Did you see the I kind of went I went away there for a minute.

Dr. Carol: [00:32:40] I saw the look on your face and it was like, She loves what? Yeah. Does it really work that way? I think it does.

Kim Pittis: [00:32:47] Yeah, I we were talking about this before, like I had some autoimmune stuff, and the only thing I did different this year was treat myself with Vagus and my autoimmune markers are undetectable, like everything looks normal right now. So I think it never it never doesn't work. And I think that is that is the most awful thing you've ever said to us. I'm really sorry, and you're welcome. Yes.

Dr. Carol: [00:33:20] Well, I started remembering last year at the advanced. When I when I brainstormed through, I took Rob DeMartino's presentation about leptin resistance, insulin and leptin. We have we have a protocol for insulin resistance. I'd never even heard of leptin resistance, right? It's like, Hmm, OK. So I took his presentation and every slide where he talked about where leptin is. Created why you get left and resistant, and in real time, we went through how you build a protocol for leptin resistance, right? So I started running that on myself every night, like even before concussion and Vagus, I get in bed. I put the the converter on my abdomen and put a heating pad over it because warm up my tummy and then turn off the light and run that every night. My blood sugar, my hemoglobin A1C went from 7.2 to 6.2. And I wake up in the morning with my blood sugar at ninety three or eighty seven, and that hasn't happened in 12 years. And it's like, really? Now I've lost weight. That helps, but the only other thing I've changed is running insulin and leptin. Every night.

Kim Pittis: [00:34:50] Hmm. Hmm. And do you think it will last? You think this is something that you're going to need to run?

Dr. Carol: [00:34:57] Oh yeah. I don't mind running it. It's easy to put on the pucks and punch button and go to sleep. How hard is that? And I honestly have too much to do to be a 75 year old type two diabetic. Right?

Yeah, no. So right before we get too far afield, yes, or we end today, I want to talk about Christmas stuff.

Kim Pittis: [00:35:24] Yes. Ok.

Dr. Carol: [00:35:26] Ok. Set on your list. Ok. Figure just saying

Kim Pittis: [00:35:34] We're doing good. We're on track. Actually, we're on McMakin time, but we're on track. So to keep going through just these questions quick before we get into our fun Christmas stuff, she said. I also use 40 and 10, 81 and 10 and 124 and 77. So got it.

Dr. Carol: [00:35:49] Oh, so you treat. If you're treating an Ehlers-Danlos patient, then yes, you run Vagus every single time because every time an Ehlers-Danlos patient stands up, they create a nerve traction injury in the vagus nerve. So yes, if you're using 40 and 10, 81 and 10, and 124 and 77, that's an Ehlers-Danlos patient. And you do treat the Vagus every single time.

Kim Pittis: [00:36:14] Right? So that was easy. Yeah. The follow up question was So when I release scar tissue, should I run stop bleeding?

Dr. Carol: [00:36:21] Yep, we finish, especially abdominal adhesions. And even when we do that shoulder, supine shoulder practicums in the Core, that always ends with 18 and 62 just in case.

Kim Pittis: [00:36:37] Right? I'll admit, I don't always run it. My hands are like a Jedi, so I'm very careful these days. But when you are rushed or when something releases, you're just like, Woops. That's a good one to run. And it doesn't take long to just do a drive by on it. Just as a

precautionary sort of like, like I said, it's like your little Roomba coming through and it's quick and then you're like, OK, yeah.

Dr. Carol: [00:37:04] So I work

Kim Pittis: [00:37:07] Well, you know, and when you're doing stuff with the TMJ, because that retro discolored tissue is bleed so easily, so some tissue bleeds very fast. So the retrolisthesis tissue with behind the disc when you're treating TMJ 18 runs all the time in my TMJ protocol. That's a huge one, because the minute that bleeds, then that inflammatory process starts back up again, that patients never getting better.

Dr. Carol: [00:37:34] Yeah, that makes sense.

Kim Pittis: [00:37:36] Yeah, OK. I think that was all. Oh. Yes, good. Ok, I get to go to some of the fun stuff. So I have I have a little. I had asked you about some Christmas wishes on the last podcast that you had, so. I would like to know what your wish would be for future FSM patients, what your wish is to tell them or to educate them, because we've seen a huge shift in our listener base in the last couple of months. So we have a lot of patients listening right now. They're finding us. I've had four patients this month find me because of listening to the podcast.

Dr. Carol: [00:38:22] We that's so cool. Yeah.

Kim Pittis: [00:38:26] So we're really between "The Resonance Effect" that you had written. If anybody hasn't listened to or read "The Resonance Effect", please. There's it reads like a novel with the with the with the with the meat and potatoes of a textbook. So that gives you a lot of background.

But I'd like for you to talk about kind of the shift that we're seeing with patients that we're treating right now.

Dr. Carol: [00:38:51] That's there's a sign that's going up in the new clinic, there's actually two of them. And the graphics, we may actually put it up on the website. There's a blue, wavy sort of background. And then the words are, there is hope here, and that goes in my waiting room and it goes in the hallway between the treatment corridor and right outside the gym. There is hope here. It's not a promise. It's not a slam dunk. But there's hope here. And what I tell people when I talk to them about FSM. Nerve pain is the easiest thing we treat. And they look at me like, excuse me. No, really. And fibromyalgia from spine trauma and thalamic stroke pain and this diabetic neuropathy that's like that's ridiculously easy. And he just looks at me like, I've got two heads and. So there's hope here. The frequency is talking about current, you can't feel and frequencies you can't hear is just a lot to get your head around. But. To talk about what we've published, nerve pain, nerve scarring, delayed onset, muscle soreness, PTSD, fibromyalgia, just what's published. Is extraordinary, and we only have 12 papers, right? Right. There's hope here because the things that are the most difficult to treat in medicine are the ones that we have the most success with.

Dr. Carol: [00:40:51] Brain injuries, traumatic brain injuries, Vestibular injuries, some of the hope that we provide because Christmas is the season of hope and the return of light and rebirth and birth and all of that. There is hope here. And that's. That's easier than explaining how it is that frequencies resonate with the receptors on the outside of the cell and change what the cell does and reduces inflammation, and then the current actually increases energy. They don't want to hear that right? Want to hear we have pretty good luck with nerve pain. I've been in pain for so many years and gabapentin doesn't work as I know I've been there, but nothing

you have scares me. And they look at you like, excuse me. Yeah, no, it's OK. Ulcerative colitis, yep. Abdominal adhesions, yep, IBS, not the hard gastroparesis. Hmm. It's like Ehlers-Danlos is the one. It's like, I swear to God, we will get a study published on Ehlers-Danlos at some point because I'll I'll put out a I haven't figured out how I'm going to do it, but there's hope here.

Kim Pittis: [00:42:14] That's I love that.

Dr. Carol: [00:42:16] That's the that's my Christmas wish. And the important thing is that every practitioner listening. Needs to recognize that. They each one of them, at whatever stage of development they are, the newbies to the experienced ones that they are. My wish for the future of FSM, I'm not. I mean, at some point I'm going to go away and then it's up to you guys. And that's. There is a there's a song I ran across in my list of songs and it's called You Lift Me Up. Have you ever heard that one, Joshua? Yeah. And I listen to that and I just, you know, there's just tears because I started FSM. But y'all need to realize that if I was the only one that could do it, it would be meaningless and that the FSM community, like when I get tired and when I get discouraged or overwhelmed or whatever. All of the practitioners, we now have 4000 practitioners in twenty three countries, not all of them, but all in, but that's a lot. It's a lot. And that uplift is what gets me to walk on water. It it's it's you guys. So you lift me up and there is hope here.

Kim Pittis: [00:43:58] Oh, I love that. I was going to ask you, my follow up question to that was, do you have? Again, it's the season of miracles. Do you have a favorite? There's been so many miracles that you've been a part of. Do you have one that stands out in your head as one of your favorite cases? That was, Oh, I know there's so many for you.

Dr. Carol: [00:44:24] Well, besides Terrell Owens, I mean, that's that's an obvious miracle. But the the one that stands out is actually in the book, and it was her name falls out of my brain, but she arrived. She was sent from Idaho by a pain physician in Boise that had heard of me, and she she had an auto accident three years before she had a bone bruise on the tibial plateau. The cast was too tight, so she developed CGRP or RSD in her. I think it was a right knee and she had fibromyalgia from spine trauma. So not only did she have the horrible RSD pain in her leg, she had full body pain. So she arrived on Monday with two incurable conditions and this was two thousand maybe. And it's right after I started teaching FSM, and I was so. Paranoid about screwing it up. It doesn't take much to get something this novel discredited. Ups is here and the dogs have an opinion to the states.

Kim Pittis: [00:45:50] You're a dog barking this time round two dogs.

Dr. Carol: [00:45:53] So I was like, Don't screw up, don't screw up, don't screw up. And then she walks in on Monday. The CRPS is gone. She treated three hours Monday Tuesday, so the CGRP was gone on Wednesday. The full body pain the fibromyalgia was gone on Friday. It was that was done and I told her Go. She's staying in her parents motor home, I think. And I said, go back, swim in the pool. Take it easy rest, and we'll go back to work on Monday. Well, she was taking opiates. For the pain. She spent the weekend withdrawing from opiates, cold thrown up, sweaty. All of that withdrawal stuff. She said I didn't take them because I didn't have any pain and I was done. I didn't want to be on them. It's like, Oh, OK, fine. And she had a spinal cord stimulant, so she turned that off. So she arrived Monday. With no body pain no CRPS. And she had. Two facets in her lumbar spine that were hot. I called my injection specialists on Monday. He

could work her in on Friday. Her husband flew over on Thursday. She spent the week in physical therapy, treating the facets, treating the muscles, running concussion.

Dr. Carol: [00:47:38] That was before I knew about the Vagus. She got injected on Friday. Hit the two hot facets, she came in Monday. Completely pain free. Normal sensory exam, normal reflexes, no pain. And she still had her pump in, but are stimulated in, but just had it turned off. So that Monday, that's two weeks from start to finish to completely incurable conditions with no palliative care. That was working. And she was done. That was in, let's say, 99, 2000, 2001, whenever that was. And at that moment. I decided to realize that everything I've gone through. Coming up to go to chiropractic college, being in practice, starting FSM, learning to do this stuff, teaching the few students I taught. It was it was done. If that was the last thing I did on this planet, I'm even. It's that was that's what I was able to exhale. Because after that. It everything after that is gravy, right? So, yeah, that's my that's my favorite miracle. And then every day the emails I get from practitioners, I treated my 82 year old grandmother after her hip surgery and she didn't bruise. And she's all better now. I mean, they come in every day now, right?

Kim Pittis: [00:49:29] I know when I was writing this list, I was like, she's never going to be able to think of just one because there's so many to draw upon and what a what an amazing problem to have is when there's just too many to choose from. I was selfishly thinking myself like, Well, what would have mine been? I've treated so many professional athletes and I would have. You would think that those would have taught my list the ones that said they were out for three months and we had them back in three days. But those weren't like, that was easy. Duh crazy. But you know, and I speak about this lady who in the sports course is when I was one of the first

times I had called you in this panic, like, is there such thing as a phantom gallbladder? Because it was the woman that had her gallbladder removed, who had the sensitivity to the surgical clips that created these abdominal adhesions that caused her low back pain and the referral down her leg? And when I figured that out and the pain was gone. It was like, but that was my moment in the clinic, like I just did that. Like, I don't I can't do stuff like that, but I just did that and the same thing, the patient, she she had a walk her. She had paid cash for physio physical therapy two times a week for a year, cash out of pocket. And I had her better because I saw her twice a week for four to six weeks and on treatment, no 3. I finally realized it wasn't the muscle because it's never the muscle. But tell that to a manual therapist. And and yeah, that was you can never. The other favorite thing that we say is you can never not see it. So once it happens one time and it's not supposed to happen, it's it's that's the game changer, right? It's it's it's over after that.

Dr. Carol: [00:51:37] It's like, that's the the chapter in the resonance effect. Believe what you see, not what you expect to see, but the name of the chapters believe what you see once you see it. If you're smart, you can't ever not see it. And the other version of that is you can't throw out the data because it doesn't match your model. Yeah. So manual therapist, having this conversation with John Sharkey and Jay Shah is really exciting because they are committed to a model that says it's the muscle and the fascia. And what's our data? Well, I don't know. Maybe three or four million patients who aren't in pain anymore? Right? So when you when you have four thousand practitioners and let's say two thousand of them are good, but each one of those two thousand practitioners sees six or eight patients a day. So eight times two thousand is sixteen thousand a day, times five days a week. And you do the math about what our practitioners do in a year. That changes the world, right, not just patients lives, but each patient

that has hope. Each patient that finds relief, each patient, that's nicer because they aren't in pain. I don't know about anybody else. When my pain level gets to a seven, I'm pretty cranky. Short Fuze, right? My pain levels of 3, it's like, yeah, whatever.

Kim Pittis: [00:53:34] So. Yeah, I love that. I'm going to switch gears really quickly before we end, I want to do a fun speed round. No, I know. I know we have a few minutes.

Dr. Carol: [00:53:47] All right, cool.

Kim Pittis: [00:53:49] So I have a Christmas, this or that list. So I'm going to give you two things and you're just going to pick. So I'll say star or angel. What goes on the top of your tree?

Dr. Carol: [00:54:02] I think we put a star on top of the tree, but I have angels on the mantle and on the end tables, OK? And actually up in the corner in the back of the room, you probably can't see him. It's not a real angel, but you know,

Kim Pittis: [00:54:20] It's kind of there. We have a star in our tree. But this year we have a mask,

Dr. Carol: [00:54:26] A mask?

Kim Pittis: [00:54:28] Like a paper surgical mask. You know, we're masking o on the what's funny because we picked up a real tree this year and it was my husband's mask. It got caught on it as we were hauling it in the house, and I just left it on the tree because I'm like, This is funny.

Dr. Carol: [00:54:46] You could put the mask on the angel. You put an angel on the top of the tree and you put a mask mask on. We could do that.

Kim Pittis: [00:54:54] Ok, eggnog or hot cocoa?

Dr. Carol: [00:54:59] Oh, hot hot cocoa.

Kim Pittis: [00:55:02] I'm an eggnog girl, OK? Candy cane or chocolates?

Dr. Carol: [00:55:07] Oh, chocolates. Definatly. David David Suzuki, who makes the CustomCare and PrecisionCare every year, he sends a Christmas package and. What with me and my blood sugar, I take one and he sends boxes of France chocolates. And so I take one little bonbon and I slice it into four pieces and I get one not so good. So, yeah, totally into chocolates. Ok, how about you?

Kim Pittis: [00:55:42] Chocolate all the way to Christmas Day or Christmas Eve?

Dr. Carol: [00:55:50] Christmas Day. Christmas Day, although when your kids get over older, you have to get used to it being Christmas Eve because they spend Christmas Day with their families that they have created. Right? But on Christmas Day, we used to get up and the kids would do stockings and then I would start making cookies. So oatmeal, butterscotch chip walnut. Cookies and I'd make four to six dozen, and Powell's books is a Portland tradition, it's a bookstore that's a city block, and there's about 50 people that work there on Christmas Day. It's open Christmas Day, so the kids got to go and pick books up and we would deliver at noon. So you put the turkey in and then you go down to Powell's, you deliver the cookies, and that's the gift for the people that work at

Powell's books, huh? And then we got oatmeal, butterscotch chip and walnut cookies. You take a chocolate chip recipe and you put in walnuts and you substitute butterscotch chips for chocolate. Ooh! A religious experience, yum! And it taught the kids that Christmas is not just about what you got under the tree. It's about. You get what you give. So. Giving to random strangers released surprise them, and that was my favorite part about Christmas Day, I think

Kim Pittis: [00:57:39] That's so nice. I love that that's a great tradition and like you said, just really good messages for kids about how good it feels to give right and you. We're a Christmas Eve family. We've always just even when I was little, our family European. So Christmas Eve is like the big day. Do your big meal. Oh yeah, the gifts come out after dinner on Christmas Eve Christmas morning. It's just like whatever Santa brings. And that usually wasn't much. It was like your big presents came from from parents. Oh, my husband's family, it's the opposite. Like, they're big Christmas Day, people. And then this year I was unwilling to compromise the meal. So I'm making a big Canadian German meal on Christmas Eve, and I'm going to do the Italian meal on Christmas Day. So everybody is eating and everybody's happy.

Dr. Carol: [00:58:36] And what's the Italian meal on Christmas Eve?

Kim Pittis: [00:58:39] So that Christmas Day is the Italian meal, so they have a tradition where they have tortellini and broth as their starter there? Yes, it's not as good as my husband's known as, but it's getting there every year. I'm getting closer than ever, making veal, scallops and risotto with zucchini.

Dr. Carol: [00:59:01] Yum!

Kim Pittis: [00:59:02] And then we'll just have cookies for like dessert.

Dr. Carol: [00:59:05] How long exactly does it take to drive from Portland to LA?

Kim Pittis: [00:59:10] Come on. We'll have lots of leftovers.

Dr. Carol: [00:59:14] What's the German one ham?

Kim Pittis: [00:59:17] It's usually ham or meatballs, so I have a big spiral ham that I ordered from Butcher Box. Thank you. Butcher box and mashed potatoes and roasted carrots and and cake chocolate cake.

Dr. Carol: [00:59:30] And then you go and run.

Kim Pittis: [00:59:32] What half a marathon. Marathon of 13 miles right after dinner to make room for the next day's food. That's so cool. My favorite thing about Christmas is the food, and I had a psychologist as a patient this week and she was talking about how we should never identify feelings and emotions in food together. And I'm like, You are clearly not European because emotion and and food go hand in hand like to me, that's that's what the holiday is, is is cooking and cooking together. I don't know.

Dr. Carol: [01:00:05] It might be a genetic thing is possible. She has she might be British and right. But Italians and Germans, it's it's food.

Kim Pittis: [01:00:15] Food is happiness. So I'm looking forward to that tradition. And I think that almost wraps up our Christmas Oh podcast today.

Dr. Carol: [01:00:27] What a gift, that's that Christmas being a time of. The turn of the light and every world's religion, including the pagans, have a holiday. That's why the Christians picked. December twenty fifth, as the birth of Christ, it's not like Jesus was actually born on December 25th, there was nobody there in the New Testament was written 200 years after he died. So. The solstice is on the 21st, and so they picked the twenty fifth because it gave the Christians something to do while the pagans were having a good time. And the same thing with Hanukkah, it's every major world. Religion has a holiday at this time of year. So whatever your religious tradition is, if you think about why it is that all of these holidays are placed at this time of year, just because the sun turns around and the days are longer and winter winter is on its way out, hope and the new year are on their way in and. That's the that's the gift is hope.

Kim Pittis: [01:01:49] So that's what a beautiful way to end our Christmas podcast that is the gift that we are giving the gift of hope every day. We are so lucky to do what we do and patients are so lucky to have all the practitioners that they have to to facilitate that,

Dr. Carol: [01:02:09] Nah-uh and practitioners have the hope of being able to help people that walk in the door. When prior to taking FSM, they wouldn't have any idea of even how to begin to approach it. Yeah. So let's hope all around it. Thank you so much. You just I just love doing this with you.

Kim Pittis: [01:02:33] So do I. Honestly, I hope it shows, too. Like, I hope. I think people are having fun listening and watching, and I know we are so well.

Dr. Carol: [01:02:43] I. I don't want to hurt anybody's feelings, but this is sort of like the when I do the course in Italy. I really don't care if anybody comes. I get to go to Italy, right, and if people show up, I'll take the course. And if nobody shows up, it's like, Oops, I'll just read through my slides and then go sit by the pool and have a glass of wine. Thank you very much. So I would enjoy the podcast, even if there weren't hundreds of people listening.

Kim Pittis: [01:03:11] I firmly agree

Dr. Carol: [01:03:12] More,

Kim Pittis: [01:03:13] Right? Yes, that we're helping people along the way.

Dr. Carol: [01:03:17] Ok. No, no.

Kim Pittis: [01:03:18] We do have to go. Ok, fine. I have a very merry Christmas, everybody listening and watching, and we will see you next Wednesday

Dr. Carol: [01:03:27] When it's New Year's.

Kim Pittis: [01:03:29] Not yet.

Dr. Carol: [01:03:30] And she'll have a whole new list of New Year's questions. I guarantee you

Kim Pittis: [01:03:35] The New Year's questions are almost complete. You know, I'm always one step ahead, so we'll have a closing off the year podcast next week. So see you all then by Christmas.

Dr. Carol: [01:03:49] Merry Christmas, happy holidays!

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