

FREQUENCY SPECIFIC MICROCURRENT PODCAST
Episode Thirteen - Gratitude and Being Thankful

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**this transcript is computer generated*

Speaker1: [00:00:03] Hello. Hi, how are you?

Speaker2: [00:00:07] Well, we're back with our memo, with our wardrobe, at least.

Speaker1: [00:00:10] Hang on, let me get you louder. There we go. We're back with what our wardrobe. Oh, yeah, I got the memo.

Speaker2: [00:00:21] The full moon is over. Yeah. How pretty?

Speaker1: [00:00:26] This was from an antique shop in Bristol, England. Twenty one years ago, it's the first European first British trip I took. Roxy and I went to. Pretty sure it was Bath. It was in Bath and there's then that curved street with all the old houses, there's one with shops and there's this thing and it's a pin and I never wear pins. Yeah. And so now I've done show and tell. We live here, we're live.

Speaker2: [00:01:05] We've got 15 people with us already.

Speaker1: [00:01:08] Ok, then I'll tell you what I have to tell you afterwards. Yes, yes, it's been an interesting 24 hours.

Speaker2: [00:01:17] Oh, I like that. Hmm. Welcome to everybody who is just joining us. We are two minutes away from officially starting our. I'm going to call this our gratitude and thankful episode because it's Thanksgiving tomorrow.

Speaker1: [00:01:37] Amen. That's yeah. And the in the clinic. So I I went and took pictures of the clinic. Yes, we're putting signs up. Yeah. And this section of wall in between the two hallways, OK, it's it's got to be 12 feet. And in the middle of it, I want to put four by eight sheet of plywood that's separated down the middle. And remember

Masaru, what's his name? Messages from water? Yes. Where the beautiful crystal was made out of love and gratitude? Yes. So I want to put a line down the middle and on the top and and paint this piece of wood with chalkboard paint and then have containers with sidewalk chalk. Yeah. And love on one side and gratitude on the other. And when you start writing down the things that you love or the people you love, people you love can change sometimes because, right? But things you love flowers, sunrises, ocean, warm ocean, right? The things when you start writing down, the things you're grateful for. I mean, besides being grateful for you and Kevin and you start writing them down and it's like. A running water, indoor plumbing. Yes, Stewart paper. Yes, cinnamon.

Speaker2: [00:03:13] Yeah. Right. Yes.

Speaker1: [00:03:17] You start writing those things down and it just it expands. So every Thanksgiving, when my kids were little and we used to have big Thanksgiving groups. Everybody got an 11 by 17 piece of poster board, and we had felt pens in the middle end before I let anybody eat. They had to write down what they were grateful for.

Speaker2: [00:03:40] Yes.

Speaker1: [00:03:40] And once you start writing, it's just amazing.

Speaker2: [00:03:45] What happens isn't that I mean, and I mean, you've authored books, so you know how that how that purge can happen, right? How the wheels start turning and it just starts flowing. And what a great thing to have flow of gratitude and thankfulness. And so I want to really keep circumventing that theme today because we have, as a FSM community, so much to be grateful for. And I want to I want to make sure that we're sending proper shout outs to people that were grateful for this podcast, too. So I'm going to start just as we're talking about doing like these journals, there's an amazing neuroscientist that I follow on social media. He's a PhD here in the Bay Area at Stanford, and he's got a podcast. His name is Dr. Andrew Huberman, a tube man, and he has the Huberman Lab podcast, and his week's podcast was all about gratitude and how to do proper journaling for neuroplasticity and actually change your brain's connections and the way we perceive things. It's it's fantastic and mind blowing, and he really kind of dissects how to do gratitude, journaling and perception the right way based on neuroscience, and

Speaker1: [00:05:09] It changes your neurotransmitters. That's the first thing. But the other thing going back to the 1920s, there was something called the science of mind, and it's it. It morphed into psycho cybernetics, which was more just it's just how the world works. It's like physics and gravity. You create that what you focus on. So this last week, I had a patient that was still now she's 60. She's still angry with her mother for the way mom treated her when she was a kid. Now that mom is 92, mom is saying Thank you and I really appreciate you taking care of me and the lady can't let go of the anger. So I ran the frequency to remove anger. But. And and her medical complaints were largely. Because she's angry. And negative, and she's she's improved a lot over three years, but she's still. Why did I have to be sick and why do I have this? And why do I have to? It's like, Whoa, stop. You're looking for sympathy. You'll find it in the dictionary. You're sixty two. You were in charge of how you respond. And you are the only one. I'm not going to co-opt on this if you want me to agree with how horrible your life is. You need to find somebody else to treat you. Wow, so let's talk about how you change that. But I had this and I have that. It's like, stop. What's improved? Well, I don't have that anymore. There you go. And I gave her that list of positive words because

Speaker2: [00:07:12] You read my brain because that's one of my notes here on talk about today's the back of the resonance effect. You have this list. And for those of you who haven't read the resonance effect, if you buy the book just to get the list of positive words, it's worth it because it is so important, I think for you, and I'll let you just interject. For those of us who are dealing with people who have chronic pain and athletes even that get caught up in these like whirlwinds. This is going to be a career ending injury to stop them in their tracks and give them these positive words and phrases and ways to speak to themselves about is just as important as the exercises and the stretches and the frequencies. Sorry. Yeah.

Speaker1: [00:07:58] No, absolutely. And the the thing that she needed to know and this is somehow going to be in the next book is there was that list was created at a point in my life when I was in a bad marriage, in a bad place. And you know how your attitude just sort of circles the drain. And I and I read this book called Living with Joy. And one of the chapters was about you create that what you focus on. And all I was focusing on was everything was horrible. It's like, Well, how do I stop myself? You can't. You can't just say, don't think of an elephant because, you know, then all you think of is an

elephant. So you can't just say, don't be angry. Well, right. Don't be in pain. No, that doesn't work. So what do you do? You give yourself something else to focus on. Well, I had this leather bound address book back when we had address books and their cover pages. So there was an a b page and a CD PDF the whole alphabet, and that was my address book. So the cover pages were blank and I was driving someplace, and every time I stopped at a rest stop, I wrote all of the a words that that I could think of alive, aligned alert.

Speaker1: [00:09:29] Abundant, right, buoyant. Beautiful, blessed, bubbly. Blissful. Right. And I created the list that's in the resonance effect to get myself out of the deep hole that I was in. Wow. When you tell that to a patient, it's like, Dude, it's not like, I haven't been where you have, where you are. I've been there. Done that. And when you find yourself in a deep hole, stop digging, right? Yes, build the ladder. Yes, that's exactly how you do it. And you can't. So when you find yourself swirling the drain or swirling into negative thoughts, you can you you can't just stop yourself. You have to give your brain something else to do. So it's like you pick up the address book and you open the list. And her assignment for the week wasn't stretches. It wasn't supplements it. She doesn't have a CustomCare yet. So it wasn't. Concussion and Vagus, it was you read this list five minutes a day. Twice a day. Just read it. You don't have to mean it. You don't have to enjoy it. It's just like reading the phone book, right?

Speaker2: [00:10:53] That's I have so many places I want to go with what we're just talking about, but one of the patients I'm thinking of as a story, you were telling us one of the podcasts ago. I believe she came from here in California, up to see you. She was a pastor or she was. And she was so positive with her. She had so much faith with her outcome. And we talk a lot about steady state and stable state with in the core. And I think that mental outlook is just a really, really important component of steady and stable state beyond sedentary lifestyles and diet and all that stuff. One of the reasons why I like working with athletes so much is not because they're physically healthy, but they're mentally motivated and positive and ready. And that just, yeah, it's very, very much so. And that's kind of how I am. And I think that's why I fell in love with FSM is because I couldn't conquer it right away, and there was this honest challenge that it brought to the forefront. So for a practitioners listening, yeah, the patients positive versus negative outlook is just as important as the positive versus negative current and

lead placement because and you don't have I mean, you're very lucky because you have a psychology background that you're I think you're able to attack that.

Speaker2: [00:12:26] But for everybody, regardless of what kind of background we have, we have tools like the list that's in the back of the resonance effect. And I listen to podcasts when I go to my really long runs and there is a coach from Nike named Chris Bennett. So here's my second shout out of the day and he has a thankful run and he just helps you kind of meditate and run with what are you thankful for? And he's like, I get it. Some of us can't think of anything that you're thankful for right now, but what are you thankful you don't have? And you're like, oh, so some people who are like uber negative and Uber down in the dumps, maybe you say to them, What are you thankful for it? Nothing and nothing is is going great. Well, oh great. But you know, one of the things you can say is, OK, what do you thankful you don't have? You can find something, right? I'm thankful I'm not in a wheelchair. I'm like, whatever, like, there's there's something. So.

Speaker1: [00:13:23] And my seat, there's there's a thing when when your hair is gray instead of blond and you have a little more attitude or a little thinner filter and they start and they start in about how horrible it is, it's like. Can you chew? What do you mean? Can you chew your food? Yeah. Do you have food? Well, I can only eat six foods. Yeah, but wait, you can chew and swallow, right? Yeah, well, I have patients that can't do that. Can you walk? Well, sure. No. Go to a. Go to a children's rehab ward and look at the wheelchairs that are meant for 18 month and three year olds. Go sit in the waiting room of a burn unit for one day. I was there for five. Just don't start with me. Get over yourself.

Speaker2: [00:14:27] I love that about you. I am thankful for your honesty. That's my

Speaker1: [00:14:33] Second. And they they look for therapists to cooperate with their what I consider. I mean, I admit you feel horrible and I explain to them, you have a reason. Inflammation makes your brain crazy. I have a frequency for that. And so you run concussion and Vagus, you're on 40 and 89, you run 40 and 90 and then I and at the end of it, she felt less crazy and then I could give her the list. So I have a tool. And that helps her and I explain to her why she feels so negative. So, yeah, it's not not that you're a bad person, but this is what happens to your brain when it is inflamed and I am

not going to join you in this pity party. You're going to have to be there by yourself. You got to stop digging, right?

Speaker2: [00:15:35] Yeah. Here's my question for you. So for the practitioners out there who we get, these patients who are really negative, some of us practitioners become portals for like the energy. Whether it's like legit, you feel the energy or you just come out, you're driving home and you're like. Well, like, yeah, what's your go to for practitioner self care in that case?

Speaker1: [00:16:03] Go home and run what we call. Because some patients are energetic leeches. Yeah, and they actually, depending on your weirdness, tolerance, they actually do hook into and and take energy. In nineteen ninety nine, I had a Naturopathic student that was pretty clairvoyant and he could see the the blue etheric field around people. I can't see stuff, but he could see it. I can feel the edge of it, but I can't see it. And we came out of the room one day and he said, You know that the field around your arms turns brown. Every time you work on somebody, it's like you're giving it away and it's like, OK, so we have to stop me doing that. So we invited somebody from the healing group that I knew was not an energy leech, and she had low back pain. And Ryan, who could see the field, and George, who had his little dowsing thing that he could measure it. I'd put my hands on her to work on her lower back and they get, yep, nope. Took us an hour. And some odd until I could. Keep myself. Protected. And basically, let whatever your concept is of universal energy.

Speaker1: [00:17:43] God, the Sun. Some people think of it as the Sun. Some people think of it as the solar wind. However, you think of the universal energy, that is your essence, if you will. Yeah, we don't have to use you. And no, and nobody gets to be inside you or field, except you. And FSM makes it easier because the frequencies do the work. You don't. That was the that was the trick was to let the frequencies do the work, let my hands do the work and keep me out of the way. And it's it came down to it came down to Ego. It's like, I'm going to fix you. No, I'm not. Nope, nope. The patient. Fixes themselves. You facilitate you use the tools that you have, whether it's your knowledge of mechanics or mobilization or exercise or, you know, how I am about stretching, but or FSM or acupuncture. Right. For FSM makes it easy because we can really get out there and change cellular function and structure. But you don't have to do it. No. Doesn't that just make your brain hurt?

Speaker2: [00:19:18] Yes. Yes. I always say that. That's the part that blows my hair back. And I, when we are teaching people how to feel tissue and how to feel smush and they want to attack it and treat it. It's I think you said it, it's less output and more input, right? Like you are not poking and attacking your. Listening with your fingers and seeing what your thing

Speaker1: [00:19:50] Participating, that's a good and listening. Tom Meyers calls it listening because he's a guitar player. He's a musician. Ok, I call it putting your eyes at the end of your fingers because I'm a visual learner. Yeah. So my eyes have Netter in my head, and I literally close my eyes and the instruction I give, like we have practicums in San Francisco weekend. After this, I'm so excited and it's put your eyes at the end of your fingers and they. It's hard to get your head around how to do that, and then it's like, no, really close your eyes, relax your hands. Oh, and once they once they see it. Then it's just a matter of developing that skill. I didn't start out there. Yes. I mean, it takes five years or so.

Speaker2: [00:20:49] So maybe yeah, I I had I had a question. I'll interject it here. Somebody was asking about. They really like the analogy that I used with the meat that I had in college, the raw steak. If you just jammed it versus if you went really slowly, I believe Tom Aflac posted something on Facebook about water doing the same sort of thing on a surface. It was really cool. But somebody was asking me about tips for palpating. And when I was in manual therapy college, our homework every night was in. This will date me was taking the Yellow Pages and you'd put a penny on on a page and you put one page over. Close your eyes. Feel the penny. Another page. Feel the penny. Another page. Feel the penny. And I remember our anatomy instructor saying by the end of this three year program, you're going to be able to feel the penny with two phone books on top of it. And we're you've got to be kidding. But the page by page with the coin was really interesting because it's amazing. How about visual learners? Tactile awareness can can change. And when you start trusting your fingertips to feel what you don't think you can feel, I think that's very helpful when we start start out with FSM. And we're even for those of us who've been using it for a while to understand, are we feeling what we think we are? Is this frequency working? How long do I give it? Because that's the other question like, well, how long do you stay on something before you give up?

Speaker1: [00:22:24] It's either going to work or it's not. And once you get the thing with the penny in chiropractic college, our homework once again was phone books. Because there's thin pages. Yes. It was a human hair. Wow. You take a hair one page of the phone book. You find it OK. Two pages, three pages. Then it was. You went from phone books to binder paper. Wow. And at some point you feel like you're hallucinating. Yeah, it's like you've you. But you can feel it. And the first for probably four or five years. When it didn't work, I just pressed harder. Yes. Three or four years to figure out if it doesn't soften, you're doing the right thing, wrong thing. Yes. And so it's like, don't press harder. Think yes. What is it that you're missing, right? Yeah, it's yeah, so the phone book story, and then it comes to a point sometimes where you think that you're hallucinating, right? Is it really there, really? And then you take cranial sacral and then you really learn to hallucinate with your eyes closed. Ok.

Speaker2: [00:23:45] Yeah. I want to keep kind of going on this for a little bit because one of my kind of my questions early on and I still kind of play with it and I got this too. On Instagram, someone wrote to me is when we're figuring out if a frequency works or not, and we talked a little bit. I think the last podcast about the advanced laminate, how there's so many frequencies and now we have investigational ones. And when is it on your radar? When yes, this frequency works or doesn't work or and let's just say we're on the fence with a b two-channel frequency. So that would be for those of you, for patients or B channels are kind of like our location frequencies. Where in the body is this happening to? This is the tissue? Is it the B two-channel? Is it the channel that we're not sure works? Or maybe we just paired it with the wrong channel?

Speaker1: [00:24:41] The the way I do it. Yeah. Figure out the tissue and that can be cognitive. So somebody with Parkinson's, you know, for sure, it's the basal ganglia. It's not the spinal cord. It's not the nerve. It's not the muscle, you know, for sure. It's the basal ganglia. Yeah. Ok. So then you put your hand on it, you've got a contact on the patient's neck, got a contact on the patient's feet. Once you get the Roger Balika is the one that said he, he figures out if something's working, he said, I just feel for Smush. I just feel for Smush, and it's like, OK, Roger Bullock, medical director of NASH for 10 years, and he feels for much so of it, right? So. You do the basics on the basal ganglia because. You do right. That's where you start. Every neurological degenerative disease involves inflammation, so you run inflammation in the basal ganglia. Then there's comes the cognitive part. There was a TV special called the frozen addict. The talked about the

incidence of Parkinson's there was. A synthetic. Heroin. That produced instant overnight terminal Parkinson's and 28 year old men that used this synthetic heroin and these two 3 ER docs met at a cocktail party and they started sharing stories about these. Each one of them had one patient. And it's like, really? So they they did that, and it's all the Humira. So they started tracking it down and it turned into this investigation of, I mean, Parkinson's is historical. So there's always an incidence of Parkinson's associated with head injuries or whatever.

Speaker1: [00:26:56] But there was a spike in Parkinson's that associated with the introduction of. Herbicides. Herbicides and pesticides, but I think with herbicides, so these MDS follow the breadcrumbs and found. It was in one of the Canadian provinces, Quebec, is that a province? Yes, the whole state and the U.S. that would be a state. And they tracked every case of Parkinson's in the state of Quebec. They were all in agricultural areas, except for about 10 percent. So they tracked those 10 percent, went out and questioned them, and they were all raised on farms. Wow. So the person we saw in Taiwan who had advanced Parkinson's. So you do the basics, you run inflammation. And then I had asked him. Have you been exposed? Were you raised on a farm? No, I'm a teacher. Where is your school next to a chemical factory? So I ran the frequencies for toxicity. And he just passed out. And then you run once you remove the pathology that causes the problem, then you can drive the surviving tissue to increase secretions. And vitality, and by then it was close to an hour, he had to get up and go to the bathroom. He could walk. He didn't shuffle. He could turn. He was smiling. His face moved. The tremor was gone. It was gone. It was done. So for me, I identified the tissue. Based on what I feel and what I know should be there and sometimes input from the patient.

Speaker2: [00:29:04] Yeah, I think sometimes we're really lucky we have patients that'll say right away, Oh, whatever you're writing feels so good and you're like sweet because I was getting nothing, I had no idea what I was going to do. Sometimes we get stoned right off the bat. Even as practitioners, you're just like, Whoa, I'm staying on here. Like, I don't feel anything. Just give it a minute. It's coming. So, you know, you know that it's it's good. Yeah. And then obviously then Smush going down this road just a second. One of the things I get when I teach the sports course happens every time is this question is yes, some patients get really stoned when or floaty or they fall asleep or their behavior changes. Sometimes they get chatty or

Speaker1: [00:29:50] Down or,

Speaker2: [00:29:51] Yeah, something. And some patients, it's nothing. Yep. And correct me if I'm wrong, but that doesn't dictate if a treatment is more or less effective, correct? I mean, we don't you don't have to have somebody passed out drooling on the table to have to knock it out of the park?

Speaker1: [00:30:12] Yeah. Oh yeah, absolutely not. It's and some patients just are immune to it. They just don't get stoned.

Speaker2: [00:30:20] So have you figured out who, what group of people are like that? Can you peg them when they come into your clinic?

Speaker1: [00:30:28] No, only one. I'm treating them. Usually the first thing that happens is their blink rate slows down. That happens with the athletes. The the athletes I treat are the ones that are least likely to get stoned and the patients that are the most. Now, the patients that are most agitated usually get pretty quiet and settle down, but it just everybody. There's there's a. There's a thing that happens with FSM. That, I don't know, happens in other techniques or technologies. It's not good, it's not bad, it just is what it is. Right. So you observe, you don't judge, it's not good, it's not bad. It's like, Oh, that happened. How interesting. Right? Yeah, there there's a better way to explain that. But it's it's it is. It's not good. It's not bad. It just is. And that's how you. Because otherwise your prejudices get in the way of your observations. Right?

Speaker2: [00:31:42] You write and you warn us, you always say, don't get attached to the outcome, right? You have to create a hypothesis and be flexible and adaptable with it. And don't press harder and don't leave it on for two hours. You have to be willing to.

Speaker1: [00:32:00] Well. Yeah, you have to be willing to be wrong. But eighty one and ten is the biggest surprise. So I think of the patients where I miss this early on, she have 40 and 10 patients. Those were easy. Those were the first ones we found in 1999.

Speaker2: [00:32:20] And 40 and 10 is inflammation in the spinal cord

Speaker1: [00:32:22] And takes away body pain. Yeah. But these days, when I see someone that circles their knees and says they have leg pain, would you mind if I felt your abductors felt your thighs reach over? You feel the tone in their legs? And it's like, now I know. That it's eighty one and 10, and 40 and 10 40 and 10 takes the pain away, but eighty one and 10 increased secretions in the spinal cord. I have this conversation with Jay. Those of you that have not signed up for Jascha are missing. Yeah, they think they've signed up for Jascha because they think is included in the advanced. And I might just do that because everybody needs to come to Georgia. So he said, Well, what? What do you what do you increasing when you incur, what do you mean, increasing secretions in the spinal cord? It's a completely foreign concept, even to people that understand neurology like is right? Well, the only thing that makes sense. It's not dopamine. It's not acetylcholine. The only thing that the only neurotransmitter that's involved in descending inhibition is GABA. Anyone? Oh, and they don't think of it because they don't have a way to influence it the first time you take somebodys petunias, brevis, Magnus abductors and quads. And the first time you take them from rock hard to smoochy. And it goes up the front, takes out the Lumborum and Thoracis IgG Paraspinals and then the hamstrings go last. And they say, Oh yeah, I always have tight hamstrings and I'm just going, Give me 30 minutes. We'll see. And it just it. It's. Somehow, we need data. But. Once you have a way of influencing the tissue, that gives you immediate feedback. Right. Yeah, that's that's the key to the learning curve.

Speaker2: [00:34:42] I think. One of the keys, there's so many keys and curves and twists and loops and get me off this roller coaster and put me back on and your

Speaker1: [00:34:54] Diagram of the learning curve for terrorism. It's like, I got this, I don't got this. Yeah.

Speaker2: [00:35:00] You sent out one of the ways I know I've been thinking of eighty one and eighty one and we talk about increasing secretions and 40, we talk about inflammation, reducing inflammation, sometimes in my brain. I have to just flip it to increasing activity of as 40 and decreasing activity of or sorry, an increasing activity of. So I've been using eighty one and 3 ninety six more and more and more and more and people theory, isn't it? It's super scary because it kind of goes against what you think if a nerve is hot or someone's in pain, why on earth would you want to increase that? And

it's like, Well, no, just wait, it's it's going to help help the connections. What if we look at eighty one like connecting the dots, closing the circuit?

Speaker1: [00:36:01] So great being being a neuro geek. Here's an I'll do this in the advanced. I'm already thinking ahead to how the slides are going to change. When you have a disk that's causing nerve pain, that the disk leaks out the most inflammatory substance in the body and creates inflammation in the nerve, so that that's so when it's a disk. It's. Reduce inflammation in the nerve is how you get rid of neuropathic pain. That's that's a given when it's just Skorjanec when. It's. When the nerve has lost function because of trauma, you think of it like phantom limb pain. Right. So Phantom Pain is there because the nerve doesn't exist or doesn't work. So there's a central component. Right now, when you increase decrease, so after I reduce inflammation in the nerve, then you run increased secretions in the nerve. And that's the point at which you run inflammation in the nerve and the flat, thinner and hypo thinner and eminences get fluffy. But in order for them to actually contract, you run increased secretions in the nerve to drive acetylcholine into the muscle. So the muscle contracts, and that's that was when I treated Milos. He had the last five inches of the Bastos. Lateralizes was completely, completely flat. It was de Innervated around 40 and 3 ninety six, and it popped right up. It's like, Oh, goody. But then he contracted it twice and it got flat again. Inflammation popped up, contracted twice. It goes flat. I don't like reruns. What's it doing? Why is it doing that? It's using up acetylcholine. What's acetylcholine? So neurotransmitter, it's a secretion of a frequency for that.

Speaker1: [00:38:17] So I ran eighty one and three ninety six, so June of two, March of twenty June of two thousand three was the first time ever I had run increased secretions in the nerve. And it was on me Aloe C2, Charles Poliquin's sitting there looking at him and we get eighty one and three point ninety six increased secretions in the nerve. Reduce inflammation, it pops up increased secretions in the nerve. He could contract it and it stayed up and then watching Charles and Milos work together. Charles could say to him, OK, contract it from the bottom up. Milos would think a minute, and he would contract his vast AST lateralizes from the knee, and you could watch it ripple knee up. And then Charles would say, OK, now contract it from the top down. That's a good face. How did and and he did it. Which is why he was Mr Universe multiple times. Yeah, so. Yeah. Eighty one is increased secretions, but it's also increased the function of. And what's even more confusing is when you have to run both at one time. Yes. In the spinal

cord, especially. And so the patient has had radiation damage to the spinal cord or transverse myelitis. Those of you that CTM patients 40 and 10 takes the pain down, but it makes the spasticity worse. Right, the increase in tone, so. Microamps 40 and 10 on one machine and eighty one in 10 on the other machine. Payne goes down and the tone normalizes and people look at me like, How does that work? I have no idea,

Speaker2: [00:40:11] Because you would think that to just cancel each other out, right? And then nothing's happening. But that's not the case.

Speaker1: [00:40:17] And that's the other little phrase. You can't throw out the data because it doesn't match your model, right? It's like it shouldn't work, but it does so. Ok.

Speaker2: [00:40:29] Yeah, I want to go there is a question on the chat, but I want to just go with the people that have written in first to make sure that they get everything answered. So one of the questions was using a bone stimulator versus our Microcurrent for fracture repair.

Speaker1: [00:40:47] Why wouldn't you use both? I don't know. And vanilla

Speaker2: [00:40:54] Make a small

Speaker1: [00:40:55] Worldcom. Yeah, it's like the the there's the other temptation to arrogance. It's like this is FSM is character building, right? Yeah, very much. Stimulator is external. It's a magnetic field. It has been shown to work. It's expensive. Some insurance companies are going to pay for it. Why not? We have unpublished data that says if you can treat a fracture within four hours of the time that it happens, it heals and half the time. Until somebody publishes that case, we got nothing. I have no I have no proof we have as Dana. What's his last name? He was at Northwestern Chiropractic College anyway, as he said, the plural of anecdote is not data. Just because you have a lot of nice stories doesn't. That's not data, right? So. Use both, right? I'm not attached. I. Yeah. Ok. Character building

Speaker2: [00:42:10] Good. I love that. I'm going to shift gears for just a second. We're going to go. People had so many great feedback with our like, what's our favorite sandwich question? So going on the gratitude kind of path for a Thanksgiving special

podcast, I'm going to ask you what is the skill or strength that you are most grateful for that you yourself have?

Speaker1: [00:42:39] Oh my goodness,

Speaker2: [00:42:40] I know these are hard ones. And this proves to everybody that we don't record this ahead of time, that I put you on the spot every single week.

Speaker1: [00:42:48] So I know the one of the things I'm grateful for, actually is that you drive this bus. I get to be a passenger right behind the driver, bouncing along the road. And I just like, Oh, that's a good question. Let's do that. It comes back actually to. That's I think the last time the thing we talked about last time is is synthesis. So when you add up. All of the influences that have come into your life from whenever. Right. So. By the time I left my family of origin, I had PTSD. It was not easy being in my household, and I decided that I needed to repair ENT myself, so I picked two families that were really healthy, happy families. I knew their kids and they represented me for 10 years. It's like, Oh, that's how families can work. Ok, fine. And then the I took a sales training course, psycho cybernetics, which basically was Maxwell Maltz and the beginnings of my recognition of the power of affirmations. I am right. So I support those who support me. I don't go to church, but. I tip 20 percent every time. If I buy \$100 worth of groceries, I give \$10 to Meals on Wheels or Sisters of the road. Right? You circulate what you give out, you get back. Well, I didn't start out with that idea. That was those. Those were people that I. Was actually a church, I went to 3 churches, I went to kind of in a row that got my head to.

Speaker1: [00:44:59] That list. And then there's Jeff Bland look at causes, biochemistry is not abstract, it creates your physical reality. Oh. Serotonin, the shortest. Biochemical pathway in the body, tryptophan, 5 hydroxy tryptophan, serotonin, but B6 and magnesium are in that pathway. Estrogen competes with B6 four receptor sites and tryptophan is the least. Abundant amino acid. That we that we can eat, right? And it's a branch chain, amino acid, so there's this big thing hanging off the side. And it. That never made any sense to me until I. I had to look something up for fibromyalgia because fibromyalgia patients. Are all. Short on branched chain amino acids, so. The why question? Wow, what branch chain amino acids all have in common? That's all right. So why question why are all fibromyalgia patients short and branch chain amino

acids specifically, what do they have in common? Well, they all have their transport systems that take the amino acids from inside your intestines when you digest your whatever. And they carry the amino acids across the gut wall into the into your blood and your circulation. There's one for positively charged amino acids, one for negatively charged amino acids. There's one transport system that just does branched chain amino acids, and it's bulky. And then proline has its own because it's. Different, but these bulky amino acids.

Speaker1: [00:47:08] What? It's sodium code transport system, so I was in a meeting one time with a question was asked. I have this patient and I've been feeding her 5 hydroxy tryptophan, and I cannot get her serotonin, I can't get her depression gone. I can't get the serotonin just isn't happening. And it's like I had the answer. It's like her gut walls too thin when you're under stress if your cortisol levels go up. Whether they give you a steroid dose pack or you're fighting for your life or you've just played a three hour football game. Steroids go up, what a steroids do they thin the gut wall? If you have a bulky, branched chain, amino acid transport system and you can't. And the gut wall is too thin. It literally has to flip over to dump the tryptophan into your circulatory system so that you can make it into 5 hydroxyl tryptophan. Right? Yep. You can't flip. It's too thin. So the thing I'm most grateful for is to be able to take all this stuff. And synthesize it. Right. Because they're not connected. But when you look at serotonin and stinking thinking. Your negativity and inflammation and where it comes from, the ability to connect all the dots from everything you've ever heard from anybody and the wisdom to. Take out the things that don't make any sense, right? So that's what I'm most grateful for and my friends.

Speaker2: [00:48:57] Yeah, that's that's fantastic, I love the word synthesis. I've been thinking about it all week, actually since you've been saying it, because that is it very much encompasses what we do as FSM practitioners and what. I don't think there's any meeting or course or workshop that you can go to where there is a. Commonality of so many different professions that synthesized together, like where on earth will you find a veterinarian, a pharmacist, an ob gyn, a physical therapist, massage therapists, all in one room, all interested in the same conversation?

Speaker1: [00:49:40] Exactly, exactly what I love about the FSM community. So what are you most grateful about for? That you have. Turnabout is fair play.

Speaker2: [00:49:54] I'm the question asker, not answer. I don't know, I was thinking about that when I was writing some of these questions out for today. I might go back to my stubbornness. I I don't ever stop asking why. And I I've been able to check my ego in the past 10 years, too, and I'm not afraid to ask somebody, I don't get this. Can you look at this? Can you? So I've got three people that I want to ask you about who are 3. I'll let you think about this as I answer. Your next question will be. Name three people, three professionals. So it can't be friends or family who you are grateful for or who have changed the slope of the course of of you professionally. But I think my stubbornness has become not so much a fault, but a positive trait, because I won't stop asking why or finding somebody that will help me answer that question for a patient.

Speaker1: [00:51:02] So the things I'm grateful for about about you, your integrity, and I call it determination. Ok. Right? So yeah, you're stubborn, but it's not stubborn. And I'm not going to change. Grit your teeth way, right? It's determination you. You'll keep going until you find an answer that satisfies you. I'm just grateful that FSM is one of the answers that satisfies you, right? Yeah. Yeah, yeah. 3 people. Sharon Stone merit her name used to be Mary Boggs. Now it's Mary Morrissey, and they were both ministers. And Sharon Stone was the one where when I was trying to, my my friend had told me that if I didn't go to Chiropractic College two, that I was stupid. Yeah. And Sharon Stone was the minister at the San Diego Church of Religious Science. And it's not Christian scientists anyway. It's kind of a new thought church anyway. And she said, if there is a what in your life that you're called to do and you're clear about the what? You do the what? What you need will show up. How is not your job? How how is God's job? And it's it's like the door on medicine that I closed on my cell phone slamming open. And that was just the right thing at the right time to get me to take that step. And Mary Boggs, I went to that church, I was called living in Richmond Center, and it's when we started out, there were a hundred and fifty people in this little meeting hall.

Speaker1: [00:52:59] And at the end there were 2500 people in a theater. Two or three services a day? And the message was time after time, after time, and the Jesuit church I went to in San Diego, time after time, after time. You can't love anybody more than you love yourself, so that part in the Bible where it says, love your neighbor as yourself. They're not kidding. I'm a I'm a New Testament girl and I also have a minor in theology. So all of the great religions, when you get through the political, we need to have power

over you. So we're going to tell you how bad you are when you when you brush away all that. Stuff. And you get to the core message of most of the world's religions. Love your neighbor as yourself. Love God, love your neighbor. Love yourself so that the question about self care. It's like. But you have to invest. And but it has to be and it has to be mutual. This isn't narcissism. This is I support those who support me. It is. There's a there is a circulation and that's. I and I keep coming back to to Jeff Bland, because intellectually, I mean, the bosses I had when I was selling pharmaceuticals that put up with raising me intellectually, but when I come to Jeff, he.

Speaker1: [00:54:52] Taught. He taught me how to do FSM, I'm 20 years behind him. When you look at what he did with biofilm and how he created it. He just stuck to his message and supported the people and created the network. And it's like, oh, that's how you do that, and I didn't even realize it until maybe 10, 12 years ago. It's like I'm just twenty five years behind him. And so those those and that all of that synthesis goes together because the attitude is what creates the harmony. That makes the the community. A place where you want to be and learn, and we have a shared. Vision. Right to. But is it help every patient who wants to be helped by training practitioners who can treat them and to teach research and write about FSM in such a way that it survives? And one of those books I read said that your mission statement? You should be able to recite it. At gunpoint at three o'clock in the morning, out of a dead sleep. What did you? And so before I ever taught my first class. In nineteen ninety seven, I wrote out the mission statement.

[00:56:35] And that. That's like the

Speaker1: [00:56:38] The Lighthouse, that's the beacon. That's that's what steers the ship. And everybody has their own missions. So what's your mission? You can't. What's your mission?

Speaker2: [00:56:50] Just writing this wave with that same integrity and determination that I was put here to do. You know, I when I was thinking about the people on the path and we all have these crazy paths, right? And you look back and you're like, Thank goodness I want to be a vet. Thank goodness. No veterinary school in Canada would take me.

Speaker1: [00:57:13] No way.

Speaker2: [00:57:14] True story. Yeah. So, you know, we have so many twists and turns, but without shaming the person, it was nineteen ninety nine. I was at my very first air PT conference and Artie is active release techniques taught by Dr. Mike Leahy. And there was a alpha male group that was there. There is maybe two hundred people taking the course. I could count the females on one hand and we were doing our our our cervical practicums. And there is part of the shoulder involved in one of the chiropractors is like, you you there as a ponytail? What are you even doing here? Oh. Wow. And I said, I'm here to learn just like everybody else. What do you think you're going to do with those baby doll hands of yours? Do you think you're going to treat athletes with those? Oh, and you have that moment where your heart is like, you think it's beating out of your chest and you're about to throw up and you want to throw a punch and you want to just crumble into the floor and. It angered me so much that I was like, I will show you if I do anything with my career, I will treat these professional athletes with my baby doll hands and I will fix them better and faster than you will.

Speaker2: [00:58:40] And that was the only thing talking about gun point. I could recite that in my head. And then about a few hours later, where you go on stations at these A.R.T. conferences and one of our favorite people, you and I, both our sports chiropractor guru God, Dr. Mark Lindsay, Mark was there and I was practicing on somebody and he came over and was like, That looks so good what you're doing, keep that up. That was fantastic, and it shifted everything because he was the God that walked on water. So I think about that moment of like anybody, anybody else that has like trauma and scary and anger and all the things that we associate with negative how we can turn that around to be the positive and when I think about a professional. So like Mark Lindsay is my like Jeff bland to me. He's he embodies everything that is good in this world. He's on the cutting edge and he shares. And so whenever

Speaker1: [00:59:50] Generous of spirit. Yeah, and there's there are times in your life is one of the things I like about you. There are times in your life when just a kind word to somebody, Wow, that is a beautiful necklace. Look at that. You have really good taste in jewelry. Somebody gave that to you. They must really like you. And then you move on, right? You know, and it's like, it's the kind word the generosity of spirit, right?

Speaker2: [01:00:22] Right. So, you know, we

Speaker1: [01:00:23] Can somebody that's really good.

Speaker2: [01:00:26] Yes. And I think about that a lot when you meet people. And I remember right before we did the very first FM sports course, I was talking to an old colleague of mine and they're like, No, no, no, you don't want to give away your stuff. Like, that's your stuff. Like, why would you teach that? And I thought about Mark Lindsay, who would always be willing to share and collaborate and the best of the best. And I've met I've been so blessed to meet so many people in professional sports and the. The truly great ones are the ones that want to share and they want to collaborate, and it's not about an ego and I know this and you know that and I have a PhD and you don't. It's what do you think? And let's work together. So again, going back on the grateful train. Meeting these people and doing what we do and checking the ego at the door for the greater good of not only getting the patient better, but now as somebody who's who's blessed and grateful to be able to teach what we do is teaching it in a way with the standards and the integrity so that it does not just continue to survive, but it thrives well.

Speaker1: [01:01:44] And there is. I don't even know where this comes from if somebody has heard this. Somewhere the only way to keep anything is to give it away. Yeah. When I first started teaching FSM in 1997, I didn't even think of consulting a patent attorney until 1998. And by then it was. You've been teaching it for a year. It's done. You can't patent it, right? Then I found out you can't patent a medical procedure to begin with. So and if you have a patent, you have to defend it. And that's not the point, right? The only way to keep something is to give it away. Right. So it's that's why the. Yeah, exactly

Speaker2: [01:02:35] Right. Going to a couple of quick comments here before we end for the day today went by. So that

Speaker1: [01:02:43] Is it

Speaker2: [01:02:44] So really quickly, completely agree. Some patients are energy leeches. I feel like a pit stop for behavioral health, if that's not the main reason they are

seeing me. Yeah, there is a study I read in college that reported 90 percent of somatic dysfunction is influenced by mental health and patient attitude slash emotion. I have to make it a priority to where did I go? I have to make it a right

Speaker1: [01:03:09] That I just know back to self care during that, including meditation, exercise and therapy. Right? And as empathetic as well. And here is a factoid 80 percent of health care practitioners come from dysfunctional families of origin 80 percent of us or adult children of alcoholics. That's just data. So there's 20 percent of you that are just. Different, but 80 percent, so you get 10 people in chiropractic college together in a circle and you say, how many have you had one or more alcoholics as a parent? Right? So. The we want to we are taught as children in dysfunctional families or in some societies or religions or whatever. Well, for yourself to write so you just like. Right. And. Um. Ok, my internet connection was unstable, so I stopped talking and lost the train of thought so. So. The the recovery part, so adult children of alcoholics try the 12-Step program, and the recovery part is the end of codependency as we know it. It is not my job to make you feel different. It is not my job to make you happy. And being a health care provider that takes care of yourself means. Taking care of yourself and and the end of co-dependence as we know it, you just like just what if they gave a war and nobody came? What if they gave a war and nobody came? So you just when the patient goes off and they're in their pity party, and so I sit back and watch and then, OK, if I. If I agree with you, we're both screwed. So.

Speaker2: [01:05:33] Yeah. Oh, true. Yeah, self care, it's important, especially going into Thanksgiving, do what you can, so that you can take care of other people, right? And then there is one last question here wanted to report the frozen shoulder ideas from last week's podcast didn't work for the patient. She's planning for a PRP treatment. Thanks. Yes, sometimes.

Speaker1: [01:05:55] Wait, wait, wait. What? Prp creates fibrosis and inflammation. Ok. Ok, fine, how is what?

Speaker2: [01:06:08] Ok. Yeah, I so first, yes, sometimes it doesn't work. Frozen shoulder is tricky. It's terrible. It's gross, it's complicated. We can only do so much, especially after one treatment. So too bad that it was like down to, OK, you have one more treatment left before you can say it didn't work, because that's it takes some time.

But yeah, PRP, that kind of threw me for a bit of a loop because typically we're not doing that with something that's already frozen and adhered. But.

Speaker1: [01:06:37] Oh, well.

Speaker2: [01:06:38] Oh, wow. That's not our job to decipher that stuff. Exactly. Well, I hope everybody had a great time

Speaker1: [01:06:46] Into it by her new doctor, who just happens to do PRP for a living. Ok, well, they're OK, never mind. It's ha. And we're grateful for that doctor because the patient will learn to make better choices.

Speaker2: [01:07:03] Yeah, I was just going to say, you haven't seen the end of this patient because she'll be coming back when that one doesn't work.

Speaker1: [01:07:10] Oh, I am great podcasts.

Speaker2: [01:07:13] I'm grateful for all the things, so I hope everybody has a great week. If it's not Thanksgiving where you're listening, have a great weekend anyways.

Speaker1: [01:07:20] And every day is Thanksgiving. Yeah, start up the day listing something you wake up, open your eyes. Wow. I am thankful that I opened my eyes.

Speaker2: [01:07:30] Yes, there's there's so much. And read the back pages of those at the resonance effect. If you need some, you just need some words to think about. So, yeah, grateful for everybody listening. And you and Kevin and everybody who makes this podcast happen

Speaker1: [01:07:47] Now to make the world happen?

Speaker2: [01:07:49] Yes. All right. Everybody have a good week. We'll see you all next Wednesday.

Speaker1: [01:07:55] See you Wednesday.

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