BigBrain Radio Show
3/15/08
with Adam Klotzek and Steven Ward

(music)

DS: Hey, good morning. It's Saturday morning! It's time for the BigBrain Radio Show. I'm Dr. David Stussy and you can call me Dr. D. And I have our favorite associate or partner doctor, Dr. Klotzek … Dr. Adam Klotzek.

AK: It's always good to be here.

DS: You know, we have one of the most sophisticated alternative healthcare clinics probably in the United States – maybe the world.

AK: I would say that, yes.

DS: Maybe in the world… with our neurology and what we do. And one of the cores… and Dr. Klotzek noticed this when he came to work for me was that I take all these full-spine x-rays and I do them standing and sitting.

AK: Mm hmm.

DS: And we find out things about people they don't even know we know how to find out.

AK: It's amazing what you can learn from them.

DS: Well, it all started way back … I'm going to say before the '80s…

AK: (laughter) Before the '80s.

DS: With a man called…

AK: Before heavy metal and rock and roll…

DS: It could have been.

AK: It could have been?

DS: (laughter) I can't remember.

AK: (laughter)

DS: Anyway, I had a man by the name of Lowell Ward who wrote a book called spinal stress and I read it at a seminar and I said this is the man. And I meant many times and spent many hours with him and he was the… he was… ah… the guidance for me… and would still be the guidance even though he's since passed away. But sitting next to us we have his son, Steven Ward… Dr. Steven Ward. His father was Dr. Lowell Ward. So, hello Steven.

SW: Hello David.

AK: Good to have you.

DS: And Steve is going to be telling us a little bit about some interesting things that we do with x-rays and about healthcare. When we take full spine x-rays you know we can obviously see if they're off-balance to the right or the left, or backwards or forwards. We can see their length. And Dr. Klotzek… you know right away you see it in terms of your balance…

AK: Yep.

DS: … and the brain stem… because those are things that people never bothered to correlate… the eye movement, and their strength and whether they have tonal muscles… and sensory alterations… and whether their brain is under stress. Well, underlying that there's a

structure called the meninges and it wraps around the brain through the whole spinal cord and it predicts a lot of … So, I guess we should have you tell us a little bit about how you see yourself and spinal stress. Okay? You call it systemic stress, right? Systemic chiropractic.

SW: I call it systemic chiropractic and it's the… we use standing and seated front view and side view full-spine x-rays. We then measure about 50 measurements on the spine. Those measurements are then computerized and graded in severity from normal to abnormal and so this stress analysis allows us to understand so much about the spine. It's also very powerful in giving us awareness about behavioral stress as well.

DS: Right, because you're looking at the nervous system and the nervous system integrates all of the information, and then as Dr. Klotzek would say we get a moteric response…

AK: Motoric response… motor response…

DS: Which is motor… I mean our body has to do something in response to what we sense. Now, just to remind everybody the BigBrain philosophy is that we are all part of the BigBrain. We have a physical brain and that physical brain has a motor and sensory nerve so if we have a sensory input like a pretty woman then we'll start walking down the hall… sidewalk after them.

AK: Ah, sometimes you…

DS: You can do that, because you're single you can do that. Anyway… but we also have what's called a metaphysical brain. That's the brain that creates our ideas. There's no way you can wait,

there's no way you can measure it. It's… some people call it the mind. Some people call it the cosmic connection… but it's really what integrates all of us… and it also is based on sensory and motor…

AK: Yes.

DS: It's what we have… what we pay attention to… attention is our sensory… creates our intention or motor response.

AK: Mm hmm.

DS: Now sometimes that… just like the physical nervous system, sometimes it's voluntary and sometimes it's involuntary. So…

AK: Yeah… what always found was really interesting is that the spine being one of the largest organs in our body…

DS: Mm hmm.

AK: Um… we were never taught – at least I was never taught as a child how to take care of it. And what it meant if you have certain curves or certain problems with the spine. Now Steve could you elaborate a little bit more on that… why it's so important to maintain your spine and how sometimes … um… people's issues or problems that they may have may actually show up with problems in the spine?

SW: Sure.

AK: They're not even aware of.

SW: Sure. Ah… we look at the spine and we see if the spine is going left or right.

AK: Mm hmm.

SW: Forward or backward… and of course in a front view curve a spine can go left and right.

AK: Mm hmm.

SW: And we have found over 40 years that when the spine deviates to say the left, it would indicate a person operates more in logic, than emotion. When a spine deviates more right, it would indicate the person is more emotional…

AK: Right.

SW: … and sensitive. The spines that are going backward from normal, commonly what we will find out that we'll deal with male parent withdrawal… so if a male parent has an addiction profile and has withdrawn from the family then the child who grew up with that will exhibit a backward curvature pattern, which is considered a denial pattern. They are withdrawing from their own reality in that case.

AK: So you can really like look at the spine and the curvature changes and really get a good idea of that patient's personality profile…

DS: (unintelligible)

AK: … some of the historic things they've been through.

DS: Also you see their… you can actually see their genetics because a lot of this… obviously we're an embryo and we inherit, so a lot of patterns you see are actually inherited. Is that correct, Steve?

SW: That's correct. And some of the best research that has been done on this was done on identical twins that were separated at birth. And what they find is that the identical twins may come together 40 years after their separation and they're identical psychologically. So they will… um… possibly read books from the back to the front,

scream on elevators. They will operate almost an identical psychological behavior pattern.

AK: Now, do you notice that they have the same spinal curve changes?

SW: Well unfortunately, that study did not incorporate standing and seated front view and side-view full spine x-rays.

DS: I see a study coming here.

AK: Yes. So do I. (laughter) More work to do.

SW: But if they did incorporate that, they would be able to immediately see if that curvature is the same, and if the basic behavior is the same. And I… the only other curve that I wanted to talk about was the forward curve. And when we see a spine going forward we know that person has a very driven personality. A lot of times when spines are going forward it would indicate the father is obscure in the person's reality and the mother is more dominant.

AK: Wow. And you know to me that was… when I was first introduced to this it made total sense to me in my education because there's this area in your brain called your… um… basal ganglia, and it's connected to the emotional centers – the limbic system. And what's interesting is that you cannot have an emotional response without having a change in muscle function. So it makes perfect sense that … how people's emotions are molded throughout their lifetimes, that you're going to see that change in the spine and throughout other areas of the body. So it's absolutely fascinating that you could look at someone and get an idea of their emotional states, etc. just by the changes in muscle tone. And what's interesting for our

part is obviously when we change the muscle tone we change the emotionality because they're so interconnected…

SW: Exactly.

DS: You know…

AK: So a lot of people can get help from this.

DS: One of the big things… you know I've been doing this for… since… the mid- '70s…

AK: Let's not tell everybody how long you've been doing this! (laughter)

DS: You know I… and when you can tell people the psychological profile … and I do it in more moderation, but it actually helps them heal.

AK: Yeah it does.

DS: Because the issues that might keep them from healing is actually there and they…

AK: They're storing those memories…

DS: … and it takes the stress off them. And as you know, we get a lot of chronic, severe health problems. Um… well… they don't look so severe to us, but they're having a hard time getting better from them… let's put it that way.

AK: Yeah.

DS: … Because… you know they're having headaches and they won't go away. Or they're having body pains and they won't go away. Or they're having a visceral problem that doesn't seem …

nobody seems to find anything wrong with the organ that doesn't seem to be working.

AK: Mm hmm.

SW: And all those … and on all those headaches would be an indication of inherited mental punishment, or hyper criticism. Visceral pain would be more of a issue of a person going internal with hurt and not knowing how to express what they feel. And what was the other one you mentioned?

DS: Well, just chronic pain.

SW: Yeah, chronic pain. When we deal with pain, we really need to look at the hurt that a person is denying. And the hurt that a person denies directly relates to the pain that a person feels.

DS: Right. And this is not to say that it's just purely psychological, because obviously there's the physical pain perception in the brain and everything. But if they're some… the brain is so sophisticated – so complicated – physically and metaphysically… when you let somebody just… it isn't even you have to fix the thing, just the fact that you know…

AK: Will change it.

DS: It changes it.

AK: Yeah, absolutely.

DS: And that's the most incredible thing. We see some pretty incredible things, and that's one of them.

AK: There was a… there was a show on just recently by PBS done on the brain.

DS: Mm hmm.

AK: And it talks about what's really important in keeping your brain working. And one of the things that they talk about is intent… and focus.

DS: That's the BigBrain philosophy.

AK: Yeah, absolutely! And they did all these studies where they looked at people who, you know, when they get older we kind of get into our old habits. And we're out there doing the same thing and we're thinking well that's good, but if you're out there playing golf *every* day…

DS: (laughter)

AK: … it's not really a challenge to you anymore. And that's when the brain stops to grow and change. So you always have to challenge it. You gotta do new things and etc. But you have to have that intent and that intensity as you had when you were a child. You know, learning a new task and everything… and though it may feel uncomfortable you know you still have to go through those things and do those.

DS: Well you know Dr. Ward has a lot more exciting things to talk, because we're kind of just touching… it's kind of the overview like you know people talking about the brain. But here's what I know: A lot of people talk about it, but nobody does anything about it. And what I want people to know today is that we actually can do something about it. And we can use it. You know I have a philosophy called "stuff that works"… and we only do things that are going to be easy for people to do and we can predict how effective

they're going to be. And I'll have to say from your father, that's the one thing I learned was predictability.

SW: Sure.

DS: I could tell people how they were going to heal, what they were going to go through…

AK: How long it was going to take.

DS: How long it was going to take … and because I was young I figured you know when you're young you think everybody's going to get better. It allowed me to get perspective of people who weren't so young. Now of course I have that perspective.

(laughter)

AK: That's an awesome perspective.

DS: Sure is.

AK: I've learned a tremendous amount from it… something's been great.

DS: Well we're going to … we have got some really interesting things. We have Dr. Steven Ward, a spinal expert… but a psychological … neuro psychological expert who knows things and can help people … things… and after while he doesn't even need to see their x-rays. But we'll let him tell a few of those stories too. So, you know this is the BigBrain Radio Show. This is Dr. David Stussy… they call me Dr. D. I have Dr. Adam Klotzek, who is my associate at Kenwood Chiropractic, and Dr. Steven Ward. I forgot to say you're from Long Beach, California. He's a California boy.

SW: Yeah, I sure am.

DS: All right. BigBrain Radio Show. Brain waves to radio waves.

(music)

(music)

DS: Hey, Dr. David Stussy… the BigBrain Radio Show. We are here with Dr. Steven Ward… a psychological spinal neurological expert… and he's got something to share with us.

AK: Yeah, I think he does. He's got a great story to share.

(music)

DS: All right… we've got a star up in the sky.

AK: We do.

DS: All right. You know a lot of times when you know somebody you know the history. But then there's always the mystery. And you know Steven was in town here to help me with a case involving some discrimination … psychological discrimination… and he was just powerful…

AK: Brilliant.

DS: … you know, brilliant. So… um… and I said that he is the son of one of my mentors. So you want to tell us a little bit about you? You've got a unique story because you actually had something to do with the creation of all this. Right?

SW: Yeah. Sure.

AK: You have an awesome story to tell.

SW: My dad was a chiropractor and he graduated in 1960. I was born in 1962 and when I was born I was born three months premature. As a result of being born premature, I had a lot of issues. I had

problems where I would stop breathing and I'd have to sleep on my dad's chest… and every time I would stop breathing, he would revive me. A lot of problems took place during that time in my life, but at age 6 I came down with the Hong Kong flu and it settled in my spine. And so they put me in a full body cast for 10 months.

AK: Wow.

SW: Out of the full body cast they told my father that I would never walk again because I was just deteriorating… sleeping about 22 hours a day… and just getting worse. When he finally got me up and could walk me for a minute or so at a time, he noticed that when I would walk I have this severe limp. He then would test my limp and he found that … he would test and he would say well it's the same length… and so that's when he first learned to flex… had me lay face down and move my heels to the buttocks and drop my heels down and he found out that I had a two-inch right short leg. At that point, he put me in a two-inch heel lift on the outside of my shoe and immediately I could walk.

AK: Wow.

SW: We now know that on a male the right side is a defensive reaction. Whereas if it's a left short leg on a male, it would indicate immune compromising, and the opposite is true for women.

AK: Okay.

DS: That's correct. And we've… we've… well, we've used this for long… You know I've got to tell this story. You know I read your father's thing and I had this guy who had so much pain I thought I

was going to have to send him back over to the Mayo Clinic… and I read your father's thing… I put a 35-inch heel lift in this guy's boot…

SW: 35 millimeter.

DS: 35 millimeter, excuse me… which is an inch-and-a-half. Thank you. Um…

AK: That was a big heel lift. (laughter)

DS: (laughter) It was big.

(laughter)

DS: Anyway, it's still big because most people do like 3 millimeters.

AK: Right.

DS: And then fortunately he was a farmer and he wore a boot. He wore that one day and the pain was gone. I was bulked after that. (laughter) Go ahead… I'm sorry.

SW: The functional short leg tells us a lot… not only about energy and pain, but… and most importantly, about behavior. And so when we see men or women in right short legs, we know that that commonly means they're far more emotional and sensitive. They're looking for female approval. When we see people with left short legs, we know that it's more of a issue of searching for male approval. And… it's more of a logical… over logical pattern. You know how people, when they get hurt, some people will react emotionally…

AK: Right.

SW: As we've seen recently. And some people will get hurt and they will take it internally and then they'll rationalize their hurt and

then withdraw from their hurt and put their hurt into denial. And that's where a lot of addiction profiles come into place because they're trying to numb their hurt through an addiction process.

DS: You know I think it's important… they use the term functional short leg. It's not a real short leg… it's functionally being pulled short to adapt to some …

AK: Changes in muscle.

DS: … Some muscular, some neurological, some visceral… some reaction, which is causing a spasm and pulling it short. You know rarely do you see a short leg unless they broke their leg, or had polio or something like that. Rarely… rarely.

AK: Yeah, it's amazing that you can see those changes happen so quickly just by simply putting in a lift. No one would ever thing that that would be a changing agent, but it makes total sense…

DS: Well…

AK: … because when you change that muscle activity it changes the brain activity…

DS: Think about when…

AK: … changes the profiles.

DS: Think about when you stack blocks … a little kid… if they're off a little bit at the bottom, by the time you get to the top it tips over.

AK: Yeah, it tips over.

DS: So this force goes all the way up into your brainstem. So keep going… tell us the rest of your story.

SW: Well that's pretty… well I… as a young person I followed a brother, so I have a right curvature myself, which is a female dominant pattern. It's a very high, perfectionistic pattern and I'm very sensitive and emotional… cry during sad movies… stuff like that.

DS: You're sitting… (unintelligible) (laughing)

AK: You don't want to take all three of us to the movies you know?

DS: No! (laughter) We would be…

SW: We'd need a couple boxes of Kleenex.

DS: Yeah, but we will see "chick flicks", so that's good.

AK: Yes.

SW: But that…

AK: For the women out there.

SW: …pattern also indicates we seek female approval more than male approval.

DS: Right.

SW: And what's unfortunate about that pattern is often times we will attract the opposite in curve, which is a females that's more dominant… a lot of times firstborn females, where the parents wanted boys and got girls. And so in that case what they do is they withhold. It's like to say if… primarily what happens is…

AK: The male withholds or the female withholds?

SW: No, the female. The female will say "You never do anything for me." And then the male will say "I'm doing everything I can do for you… and no matter what I do, it's not enough"… because the

father let that female down and you… and the … can't replace the father.

AK: Wow. Makes total sense. That makes total sense.

DS: The thing is…

AK: I can relate to a little bit of that, in my own life.

DS: Yeah.

SW: Me too.

DS: So anyway…

AK: And I'm sure a lot of listeners can probably… sitting there going, "Oh my gosh".

DS: You know there's another thing we do… remember we took the full spine x-rays, but with your father's ideas we take x-rays of people sitting and that is the most unique thing. Talk about that.

AK: Yeah… yeah I would like to hear more about that.

SW: The primary purpose of a seated x-ray is to evaluate people in the position of stress load. In 90% of the cases that I evaluate, the seated structure is far more severe. When you take into consideration the slip and fall are simulated seated actions, car accidents should always be studied seated…

DS: You know we see…

SW: … we lie them down or stand them up we will be misdirected by the severity of that patient's injuries.

AK: Well that makes sense because that's the position that they actually got hurt in and that's that area that you'd want to view. That makes sense.

DS: We call it the position of injury. We do it…

AK: Yeah, the position of injury.

DS: … You know I was telling Steve earlier when I first started I had a case that I used his father's info and I won big time and they went all the way to the Supreme Court and it held up.

AK: Wow!

DS: Because I used his father's knowledge.

AK: That is awesome.

DS: And I have been an expert in whiplash injuries ever since … long before it became kind of like the thing to do.

AK: Thing to do.

DS: Yeah. And then we had to figure out what was going on… it was great. You know, this is fantastic. So as we shed a little history, we can also see that we have a lot of power inside our body that we are … and we talk about this on the BigBrain Radio Show all the time. So when we come back, let's talk about some of the things that people… that show up that… I know you treat some very interesting conditions. So when we come back, we'll talk about this. Okay? I'm Dr. David Stussy. The BigBrain Radio Show. I've got Dr. Adam Klotzek and Dr. Steven Ward from California. Brain waves to radio waves.

(music)

(music)

DS: Hey, so good I want to keep listening! Hey, this is Dr. David Stussy, the BigBrain Radio Show, and we are looking for the way

we've got the way. The mystery is revealed as we talk about the secrets of healing in the brain and the nervous system. How's that? That sounded pretty good, huh?

SW: Very good.

AK: You know what? That was very… very profound.

DS: Hey, we've been talking about the mysteries of the spine and the nervous system and how who we are… our genders… who we act as – a male or a female … who we attract as a male or a female, who are parents are… and all kinds of stuff actually show up in the spine where with our stresses… our spinal systemic x-rays… right?

AK: Mm hmm.

SW: That's right.

DS: And you were just telling us… we take sitting and standing x-rays and then when we adjust them, we actually adjust them… Adjustment is a small movement that causes the pressure to be taken off the nerves so the nervous system… it removes the interference… okay?

AK: Makes the nervous system work better.

DS: But we do something unique?

SW: Yes. My dad initially was adjusting all of his patients face-down on the table.

DS: Sure, we all have done that.

AK: Yep.

SW: And he then would… back then he was taking initial sets of x-rays and then he was taking follow-up x-rays to document the changes

within the curve. What he found is when P to A – or face down adjustments were being done, he wasn't seeing the great results in changing the curvature of the spine. So… in the early '70s – I think it was about 1971 – he said well I'm going to reverse what I was taught in school and I'm going to start adjusting people from front to back. At that point he realized that he would adopt procedures that he could use and then he would take the new set of x-rays and the comparative x-rays were profound…

AK: Profound changes?

SW: Profound changes. They were just…

AK: But just from going… from lying down to maybe standing? Or seated?

SW: Standing or seated.

AK: Right.

SW: A lot of times we will do the wall adjusting in the sitting position because when… when people stand they're likely to be more defensive. So when you go to put a force in, if they're highly defensive you'll bounce off…

AK: They'll fight back… they'll fight back.

SW: … They'll resist it. Whereas if you sit them in their exhausted state, which is the seated position, that adjustment will release effortlessly.

DS: You know a couple things come to me. First of all, this is the concept I've got from exhaustion and your father used this chart of (inaudible) stress. And it could predict how healthy people were. And of course as a younger doctor it was very powerful for me,

because when you're young, you know, you think everybody could heal… and I could say… tell people …

AK: Predict how long it's going to take.

DS: … how long to take, and it really made a huge, huge difference. And then… the fact that they… like we do a lot of motor vehicle accidents … and they get hurt sitting. So they might not look too bad. We put them in the sitting…

AK: They look terrible.

DS: … and a lot of them are real far forward. So whenever they do any work… and what do people do? They sit at computers and desk and run software… they run radio programs… right Justin?

AK: I don't think people…

DS: Engineer… excuse me! I couldn't…

AK: I don't think people realize how stressful sitting is on the spine.

DS: Oh, it's bad. It's exhausting.

AK: You know they think "well I'm not really doing much; it's not that stressful", but I think it's more stressful than actually standing.

SW: And I think… I think the extra point that we want to point there is that sitting is a severe enough stress, but when we drop our head forward to gravity, we increase immediately the stress on the intact spinal column pelvic meningial unit. So, my advice to people is if they're reading, they should read at eye level. If they're sleeping in the fetal position, they should try to sleep with their chin level. By tucking the chin, we're bringing the head forward, which is going to

create upper back muscle spasm… and pain. And so it's critical to have the chin level when people sit.

DS: You know you haven't seen it, but we've invented several collars to help pull people in different positions to make it comfortable for them. We've got this guy … he's a little… upholsterer…

AK: Upholsterer… he's like awesome!

DS: … because it's very hard to hold your head up… and when you can go and just let it relax, the inflammation goes down in the neck, and all that swelling around the cord goes away.

SW: And I think it's important to known emotionally there, when a person is dropping their head down, dropping their eyes down, a lot of times that means they have a feeling of inadequacy. If you are out jogging or walking … there's a lot of people walking and jogging… you'll find that most people will… as they come up to you will drop their head down…

AK: That's a very interesting point.

SW: … They'll go into a feeling of inadequacy. And so consequently that means that they're going into their work out from a feeling of inadequacy, which always makes them want to do more in their workout, which will ultimately result injury.

DS: You know, since we're talking about the psychological – and I want people to hear this – is the power about validation.

SW: Validation is a vital point to make here. Most people think that validation is relative to what we do… and that's not true. Validation doesn't really have anything to do with what we do. It deals with are

we seeking validation or approval from a person who has learned to validate and approve of self. If they have not learned to approve and validate self, then it's virtually impossible for them to transfer approval and validation to someone outside of them.

DS: So what you're saying is if someone… take someone who isn't… doesn't have a very good self-validation, then they're not going to be the person… but we tend to do that… pick the wrong person…

AK: All the time.

DS: …everybody heard that. Have you ever picked the wrong person?

AK: Oh, geez.

DS: (laughter)

AK: (laughter) We could do a whole radio show on that one… let me tell you that. (laughter)

SW: I think that…

DS: You're such a nice guy, too.

SW: I think the last point to make…

AK: Those left curves.

SW: I think the last point to make on that is when people don't get the validation, then they think they haven't done enough. And at that point they become far more driven thinking by doing more they'll be able to get this validation. And what they find is they just exhaust their nervous system…

AK: It's a vicious cycle.

SW: It is a vicious cycle and it promotes degeneration, it promotes aging, height loss, exhaustion. And so this is what we call inherited behaviors psychogenetic behaviors, because if we really study behavior we know the behavior is generational… it's not really current. So the problems we have in the current are really duplicating themselves from the generational stress load.

DS: You know when I've said to people… and sometimes I'm not quite as dominant as you are about psychological profiles, but I'll start to say… like if they're left-leaning… I think your father probably wanted a boy – if it's a woman – and they just take over and tell me the whole story because they've just been waiting to tell somebody that they know it's true…

AK: That that's how they feel.

DS: And they don't know what to do about it. So… this information actually allows people to kind of open up… they always have an inkling that it's true, but they can't find any validation for it.

AK: That's right.

DS: So I get them validated.

AK: And that emotional component is so important in health. People realize the stress that emotional component puts on their organ systems, on their muscles, and everything… just the increase in cortisol levels themselves… I mean into high levels… it's been known for many years that that will shut down how the brain works, your memory decreases, your cognitive abilities decrease, your organs begin to shut down… and it's very, very profound… that that would be like that.

DS: Wow!

SW: It is… it is.

DS: That's called exhaustion and it takes away the energy. And that's…

AK: Yeah.

DS: … chart that we use…

AK: Takes away your ability to enjoy life.

DS: … And that's going to determine how they get treated because if they don't have the energy, they're not going to get better faster. So…

SW: Well, and that's where…

DS: … energy, right?

SW: Well, and that's where collars, and seat wedges, and lifts come into play.

DS: And heel lifts, right. We use all those things.

SW: Right because … you can… you can take someone who's exhausted and by bringing insert and supports you can bring in a defense system for the defense system that's lacking in their body. And so by putting them in a collar, sitting them on a wedge, in a minute in a time you can counterbalance the curvature maybe 50%… in one minute… by using proper supports to counterbalance structure.

DS: I don't know how many people say… tell us how important it is to sit on that wedge…

AK: It is.

DS: It changes their whole work environment and everything.

AK: Right.

DS: You know we've got other psychological… like obsessive-compulsive… talk about that.

AK: Yeah.

SW: Well, obsessive-compulsive is always… most commonly it's going to be a left curvature pattern… and with a logic pattern that becomes irrational. The more a spine deviates from the normal, the more it goes left, the more obsessive-compulsive a person will be. So the closer they are to the normal, straight spine, obviously the better.

DS: … going to be anterior forward curve?

SW: Not necessarily because a female in a left curve is a denial pattern, which would indicate a father who is alcoholic, who withdrew… and withdrew from them… didn't know how to validate them. Maybe wanted a boy and got a girl…

AK: Right.

SW: … Didn't know how to bring the love to them. And this is a pretty critical point when dealing with gender issues. It is so important for people to love themselves. If it's a woman with a left curve, then she wants to imbed "I love myself for the woman that I am"… not go into this confusion that I will be loved differently if I was male.

AK: Ahhh…

SW: We are born what we are born with, and it's vitally important that we learn to love ourselves for who we are and what we are… and so it's very important not to get misdirected from the psychogenetic behavioral profile.

AK: Well we see… you think… we see a lot of those changes, especially in people who have been involved in car accidents… you see the curvature change and you are always going to see a personality change in…

DS: You know I have… a front desk… my front desk… they have to deal with people and people come in and they're angry and they're kind of rude…

AK: Yeah.

DS: … and I say just wait… especially when they first start… and they see these people change right in front of their eyes…

AK: Right. They become totally different people.

DS: You know another thing is anger. Talk about anger.

SW: Well, anger is so important. Um… we look at the lumbar curve for anger. When a lumbar curve reverses, we see that in people who internalize their hurt.

DS: Lumbar is the low back folks.

SW: Lower back. And … um… so when people internalize hurt, that's the commonality in cancer profiles. All cancer profiles take their hurt internally. Whereas if the lumbar curve goes forward then we see reactive anger. And reactive is always inherited anger, and it commonly is referencing an inherited male parent. So when we see someone react …

AK: So anger against a father…

SW: Well, no… more like the anger… the father was angry and the child was fearful whenever the father was angry.

AK: Oh wow.

SW: And it references in their structure that anger pattern. So when someone makes them feel inadequate, they rage.

AK: Ahh.

SW: And then they say, "I don't know why I got angry." Well because it wasn't their anger… and that's a very important point.

AK: But was it like a trigger than? In a way it triggers this bad habit… bad pattern has been instilled in them?

SW: Well, it's just … it's a pattern relative to when they're dealing with this anger, they don't know how to deal with it. When the father's angry they don't know how to feel that hurt.

AK; Gotcha.

SW: And so they deny that hurt and then they go on in their life and then that pattern comes up when they're made to feel inadequate in different things. And then that will exhibit patterns of reactive anger… and they will never know why they get angry. And the reason why they don't know why is it's not their anger.

AK: Okay.

DS: They're actually exhibiting their parent's anger.

SW: Their… in that case, their father's anger.

AK: Their father's anger.

DS: Okay. Now… we… this is pretty exciting, because we do deal with this constantly. And sometimes, it's just kind of an overview of patient interaction. And I'd say most doctors – chiropractors especially because we're so… we see them so often … this would be

very helpful for doctors and chiropractors listening out there because you've already observed this. It's going to happen. When you start changing the physical spine, you start changing the physical reality and the metaphysical reality for them, which are their emotions… and I think basically it all gets down to love. You know?

AK: Yeah.

DS: Because I remember your father wrote a little issue… and he said… I saw a little article he wrote in Parker and it said you know he had all these things and he was feeling not so good. And then he had this insight that it was actually all about love. And when you go… and when we see patients and it's about loving service, our day goes so great. And we all have that love inside of us. And really, getting back to centered… spine… it's about that love. Right?

AK: Yeah.

SW: Right.

DS: That's the BigBrain way.

AK: That's beautiful. That's beautiful.

DS: We'll be right back. BigBrain Radio Show.

(music)

(music)

DS: Hey, Dr. David Stussy… the BigBrain Radio Show. We're here looking at the psychological profiles revealed by the brain and the stress patterns. And we have an expert here by… Dr. Steven Ward, from Long Beach, California. And Dr. Adam Klotzek is here. And … he's talking about what makes us run.

(music)

DS: Trying to love again. Hey…

AK: You should never give up trying.

DS: Never give up trying.

AK: Never.

SW: Never give up.

DS: Your height will always take you to love… and when you do the things we're doing, it'll bring you back to center, and then you have a choice. When you're at center… you know we talked about the extreme spines being off… They don't feel like you're at choice. These things are running you. But when you get back to center, you could have these issues still going on… the inherited… but you're at choice, and then you can move forward. (Inaudible)… your father by the way. So one of the things we see commonly… we see a lot of motor vehicle accidents and a lot of people think of it in terms of the tissue injury and stuff. And… they … they… because the pain goes away they think they're healed and they're not because of the trauma. Of course, we evaluate that to the extreme… and we're very good at it. So most people don't get it treated. But the other thing is we see huge emotional changes. People are just not themselves. They get angry… they can't handle things. So the motor vehicle accident changes them psychological… It's kind of a… We call it instant aging.

AK: Yeah.

DS: So you see a quick change. And you're saying they aggravate their original patterns.

SW: Yes… there's… there is a psychological pattern that is present. And so when you're in an auto accident, it will actually exacerbate that pattern. And often times, you'll take… you'll see people who are very strong, you never cry, and then all of a sudden they're in an accident and they're bawling all the time…

AK: They're bawling their eyes out.

SW: … and they're showing their fragility… where you've never seen that before…

AK: So they've suppressed this for such a long time.

DS: The reason I bring it up is because a lot of doctors ignore it and so then the patient just kind of represses, doesn't bring it up… or they don't even know that it's associated with the accident. They just… they really think…

AK: It's important for us to know it because …

DS: …so one of the first things I tell patients is… I ask them, are you noticing these things? Just know it's normal, but it's going to go away. And then that really lets them heal a little better.

SW: It does.

AK: Yeah and I think the learners… not the learners but the people out there listening today need to understand that there's a very intimate connection between your emotional centers and the body. You know? And a lot of people forget that and Descartes, who was a French philosopher many, many years ago… he came up with this whole thing in regards to trying to separate the mind from the body. And it was…

DS: We don't do that on the BigBrain Radio Show.

AK: No! It was Descartes' error. And what they found out is… well basically you can't… you can't separate the two. They're so intimately inter-woven.

DS: You know you talk about getting somebody better… Steven treats some very serious…

AK: Yeah.

DS: … Go ahead… why don't you tell us about it.

AK: Some of the people you treat.

SW: Well… I treat all sorts of degenerative disease conditions… both mental and physical. I'm probably best known for my work in Duchesne Muscular Children. We have young adults now that are approaching 30 years of age, which is something that is …

AK: Unheard of.

SW: … Never happened…

AK: Unheard of.

DS: What is their life expectancy?

SW: Some pass away at 12. Some pass away at 15…

DS: So you've kept these individuals alive?

SW: …. usually by 18 they've passed away…

AK: Oh, that's incredible.

SW: We have… we have children – many children that I don't even see, but maybe once a year because they fly in. I make them audio tapes that allows them to deal with their behavior state in a place of choice… in a place of power. We help to move them from fear … and that's one thing I want to bring up. When I deal with muscular

dystrophy children and they're left in a curve, they tend to be very fear-based and so that would… you would see them going into victim reality… I can't do that… I can't do this. Move your finger… I can't. Everything is "I can't". Whereas if you have a Duchesne child in a right curvature, what they have is high expectations. So what they do is they're going to push themselves harder. And if they're led properly – and that's what happens a lot of times they're not because they're told you're going to die… your muscles are going to turn to fat… your… your intercostals muscles are going to turn to fat… your diaphragm's going to turn to fat…

AK: So they're giving all the wrong advice.

SW: Well… we should not imbed… we need to understand the power of the mind and when we imbed a thought and we imbed it over and over, that mind will pick it up and believe it to be true. And that is a very dangerous thing. So, all doctors involved with degenerative diseases should understand that giving the diagnosis can be very harmful, especially if they…

AK: Oh, absolutely.

SW: … if there isn't any people who are getting good results within that diagnosis. So it's better… in like Duchesne instead of saying well your child has Duchesne, you'd say, "Well, there's a neuromuscular process going on…

AK: Not to label them.

SW: Not labeling them.

AK: Yeah… labeling is dangerous.

DS: Whenever I'm with Steve I always feel empowered and alive. He does this with everybody.

AK: That's awesome.

DS: And I'm sure you've learned that from your children.

SW: Oh yes. I've learned so much. And also from being… having so many disabilities as a young person myself.

DS: That's right.

SW: I have a different look at it and I see it with the children… and so I get in… Instead of coming directly at a child, I will explain to them my own story, or someone else's story, and give them what they need to hear, because they do better when you don't come directly at them.

DS: You know I want to say a couple things here… because I'm sure people are wondering about this. First of all, we're going to give you his website… Steve… Dr. Ward's website in Long Beach… and let you know that we do the work that he does… and if… they could come in and get a full spine x-ray and then if they want a psychological profile… and you also give a tape, like you said… that actually allows them to encourage the changes…

AK: Mm hmm.

DS: … you know we can have him do that…

AK: Okay.

DS: And … but we can take the x-rays here… or if people want to come in and do a functional leg check, or a spinal stress check…

AK: Welcome to come in.

DS: … like we do. You know we offer that courtesy because… you know there's no such thing as not being able to heal…

AK: Absolutely.

DS: … And you'd have to use the right approach and you know, Dr. Klotzek and I take a lot of pride in that so…

SW: And it's true that every patient is truly their best doctor.

DS: You betcha.

SW: So when we give them tools, they get great results. And when tools are withholded, they don't get results.

DS: You know I had a tape of your … your father gave me, and I have a tape that you've given me and I play that in the car… because you get in these patterns and sometimes it just… when I hear your voice and you're talking about it, it actually helps self correct and then I can get physically treated or… take… or I'm able to take care of this thing… So…

AK: One thing…

DS: … what's your… what's your website?

SW: My website is www.chiroman.com.

DS: It's pretty cute. This guy is … has all these animate…

AK: Got some cool stuff on there.

DS: … animated things… so… and if they've got a phone number they want to call? Say they want to call…

SW: Ah… sure… It's 562-420-8884.

DS: You got it.

AK: Great.

DS: And then if you want to call Kenwood Chiropractic, 612-374-3392.

AK: Awesome. And one thing that I … as an educator and as a clinician and as a researcher, one of the things that I noticed is that a lot of people would never consider going to a chiropractor if their child had that type of disorder. And, you know, there's this thing… evidence-based medicine out there… and … um… a lot of people go with that… like it has to be evidence-based. But there's so many things out there that can help people… that it just takes a little bit of time before it gets accepted. And I think a lot of people miss out on a great opportunity.

DS: Well… that's…

SW: The proof is really, truly in the pudding…

AK: Oh the proof is in the… absolutely! It always has been.

DS: You know if we can't get you… we'll find out who can…

AK: Yeah, absolutely.

DS: … the future. And the BigBrain… everybody's a BigBrain. So… your father was a BigBrain, you're a BigBrain… and I hope…

SW: Thank you.

DS: … we're a BigBrain to you. Make time… Make sure you take time to thank the BigBrains in your life, because they're the ones that make the different. They change you… they guide you and they give you love. So…have a BigBrain Day in a BigBrain Way. Dr. David Stussy, Adam Klotzek and Dr. Steven Ward.

(music) (end of show)