

BigBrain Radio Show

6/16/07

Dr. Adam Klotzek

D: Hey, good morning and welcome to the BigBrain Radio Show. My name is Dr. D and you can call me Dr. David Stussy... and the BigBrain Radio Show with all the information you need to be on the go and in the know. And today we're going to talk about something that's very dear to the BigBrain Radio Show... we're going to talk about the brain and how it actually works. Won't that be interesting? Well first of all, maybe I should introduce my special co-host today. His name is Dr. Adam Klotzek, and he has been a friend of mine for a number of years. He's been a teacher of mine in neurology and he's consider somewhat of a genius and world expert in neurology and the brain and health... so... and I'm happy that he is now one of my... my new associate at my clinic. And we have just been working all morning. We started at 6:00 this morning.

Adam: Uh huh, we did.

D: You know normally I do this radio show on my days off, so we really have been putting in a day here...

Adam: Yeah we have.

D: So we've got to crank our brain up a little bit here to get going. All right? So anyway, everybody knows the BigBrain Radio Show is about the BigBrain, which is our mind... our ability to perceive reality and come up with our perceptions and our unique interpretation of what life is... what language, culture, our expression. And BigBrains always take the ideas around us and then integrate them into a new expression. And the thing about a BigBrain idea is it always works. And then there's the physical brain, which works on the same principles as the metaphysical brain. We have motor and sensory... we've talked about that. We have a motor response to any sensory or senses input... or if we're in pain we pull away... that's a motor response. We smell food and we get hungry. And... but there's lots of brain that the brain does physically that most of us aren't aware of and probably about 90% we're not aware of... but the unique thing

about the way that the neurology and the brain information that teachers like Dr. Klotzek have developed is that it shows them information that before people weren't aware of. It was there, but we didn't see it. Doesn't that sound familiar, huh?

Adam: Absolutely.

D: So Dr. Klotzek, tell us a little bit about yourself. I think you've been practicing for 15 years, right?

Adam: Yeah, I've been in practice for about 15 years. Originally from Canada... and I began my chiropractic education back in St. Louis, Missouri, where I went to school at Logan. And during that time period I was really intrigued with the whole general concept... the integration of chiropractic. When I was going through school though, being from Canada I had a Bachelors in biology.

D: Good.

Adam: So I had a real heavy scientific background. And when I was going through chiropractic college, um, in some ways I was a little disappointed because that science background wasn't available at that point in time. And I always understood at that time that chiropractic had all these effects with people, but I just had a difficult time explaining it. So after my chiropractic education was done, I went and practiced in Toronto, Canada for a while. And during that time period I was exposed to an individual doctor by the name of Dr. Ted Carrick, which you as well know...

D: Yeah, we've actually interviewed Ted on the show.

Adam: Mm hmm.

D: Dr. Carrick... and we also did the doctor who wrote his book, Dr. Anderson? No... Ted... I can't remember his name... shoot. Anyway, we've had a couple chiropractic neurologists. We've had Dr. Amen on the show...

Adam: Okay. Okay.

D: ... with his SPEC scans... but the thing that I like most about you, Adam, is that you're... your ability to know so much about the brain, but use it in such practical manners. So that's why I think we've really had a good time working.

Adam: Yes, yes we have. And during that time period as I was saying, with Dr. Carrick, I got exposed to the brain. And I got exposed to neurology, and it was basically that way... that answered a lot of the questions that I had about how chiropractic worked and ways that we could look at chiropractic in much, much different ways...

D: Well the truth is... chiropractic originally was expressed that way. The original founders, for the amount of knowledge they had at that time, around the turn of the century... they actually explained it as best they could. And then kind of for a period of time chiropractic started taking on... like becoming back pain or joint pain...

Adam: Yeah and...

D: ... but the original chiropractors you know they treated every health condition under the sun...

Adam: Absolutely.

D: And they were... and it's really what made chiropractic famous. In fact, there's the story about that chiropractors... the people chiropractors and osteopaths were seeing were the only people that actually survived well on the flu of 1918 epidemic, where so many people died.

Adam: Mm hmm.

D: And it ended up with chiropractic and osteopathy actually getting their license in these states because it had such a profound effect.

Adam: Mm hmm. And it was those things that I saw and that I knew... and I remember actually one time when we were in Atlanta...

D: Mm hmm.

Adam: ... I was giving a lecture to a group of doctors in the neurology program and you had given me a brochure from back in the early 1900s of one of our founders, Dr. D.D. Palmer...

D: No, it was VJ Palmer.

Adam: VJ Palmer?

D: It was from the '50s.

Adam: '50s? Okay. (laughter)

D: The thing is the brochure showed that Dr. Palmer had medical doctors working for him and he did all these blood tests, and he did thorough medical evaluations and then he would treat them chiropractically and then he'd evaluate their medical care.

Adam: Mm hmm.

D: And they would do great. And then kind of fell out of that... for some reason... I think because chiropractors wanted to be accepted for insurance or something like that.

Adam: Right... and...

D: Our impact is that we want to bring that back. Because I can remember you ... when I was hearing you once explain this to ... to some individuals, that you felt like the neurology actually explains the basic concepts of chiropractic that are true.

Adam: And that's what I learned, and it's become my passion to be able to share that with as many doctors as I can... as through my teaching schedule goes, as well as helping as many people as we can. Understanding how the adjustment works is very, very important, because we're able to do things differently based on what we see with our patients, how they respond, things along those lines.

D: Yeah... no we use the term neurology and so people will think of a neurologist as maybe being as being surgeon or someone like

that. And a neurologist is just someone who studies the brain and the extended nervous system and how it affects the body. But it goes down to detail to the cellular activity, which is called a neuron...

Adam: Right.

D: ...and nervous system to the brain itself, which is very high, complex... which we're just finding out more and more information. And the thing... what happens when they make these discoveries about the brain, they discover what we've already been saying is true, but now we can document it and that's what makes it so good.

Adam: Mm hmm.

D: And then someone like Dr. Carrick whose known the world over for his ability to do...

Adam: Coma cases.

D: Well he takes ...

Adam: Works with comas.

D: ...comas...

Adam: Mm hmm.

D: ... he picks people out of coma cases by taking just very little physical signs that they have. Well we actually do that with our patients. We can take a reflex and just by comparing that or taking a pinwheel or a tuning fork, but most people they look for some gross changes or else there's no problem.

Adam: Yeah, and that was one of the things that I learned from studying the brain. Everyone understands in some way that the brain controls every organ in the body. It controls how you move, it controls how your heart beats and things along those lines. And what we haven't learned over the years is how to look at all those things and to look for different problems in the nervous system. So for instance as a chiropractic neurologist I would look at... we would

look at... a reflex, and maybe another doctor would look at that reflex as called their normal. To us they mean something a little bit different because they are all “windows”...

D: Well give me an example of a reflex... some change you might see.

Adam: Well let's say you tap someone's reflex, like their knees and their leg doesn't bounce as much as it should.

D: Okay. For everybody that doesn't understand a reflex, you know like when the doctor... the classic is taking the hammer and hitting the knee.

Adam: Take the hammer or take your... or take your arm and all of a sudden you'll see your arm bounce. And let's say it doesn't do that. And what does that mean? And that's what as chiropractic neurologists we would look at that in more detail as to what that would mean. And then better yet, we would look at how our adjustments would affect them.

D: Right, and also if you get a reflex that's too active that tells you something.

Adam: Tells us something different.

D: And what would that tell you?

Adam: That would tell us that there is less activation of certain areas of the brain that would normally control that reflex.

D: Or inhibit it too...

Adam: Yeah.

D: ... so it just ... it goes off. So reflex is very low on the evolutionary scale of body function.

Adam: Mm hmm.

D: Ah, you know reflex is something... it has to be for survival so obviously most animals have it. Reflex is something that happens in response to another situation. So a lot of our body is what we call reflexogenic, which is a whole class that you teach... reflexogenesis.

Adam: Exactly, exactly. We go through all those reflexes...

D: And so...

Adam: ... in great detail.

D: And so what we don't realize is our body is constantly responding to our environment. And when that reflexogenic response becomes abnormal a lot of people will call it a condition when really it's just a normal response to something it needs to protect.

Adam: Mm hmm.

D: But what happens is no one looks to see why that's happening. They try and treat the reflex or treat the condition versus what made it be that way.

Adam: Right.

D: Does that make sense?

Adam: Absolutely makes sense.

D: So I know that you know all kinds of things so I, you know I have to think about how we go through this. So, some other functional tests... the reason I took simple ones... like another condition is when we check blood pressure we check it on both sides of the body. I can say most people that come into see us have never had their reflexes... I mean had their blood pressure taken on both sides. Why would someone do that?

Adam: Well the reason they would do that is for the following reason: There's a concept out there that has a word associated with it, and that concept is brain hemisphericity.

D: Okay.

Adam: And what that means is that there's a difference in the firing of one-half of the brain compared to the other.

D: Okay, so let's... you have a brain and one side of it... have everybody put their hand on top of their head right about the ear that's called the motor sensory part of the body...

Adam: Mm hmm.

D: Correct?

Adam: Yes.

D: And they are one on each side. Well the one side controls the other for that kind of thing we're talking about.

Adam: Right. And it's...

D: Actually blood pressure's on the same side.

Adam: Well... different areas of the brain.

D: Right.

Adam: So there's different areas of the brain that control different sides of the body. And if there's an imbalance from one side to the other we can see that imbalance by looking at some of the reflex changes that you have talked about.

D: So what if ... when you took somebody's blood pressure what would you see?

Adam: If someone had a difference in the functionality of one side of their brain, one side of their blood pressure would be higher than the other side. And that would mean something to us in how to adjust the individual.

D: Well and also we would know that that side has different circulatory systems, it has different autonomic functions which controls our internal organs.

Adam: Right... and ...

D: So a lot of other... it would tell us a lot of other conditions like sometimes we would notice when you start talking to a person you tell them that they have to go to a bathroom a lot at night.

Adam: Mm hmm.

D: Well then we now know that is actually due to a condition that is not pathological, but reflexogenic. Right?

Adam: Mm hmm. Or they may actually have headaches because of that.

D: Right.

Adam: A difference in blood flow to one-half the brain over the other.

D: So it's interesting... so we're going to keep discussing this to see if we can make sure that we communicate some of this knowledge that Dr. Klotzek has and how we've integrated it in the BigBrain phenomenon of how to make the whole body heal. And it's really exciting. And... so the challenge to us is if we can communicate it.

Adam: Communicating it, yeah.

D: This is Dr. David Stussy, you're listening to the BigBrain Radio Show.

(music)

(music)

D: Hey, welcome back to the BigBrain Radio Show. And you're...we're young and healthy forever and ever if we do the right

things. Of course the BigBrain Radio Show is about feeling as good as you possibly can forever so that your metaphysical life goes on ...

Adam: Mm hmm.

D: Your physical life might end, but we'll just continue...

Adam: Enjoy life and experience it.

D: There you go. So, I have Dr. Adam Klotzek, a brain specialist, a chiropractic neurologist and a world-known lecturer. Geez I think you just got back from Amsterdam...

Adam: Yes I did.

D: ... And then you were in London... you were in Amsterdam. And I'm always telling you not to go. (laughter)

Adam: (unintelligible)

D: And then last weekend you were in San Francisco...

Adam: Yes I was.

D: ... and the week before that you were Orlando wasn't it?

Adam: Yes I was. So I'm on the road quite a bit.

D: You're on the road, but...

Adam: Mm hmm.

D: That's because he's in big demand as a lecturer but the unique thing is that he's now kind of settled into a clinical atmosphere.

Adam: Yes.

D: From academics...

Adam: Joined Kenwood Chiropractic Arts...

D: ...which he's had, but this is more of a commitment. And like I said, we saw patients this morning start at 6:30 and we've been busy right up 'til now.

Adam: Been a productive day.

D: We're kind of exited... so we were talking about what shows up and what we're looking for. So let's take... if somebody came in with a low-back problem we have... we rarely... I can't even think of a time when we've had someone come in who had a low-back problem that was just a low-back problem.

Adam: Yeah, and um... you could have problems with your low back distend from problems in other areas. You could have problems with your neck. You could have problem in your mid-back. Though you're feeling the pain there, it doesn't necessarily mean that the problems there.

D: Right. Well, because the most...

Adam: That's a hard concept...

D: ...the areas that move the most are the most vulnerable.

Adam: Mm hmm.

D: And when you go to bend over to pick something, there's a series of muscles that are very small called...

Adam: Their called your intrinsic spinal muscles.

D: Intrinsic muscles.

Adam: Mm hmm.

D: Or your shoulder muscles and they're supposed to stabilize like the hinges on a door when you bend over. So when your back goes out those little muscles have lost their strength and the bigger ones take over and they go into spasm.

Adam: And they're... and they're... and they're controlled by a part of your brain.

D: Right.

Adam: And a lot of people don't realize that the brain actually controls those muscles. And the area that actually controls those muscles is an area of your brain called your cerebellum. And it's an area... we kind of... I know we have a little diagram... a little model here, but the for the people on the radio that can't see this... but...

D: Well let's have you put your hand on the back of your head, put your thumb on one side and your fingers... you feel those big little bumps in the back there... they're called mastoids.

Adam: Mm hmm.

D: Right below that is your cerebellum... that's where your cerebellum. It is the largest part of the brain... it has the most neurons... and it's probably a little lower on the evolutionary scale. Lots of animals have cerebellum...

Adam: Very important still.

D: ... but without that you really couldn't create a muscle ... coordinated muscle system that lets us walk upright and let us have the advanced brain that we do.

Adam: Yes... and before hand we were talking about reflexes and how they would maybe be important for a doctor to look at and see how it might reflect a problem in the low back. So...

D: And another thing people don't know is the low back... in terms of the brain like being the control center...

Adam: Mm hmm.

D: ... probably less than 1% of the brain is related to the low back.

Adam: Yeah.

D: So it loses track of the lower back. Because we're such an advanced species, our brain's really dealing with a lot more sophisticated things...

Adam: Mm hmm.

D: So physically it gives out in that area because it has low integration of the brain.

Adam: Yeah, there's not a lot of representation of the low back in a person's brain. Therefore, if there's going to be a problem in the brain it's usually going to show up with a problem in the spine.

D: And I know you... When I was taking classes from you I know you told me that the ... like the big toe and the feet are highly integrated in the brain because it stabilizes on earth and gravity is the only physical constant in the universe...

Adam: Mm hmm.

D: And then do you know what the metaphysical constant in the universe is?

Adam: No, what?

D: Love.

Adam: Love?

D: Yeah.

Adam: I like that. That's good.

D: So the two things in the universe are love and gravity.

Adam: That's a good one.

D: The gravity of the situation. So anyway, you told me... I remember when I was taking a class... but when the feet start bothering people that they have a lot of ...

Adam: More advanced problems.

D: Yeah, probably some head injury or something like that. And that has really shown its truth. In fact, this one attorney we were talking to this morning... remember he had that?

Adam: Yep, absolutely. He had problems with his feet...

D: He had gone all over the place for just big pain in his big toe, and we started using the brain treatments...

Adam: Mm hmm.

D: ...And his big toe pain has gone away, but then he started to realize that a lot of the problems he had leading up to that...

Adam: Mm hmm.

D: ...were just earlier stages of the same thing...

Adam: Yeah.

D: ...but a lot of guys... people just don't pay attention to it.

Adam: A lot of it to some point just comes down to the fallen concept that everything we've experienced in this world is because of what happens in our brains... everything. So we're having a conversation here, and we hear it, but we hear it in our brain. And so someone has low back pain, there's a good chance that they're feeling it in their brain. And recently they've done some studies that are really interesting. They show that people in chronic low back pain, their brains age prematurely. They shrink...

D: Right.

Adam: ... in different areas. And then people start to develop depressions and headaches and all these other things that they're wondering why am I getting all this stuff. It has to do with the changes of how the low back injury can cause changes in the brain.

D: Right. I can think a number of patients that have come in that are high executives and have a lot of responsibility. When they came in they said, I came in for back pain, but I never realized when I got done I'd be able to think better, I'd be able to watch things better, I'd be able follow things better...

Adam: Yes.

D: ... and I'd be a better executive...

Adam: Mm hmm.

D: ...because they didn't understand that things they thought maybe were aging or stress.

Adam: And when we started the show today, we talked about what intrigued me about chiropractic was that seeing those results in people and being able to understand them better. And that's the whole neurology model.

D: Yeah, and I think that's probably caused some problems for people... because chiropractors are treating all these conditions. Well the thing is the chiropractor really doesn't really treat it like a medical diagnoses. It treats the brain and the nervous system, and then if the brain/nervous system is up to helping the person feel better, they'll have symptoms.

Adam: Yes.

D: So it may be able to treat some things for one area but not in another.

Adam: Mm hmm.

D: But that doesn't mean that it doesn't work, because it does work and it works a lot.

Adam: Right.

D: Especially when you can't find out what's going on some other way.

Adam: And often times you'll find that not necessarily treating the area that bothers a person is actually what gives them the biggest result that they get.

D: Yeah. And I would say every one of our patients when they come in for conditions whether it's headache, neck pain or low back pain, they always end up feeling better in terms of how they think, act and interrelate.

Adam: They have more energy, they're able to focus better.

D: And really ... in all the studies that we do now in terms of health care, the number one thing that's evaluated is called quality of life.

Adam: Mm hmm.

D: Quality of life is really determined by your brain.

Adam: It is... absolutely. Just even more recently, back in February of this year, a very interesting article came out and it talked about how a spinal adjustment actually causes changes in the firing rate of different areas of the brain...

D: And...

Adam: ...which was very...

D: What would that mean to you?

Adam: What would that mean to me is that now all of a sudden you start having these people who have problems in their spine, and

now we understand better how they would develop all these other problems... maybe that they're not relating to problems in their spine.

D: You know I think we should go back and explain one thing.

Adam: Mm hmm.

D: The information that the brain gets to develop... a baby is born very helpless, we know that.

Adam: Mm hmm.

D: So it's about two years where it's helped us... and compared to say like a young colt, which is running in a couple of days. Well, the disadvantage is they're not... they have to have someone take care of them. But the advantage is their brain grows. Well the brain actually grows and is stimulated by movement in the spine. So most of the information the brain gets, it sort of like fires it and keeps it working so it's always ready to go...

Adam: Mm hmm.

D: ...comes from the spine.

Adam: Exactly. And the spine is heavily supplied by nerve endings that pick up movement. And it's those movement nerve endings, when they get excited they provide a activation into the brain, which helps it develop...

D: Right.

Adam: (unintelligible)

D: And so another big thing is people may have heard the term "paingate"... they probably haven't, but they might have.

Adam: Mm hmm.

D: So movement is what keeps... it stimulates part of the brain that sends chemicals to a certain area, like serotonin to take pain away. So

when that movement isn't there, when people have like subluxations or spines are injured, they don't have that so now it's easier to feel pain.

Adam: Yeah, and um... there's chemical changes that will happen in the brain, like you said, with serotonin levels, and people become more sensitive to pain. And that could cause someone to feel back pain when there may not necessarily be something wrong.

D: Well I might have surprised me when you first started coming to clinic because the one thing I tell patients about pain... what's the saying I have them say?

Adam: Pain is the last... oh nope... pain is a blessing.

D: Pain is a blessing, because pain is what tells the problem.

Adam: Yep.

D: We happen to know that most people go into doctors because of pain. And we also know when they come in they've probably had the problem for a while because they wouldn't do it. I know I wouldn't. And pain is what motivates individuals, but it's not the problem. The problem is the condition that will not let the pain go away.

Adam: Yes.

D: So when you try and cover the pain up by medications, you've actually lost your ability to find out what the mechanism is.

Adam: And you never seek the care that you really need to seek in order to get it fixed properly.

D: Right. So, um... this is Dr. David Stussy. You're listening to the BigBrain Radio Show. We're talking about the direct application of concepts relating to the physical brain to improve the quality of your physical brain, and to improve the quality of your metaphysical brain or your BigBrain, because that's what life is all about. So, we'll be right back with the BigBrain Radio Show.

(music)

(music – Bette Midler “I’ve Got My Health)

(laughter)

Adam: That was good.

D: You’re throwing me out guy. Hey, this is Dr. David Stussy of the BigBrain Radio Show. We’ve still got our health so we don’t care. And then we went out with a little rap music talking about making it, doing it, having it show up because you’ve got to be paying attention.

Adam: Absolutely.

D: So it doesn’t matter... music always talks about health, vitality and the quality of life. Of course it talks about love and you gotta have a good body to have love.

Adam: Yes you do. You’ve got to take care of yourself.

D: You gotta take care of yourself. And that’s one of the things that we notice...

Adam: (unintelligible) you know that...

D: The biggest thing we notice with patients that come in that have been in like motor vehicle accidents is they injured their neck and you know, as a neurologist that when the neck is injured, just about everything that happens in the body gets changed in some way.

Adam: Again, that whole concept that when a patient is in pain... anybody who’s in pain it has an aging effect on the brain. So you could look at someone as an example... 30 years old, gets in a car accident, hurts their neck, they’re in a lot of pain... their brain may age many, many years and all of a sudden they start, you know, developing those problems that we would normally see with someone who is older.

D: Right, their shoulders go out, their knees start hurting, the back hurts, their bladder stops working, they can't sleep, they have digestive troubles...

Adam: Mm hmm.

D: We can actually show you every one of those things relates to the neck or the nervous system.

Adam: Mm hmm.

D: And as we get that area to heal... and of course headaches... it's an area where a lot of people call any bad headache a migraine...

Adam: Yes.

D: And even migraines we're able to help because we can change the circulation because the circulation has a big effect and is controlled by parts of the nervous system.

Adam: And that's what we were talking about before why would we look at blood pressure differences from side to side because that gives an idea if there is effective blood circulation in the brain, and that we can affect that through the adjustment or some other treatment that we might do. And that's what we kind of learned over the years is that we do have an effect on blood profusion into the brain.

D: One of the things... one of the things that I've really enjoyed working with you is that... is a lot of patients experience dizziness and there are different things that create dizziness.

Adam: Mm hmm.

D: But one of them is ... in the inner ear there's little crystals that have to line up in a certain direction allow us to make movements.

Adam: Mm hmm.

D: And when they don't move in that direction then our body gets in a feeling of being off-balance.

Adam: Mm hmm.

D: And there are several techniques to do that and I think you're the best person I've ever seen do this repositioning technique.

Adam: Well I appreciate that. Thank you very much. And ... um... the condition that you're speaking of, you know as well as I do has a name to it. It's called benign positional vertigo. And it's basically a problem with your inner ear. And in your inner ear, like you just mentioned, you have three different canals. And they're oriented differently so every time you move your head there's fluid that moves in these canals.

D: Right.

Adam: Gives information to the brain and tells the brain if your head's moving or not.

D: And you do a technique, which was obviously developed by some other people...

Adam: Mm hmm.

D: ...where you let their head go back and they have to be dizzy...and it let's these crystals line up in the ear...

Adam: Yeah, and some people they develop a condition where they get these crystals or... some people call them rocks that develop in these canals. And that changes the way that the fluid moves. Very, very simple thing. Change the way the fluid moves, the brain doesn't get the same information and someone may feel dizzy because of that. And there's a repositioning maneuver you can do quite easily on these people that repositions these crystals to another area where they get dissolved.

D: Right. And we treat all kinds of other dizziness because... remember we talked about how the brain will fire more on one side... Well if you figure the balance is a result of even impulse from both sides, and one side is working stronger than the other then that's going

to throw your sense of perception off and people lose balance. In fact, I actually think most people are losing their balance at a younger age ... you'll see why their feet compensate and their knees turn and twist, but because we have really good visual cues we can kind of keep our balance. And then all of a sudden people get sick so they start falling because they lose their visual cues.

Adam: Yes. Most people with a balance disorder are not aware that they have a balance disorder...

D: Right.

Adam: ...until the time happens that they may fall.

D: Right.

Adam: Then all of a sudden they realize, oh my gosh I have a problem. But it's too late then because they've already fallen and they've hurt themselves.

D: Right. Their mechanisms work to a certain age... younger people... and then as they get older they lose that.

Adam: Mm hmm.

D: So we can find that at much earlier age and help a lot of people with that.

Adam: And when it comes to balance, it can be a problem in the neck. You could have a problem with the way that the joint is moving. It gives misinformation into the brain and all of a sudden the brain gets confused... oh they feel movement when movement shouldn't be there. It could be in their low backs... could be in their knee. Any input change can cause a change in the way that the brain perceives things.

D: I've even seen dizziness from jaw problems.

Adam: Mm hmm.

D: Because the jaw has a huge input into the brain.

Adam: Mm hmm.

D: And I've seen imbalance from shoulder injuries because the shoulder has a lot to do with how you hold your body and move.

Adam: And I think one of the most... the biggest thing that shows that this happens is that... in people who have car accidents, who hurt their necks... one of the biggest complaints is dizziness. Right off the bat they feel dizzy because of the damage that's happened from the input from the neck. So that can also be a big factor that contributes to the dizziness.

D: Yeah and a lot of times... well we've seen people who have been treated and maybe treated somewhat successfully where their pain is gone. But one of the symptoms that tend to persist is dizziness and so unless you know exactly how to do something about it...

Adam: Mm hmm.

D: ... it never complete gets addressed...

Adam: Mm hmm.

D: ...and so a lot of people put up with that. Can you imagine going through your life not feeling stable? That's kind of interesting... like a ship at sea.

Adam: And it's interesting too ... so in some of those disorders people don't necessarily feel dizziness. They feel all sorts of strange things. They don't feel connected at times. They feel discombobulated. Or, they get tired... fatigued. That's one of the other signs that shows that there's a problem in this area is the constant tiredness that these people feel and they don't know why they're constantly tired. They eat well...

D: So that goes back to the whole thing that we started out with is quality of life.

Adam: Yeah.

D: When you have a healthy nervous system and healthy brain that's integrated through the spine, through actual treatment or exercise we develop with that, then their quality of their life goes up and they don't even know why, but it's just better.

Adam: Mm hmm.

D: People around them get smarter, they get smarter...

Adam: Mm hmm.

D: ...easier to deal with the situations... because one thing we've talked about on the BigBrain Radio Show is that people's idea of concept of stress is actually does it fit with the reality of stress. Stress is your body's ability to handle the environment. So the healthier your body, the more you can handle it.

Adam: Yep.

D: It would be like if you had \$10,000 in the bank and you gotta \$60 bill you wouldn't even think... you could have a \$1,000 bill and it wouldn't bother you...

Adam: Right.

D: ...you wouldn't feel stress. But if you didn't have any money in the bank, and you gotta \$1,000 bill it would be stressful.

Adam: Mm hmm.

D: So it's just like the body. When your body is healthy it can handle a lot more difficulties.

Adam: And isn't it true that you actually need stress in your life, to a certain level...

D: That's very good. Actually...

Adam: ... that motivates you to change and to...

D: It stimulates your adrenal glands.

Adam: It stimulates your adrenal glands, stimulates your immune system. Where we run into problems is that when our immune systems are compromised or we're overly tired we can't compensate for that stress anymore.

D: Right. And when we get patients who are what we call... who come in on their own for care usually it's to come in because they find out they're not handling stress as well. They come to get adjusted and the same situations don't bother them anymore.

Adam: Yeah. And ... um... I've learned that from you... by looking at the spine is aligned in regards to how a person is compensating for their stress. We can tell a lot by looking at the curvatures in the spine in that stress pattern.

D: Yeah, because they're mechanically disadvantaged already so they're using all their energy just to get around.

Adam: Yeah, to compensate for the changes in their spine and they don't have any more energy reserves left to combat other stressors.

D: And their BigBrain doesn't work as good, right?

Adam: Exactly.

D: You know I think one of the most interesting patients that we've had a chance to treat together is... I had a woman come in and she was the daughter of a woman who worked for me for years who ... um... and then she had a child and her child was having these _____ spasms in her eyes...

Adam: Yeah.

D: ... which is very... you know it caused her problems in school, she had to start... she couldn't even stay in school because it... she got so much ...

Adam: Yeah, I remember her... she's a great case.

D: And together we were able to look and see how those blether spasms(?) were really a sample of how the brain got out of balance.

Adam: Yeah, and those are... and what that is maybe for the people who are listening is...

D: Oh yeah, tell them what blether spasms is.

Adam: Blether spasm is just another word out there. (laughter).
Blether spasm...

D: ... getting together this is terrible, yeah...

Adam: ... because it could be back... Very simply it's just basically uncontrolled blinking of the eyes. And...

D: It was mainly one eye, but it was both.

Adam: One eye, but it progressed to both eyes. For her it was primarily both eyes. And what that problem indicates is a problem in the development of a certain part of her brain that's called the basal ganglia... and that's an area that is responsible for controlling movement.

D: Well you know that makes me think... one thing that I learned when I was taking a class from you, and I probably knew it but it just never got clear to me, that most of the brain is inhibiting things or keeping things from happening.

Adam: Yeah.

D: So the main function of the brain is to keep everything ready to go when we need it...

Adam: Mm hmm.

D: But if not, we'd be all over the place all the time. And so any structure that is inhibitory like the basal ganglia holds your muscle stable... especially your extremity muscles, correct?

Adam: Yep.

D: They ... they are very sensitive to changes. Like people who work in toxic environments and stuff will have a lot more trouble with that.

Adam: Yeah, there's toxins out there. There's like lead and copper and some ...

D: Paint...

Adam: Paints in that.

D: People who work in... I've had people who work in body... body shops...

Adam: Body shops... um... people who work in nail salons. There's a lot of chemicals in there that damage different parts of the brain. The basal ganglia is probably by far one of the most sensitive areas ...

D: Right.

Adam: ...to damaging those regions.

D: And the condition most people would recognize would be Parkinsons.

Adam: Yes.

D: But even Parkinsons... even though it's a classic condition that's considered untreatable, there are certain forms of Parkinsons we've been able to treat and have the people feel more stable...

Adam: Feel more stable and manage them. Yes. Absolutely.

D: Because remember, just because something has a ... that's one of the problems that when you get thrown into a condition your... your treatments are limited by the perception of the condition.

Adam: Yes. And you raise a very, very good point. And the point is like especially when you speak of Parkinsons disease... is known... has been known for a very long time that that disease process starts about 10 years before the person realizes that they even have a tremor. So it's been ongoing for at least 10 years in that individual. And when we first started we were talking about reflexes and how we would look at reflexes that a doctor would look at. We would look at those reflexes as a way of engaging an idea at maybe a process like that as occurring in the brain. And then we can make an intervention and then hopefully stop the process from ever beginning in the first place. It's like stopping a flood before the flood happens.

D: And then realize that if that's going on there are other things happening in the body that are just as deleterious, but maybe not as manifested.

Adam: Yes.

D: So those are the improved.

Adam: Yes.

D: You know, a lot of people have met James Cunningham. He's been on the show here with me. And of course when I first met him, his low back went out. Obviously I started treating him.

Adam: (laughter)

D: But you know... and I treated him and he had conditions like headaches that had been going on and all that... and ear problems that were going on and we got that all cleared up. So I'm sitting here riding with him one day and he said, oh by the way, before I started treating you... before you started treating me... I used to have my left

hand shake all the time and they thought I had cancer of the adrenal glands and all kinds of stuff.

Adam: Oh wow.

D: But he said since you've been adjusting me I've never had that anymore.

Adam: Yeah.

D: So there's lots of things that patients don't even tell us about...

Adam: And that's... and that's true. I mean they come in...

(laughter)

Adam: And I think they come in because they have heard that this is what chiropractic does.

D: Yeah.

Adam: And then so it's not common for them to come in and say "Doc I have all these other problems going on" because they don't think that chiropractic might be able to help them with that.

D: Well I always...

Adam: So they get treated and all of a sudden they say, you know, hey, my arm doesn't shake anymore. Or all of a sudden now my headaches are gone... or I'm balanced more. I never thought that that would happen.

D: I had my first practice 10 miles from the Mayo Clinic and I'll never forget this guy came and said you know since I've been coming in... since you've been adjusting my spine my ulcers seem to be better... because he'd been down to the Mayo Clinic and diagnosed with ulcers and all that.

Adam: Mm hmm.

D: And ... so... I showed him how the spine is related to the stomach and then I sent him back down to the Mayo Clinic. Ulcers were gone.

Adam: Mm hmm.

D: And I had a number of situations like that. In fact, I even got some doctors and nurses of the Mayo Clinic coming in as patients.

Adam: Mm hmm.

D: So once people understand this thing, it does make sense. It's very much common sense.

Adam: And you know what some of the fast stuff is with all that is that a lot of these people with these problems that people can't give a diagnosis to are unfortunately labeled as being there's something wrong with them inside. They're either labeled as being this psychosomatic thing where they're making these things up. And unfortunately these people suffer for many, many years in trying to find out well what's going on with me... why am I still having these things. A lot of them can be attributed to dysfunctional changes in the way their brain works.

D: Right, the truth is the body is actually doing the right thing for what's going on, but they don't... it then becomes an imbalance...

Adam: Mm hmm.

D: ... which if not corrected it interferes with their life.

Adam: Just the actual stressors...

D: And all you have to do is kind of reset it. It's like anything else that's very complicated. It needs to be evaluated in its totality...

Adam: Mm hmm.

D: ... I guess you might say. Um... you know... and the other thing... but exciting because you know you've been in academic and

lecturing and I've been practicing for 35 years is our ability to kind of integrate some of the clinical things that we've done at Kenwood Chiropractic... our evaluation of the spine...

Adam: And that's what I've...

D: ... What are stress syndromes...

Adam: Mm hmm.

D: ... and the soft tissue living matrix... and acupuncture and all that stuff.

Adam: Yeah, and I want to thank you for that. You've exposed me to so many different things that ... um... I was maybe once exposed to, but I decided not to look at for many, many years. And we're finally being able to integrate some of the structure changes in the spine with some of the neurology that we're looking at and we're getting far better results with our patients...

D: Right and...

Adam: ... I feel and then...

D: See, I had to get somebody who could explain it all, okay?

(laughter)

D: I didn't have time to memorize...

Adam: Well I'll try to explain it.

D: I didn't have time to memorize all that stuff. So another thing...

Adam: But we take...

D: Another thing that we're doing is that we're actually working with a lot of different systems and evaluating them in terms of our neurology so we're able to give... Like I said, I've been doing

acupuncture for 30 years, probably... I was one of the first doctors licensed in the state of Minnesota...

Adam: You've always been on the actual cutting edge of the...

D: Not the very first, but getting out there.

Adam: Getting out there... at least the second... if not the first
(laughter)

D: Anyway... no... I'm usually never first, but I try to be real close to it. (laughter)

Adam: (laughter) Okay. (laughter)

D: Anyway... is evaluating these because we can... we have measurements that we use at the clinic... like you know the tests you do on the eyes...

Adam: Yes. The opti-kinetic...

D: Yeah, when you take that tape and you go across and fit different colors... Well a lot of people don't realize in order for your eyes to follow something, you have to use four different parts of your brain.

Adam: Yeah, and those different parts of the brain all control different areas of the body.

D: Yeah.

Adam: So for instance...

D: Oh here the optikinetic tape... Now for those in the audiences, I have a tape with a bunch of ... look like red candy stripes and then some white candy stripes. And when you pass that in front of someone's eye they have to follow the little red things...

Adam: And it causes their eyes to move in a certain pattern...

D: Right and that's called saccades (?), I think, right?

Adam: Yeah, and another word for it is optic-kinetic _____.

D: Yes.

Adam: And it's been around for years. People have looked at this for years but very few people have actually looked at what it means... what it means if someone comes in and has headaches. What does it mean if you have a change in the optic-kinetic reflex?

D: Well in order for somebody to follow something along... they have to use one side of their brain, then it goes to the other side of the brain, and then another part of the brain stops your eyes and makes you go back to the next object.

Adam: Mm hmm.

D: And then there's another part of your brain which is just called... where you follow something over a period of time...

Adam: Yeah, and that area is called the parietal lobe...

D: Mm hmm.

Adam: And it allows for pursuit movements.

D: So if you're going to pursue something... let's say a good looking woman walks by...

Adam: Yeah.

D: ... you're going to pursue...

Adam: Mm hmm.

D: ...that actually takes another part of the brain so you want to make sure it's working.

Adam: Yes. And so there's all...

D: That was a joke. Okay?

Adam: I know... I love the joke. There's a joke, but there's a little truth behind it too (laughter) And sometimes...

D: Or a good-looking guy and the woman want ...

Adam: Yes, and somehow that's the only way to illicit a pursuit of somebody (laughter)

D: So what we're integrating is all these different things. We've just started... last week I had... I had Joe Licht on...

Adam: Mm hmm.

D: And we're doing this brain-based exercise program. So we've been able to expand indoor brain-based ... nutritional program that we're doing... So we're integrating a lot of different things.

Adam: And what I'm excited about is with being up at Kenwood is that whole integration model. A lot of people talk about it but there's very few people that are actually putting it all together where someone is actually directing their care nutritionally, brain-wise, structurally and rehab all under one roof. I think that's a good...

D: And all the unique concepts with chiropractic.

Adam: Awesome concept... yeah.

D: And you know I just contributed some money to Northwestern so we can develop an integrated program so maybe we'll talk a little bit about that when we come back.

Adam: I look forward to that.

D: Great. This is Dr. David Stussy. You're listening to the BigBrain Radio Show.

(music)

(music)

D: Hey, this is Dr. David Stussy of the BigBrain Radio Show. Yes... health, personal growth and positive living. And the BigBrain experience of life because the quality of life is really base on our experiences which are perceived by the brain.

Adam: Absolutely.

D: This is Dr. David Stussy and they call me Dr. D. And I have with me Dr. Adam Klotzek who is an expert in neurology in the brain. He's a chiropractic neurologist and he lectures all over the world. I already said you were in Amsterdam...

Adam: ...London...

D: And now we've got you settling down in Minnesota.

Adam: Mm hmm.

D: And the BigBrain experience of life is the fact that we take concepts that have always been there in nature, that are always there... like electricity and gravity. All these things were there and then man discovers how to apply them. And then they are being used forever and then somebody else comes along and reapplies them or... So the thing about "stuff that works", which is what this section is called, is they always work because they're based on principles. And the metaphysical principles... the ones we can't see in the universe... work by the same basis as the physical principle, which we now can see. Which is kind of funny when people say let's go back to nature because everything has always come from nature... it's always been there.

Adam: It really has... just an observation.

D: And so we were talking a little bit at the break because we really see that with patients that come in because they kind of get categorized into a condition and ... you know one of our BigBrain principles is our own experiences are as valid as any perceived

authority or expert because they've never had the experience. And so when patients tell us things we listen. And to have people say that they're experiencing something and then have somebody tell them "no you're not"...

Adam: I think we could...

D: I just think of that girl that came in where the doctor said ... well she... because you're not getting better under my care you must have a psychological problem...

Adam: Yeah she...

D: And she definitely had a diaschisis of the cerebellum remember?

Adam: Yeah she was experiencing dizziness and she had seen a whole bunch of different people. It didn't get any better and they finally labeled her as being... you know this is all in your mind...

D: And you know what? Here's the thing... she had that for years and we had her feeling better in five minutes.

Adam: Five minutes. Exactly.

D: And I think that shows how powerful the brain is.

Adam: Mm hmm.

D: That we can change... because experience is experience. It can go from the other side.

Adam: Well just like the brain can manifest good things, it can also manifest some bad things if it's not working properly.

D: Right. It just needs to be helped.

Adam: Exactly.

D: So one of the things we wanted to talk about... this thing... is visions for the future.

Adam: Mm hmm.

D: And both you and I have been working with the Northwestern Chiropractic College to work on their advanced... with advanced imaging from CDI, which is a big imaging... MRI...

Adam: They're really, really excited about that.

D: Yeah. And also brain... the advanced neurology to that program. And so... and also we want to take integrative health using other health care models and evaluating in terms of the BigBrain principles and the function of neurology... because... Well we use work but there are other things that work and they're just as valid. But I really think practitioners would do better when they can understand why the work and they can apply them and use what's best. Right?

Adam: Yeah, I think that's important. I think people just need to hear and understand that there's an alternative available to them.

D: Yeah.

Adam: For conditions they may not have thought of inquiring upon or even maybe have given up. Some people have just given up.

D: Even with like with acupuncture... and I've studied acupuncture a lot... a lot of that stuff is not actually true, but some of it works so well you can't leave it alone. And so you want to stay with the stuff that really works and other stuff there are things we have today that just work better.

Adam: Mm hmm.

D: And the same with our brain-based exercise. We think we can accelerate people's recover in exercise in a much shorter period of time by integrating all the experiences together instead of doing them separately.

Adam: Yeah and again I think you said something very, very important there. The bottom line is that when we see changes and people are getting better, though we may not be able to explain it fully yet they should never hinder us from not progressing forward...

D: And allowing us to apply... and I think the way things we're applying to all the health models.

Adam: Yep.

D: So for our patients we have the integrated health care. You know we use advance therapies like laser.

Adam: Laser.

D: We use exercise. We use feedback. We use brain...

Adam: Sensory motor...

D: I still say one of the most powerful forces in the universe is a chiropractic adjustment. We change functions on measurable changes, that we can measure with medical equipment in seconds that most people don't even think are possible. In fact, they say they're impossible.

Adam: And we just realized something just so very, very recently about that there are a certain set of nerve endings that are only stimulated when you give a chiropractic adjustment. You can't do it with exercise. You can't do it with anything else.

D: Yeah, that's ...

Adam: That separates it so beautifully.

D: Sometimes we have patients that go can't I exercise it? Well no, not if the juice isn't there. I've had patients come in that had that acupuncture and they didn't get any success. Well then when we started stimulating the spine we started turning the juice on again, then the acupuncture worked.

Adam: Yes.

D: Then the diet will work. Then the nutrition works. Then the exercise kicks in.

Adam: And that's what I'm really excited about Kenwood Chiropractic Arts with that integrated model.

D: Wasn't that just a study you had? Where there are certain nerve receptors within the spine that are no place else in the ...

Adam: Yep, and they're only stimulated when we give an adjustment.

D: And a cavitation adjustment...

Adam: Cavitation adjustment... that's the only time they get stimulated...

D: Wow.

Adam: That's going to cause a change...

D: For those of you don't know an adjustment is when we take part of the spine we just move it well within the range of motion... but sometimes you hear a little pop like you do when you do with your knuckles but that's a huge massive amount of information... and that's exactly what it is to the brain. And the brain takes information, decides what to do with it and then makes the important changes.

Adam: And you know the simple thing the nerves need three things to survive. They need stimulation, they need oxygen and they need proper nutrition.

D: Right. So the oxygen with exercise... sometimes we get patients oxygen, but the stimulation comes from the treatment acupuncture and the adjustment. So...

Adam: Mm hmm.

D: We are very excited because we're not taking that and staying isolated. We want to expand that into the different areas that we can use so we have other professionals who are using and I think the biggest one is what we want to do with the integrative program at Northwestern.

Adam: Mm hmm.

D: And we're just talking about a doctor who has an adjustment machine... where kind of a computer evaluates it...

Adam: Mm hmm.

D: And we're going to make an offer to have him use our neurology for evaluation, which I think will be very good... so...

(unintelligible)

D: The difference between what we're doing say from social research is we're just using in terms of clinical applications where it makes a difference in people's life. We're not just experimenting or using people placebos where they don't even get the care. We're actually using a thing where people are going to get better.

Adam: Yeah.

D: Because I think that's what you and I get up for every day. In fact we have so many miracle sin our practice I think we take them for granted sometimes.

Adam: Sometimes that's all you do. But then something happens to humble you a little bit and you keep working hard.

D: People do things they thought they'd never do again...

Adam: Just gives you the energy to keep moving forward and keep working harder. Absolutely.

D: And that's what it is about having a BigBrain universe. And you're all BigBrains out there... because we all have the ability to create and be very interesting in the areas where our values are attached. And so you're all BigBrains. So make sure that you say thank you to the BigBrains in your life that have changed you. Call them up, send them a note. If they've passed away, just say a little thank you. And this is Dr. David Stussy of the BigBrain Radio Show saying have a BigBrain world in a BigBrain way.

Adam: Thank you.

(music)

(end of tape)