

BigBrain Radio Show
June 30, 2007
Dr. Melillo

(music)

D: 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 today I have another BigBrain surprise. Well lately we've been talking about the brain and how it works and how it affects the health. And I have another BigBrain genius who has committed his life to making life ... a quality of life for people whose brains don't always work just right. If you remember on the BigBrain Radio Show, we care about what we call the metaphysical brain, which is the BigBrain... the brain that creates our life, our ideas, our culture and our thoughts. And it runs on what's called the motor and sensory functions. So the sensory is what we pay attention to and the motor is what we intend. And for some people that doesn't always work as well as it should, so they get classified at different things. And underneath that is the physical brain, which works on the same principal. You have a sensory input and a motor response. And then they're all connected to... who knows? Trillions of connections. And we just kind of take it for granted because we're just inside, living there. But our brain is kind of the control center. So today I have a doctor who I had the privilege of spending some time with this weekend and I thought he'd just make a really great guest. His name

is Dr. Robert Melillo... Did I say that right? I still say your name wrong, don't I?

RM: Melillo.

D: Melillo.

RM: That's good. (laughter)

D: (laughter) I have my learning problems too, okay?

RM: (laughter)

D: Anyway, Dr. Robert is an international... he's known by all the chiropractors who are into advanced neurology in the brain. He has formed... he has been the chairman of the American Board of Chiropractic Neurology. But the biggest thing is he's developed... he's taken his knowledge and developed advanced concepts in the treatments of learning disabilities and behavior disorders. That's a big word there.

RM: Yep.

D: And in 2004, he published what I consider a breakthrough book, that all the academic communities, including large medical establishments, are calling a breakthrough book. It was about behavioral... neurobehavior disorders in children... but he calls an

evolutionary perspective. So it'll be interesting to find out about that. He also is working on a book for parents... explaining his findings and treatments... called "The Disconnected Children". Have I got that right?

RM: Correct. Yes.

D: And he's been the head of many rehab... he started rehab programs... all kinds of things. But he has searched to find a cause of childhood disorders like ADD, AD/HD, dyslexia, obsessive-compulsive, learning disabilities and he has the most advanced and accepted concepts. And the thing that's even more incredible is the outstanding and incredible results on conditions that sometimes people would have been left for no treatment at all. So, Dr. Melillo, let's... let's talk to you a little bit. So you got started... inspired to do this because of your background in neurology and the brain. Do you want to tell us a little bit more of how you got into that?

RM: Sure. You know... I've always been involved in neurology and got involved academically with teaching early on in my career because I felt that that was the way to really help me learn better. You know the old Chinese philosophy, if you want to learn something the best way to learn it is to teach it. And, neurology being such a complex area, I felt that was what I needed to do. After I had been teaching neurology and rehab for a number of years... when my children were young, in the early 1990s, around 1993-1994, a neighbor... friend of my wife's came up to me and asked me if I

would address her group, which was a group that was a parent-teacher organization in regard to AD/HD... attention-deficit/hyperactive disorder, which was really in the... just starting to get into the forefront of...

D: I was going to say... did people actually... you know when you say those letters, not everybody even knows what they mean...

RM: Yeah.

D: ... which we'll go into more later. So...

RM: Right. Yeah.

D: You were kind of on the leading edge there.

RM: Right. That was just when it was starting... starting to become noticed. One of the reasons why it became noticed was because in 1995 a startling statistic came out, actually showing that between 1990 and 1995, the use of Ritalin, the drug most commonly used for attention deficit disorder, had increased 250%. And that was a huge number at the time for a drug for a behavioral disorder in children... to increase that dramatically. And that really kind of put ADHD on the research map at that point in time.

D: So did you end up treating somebody as a result of that group?

RM: Well what I did was... she asked me at the time, she said, you know, she was being approached by a number of alternative practitioners and, you know, she wanted to go to somebody she trusted and somebody who had an academic background, to see if there was any value in doing that... because at that time, all they knew about was really medication or behavior modification. So you know I really started doing research for the first time, because most of my career I had been directed towards adults at that point. And then... as I started doing the research that's when I really saw that these statistics were increasing dramatically and it really seemed very clear to me that no one really had a good handle on what was actually happening, what attention deficit disorder actually even was, from a neurological standpoint. And, you know, I had three small children who were right in the age group for these types of disorders. So, not only as a health professional and a neurology expert, but also as a parent I became very, very concerned and I felt I needed to know more about this. So, from that, we actually... I addressed the audience... I had done a lot of research and we actually put together a pilot study at that point to work with this group to see if using chiropractic and other types of modalities would be helpful.

D: So this was kind of a break-through event for you, huh?

RM: Yeah, it was... it was really something that was you know very... very new. It was really something that I became very passionate over. Actually, the first child I ever worked with was a child who was 3-1/2 years old. He was diagnosed with PDD, which

means pervasive developmental delayed, which is generally considered to be a mild form of autism. And he had not spoken a word yet. I mean he was 3-1/2... most children should be speaking readily by two years of age. By three years of age they should have a vocabulary of close to 500 to 1,000 words and he was not speaking one. And... so they had done a lot of different things. And I started working with this child using our hemispheric type of approach. And within three weeks the parents came in with tears in their eyes telling me how the child started to speak. And within a week he had ten words... and then it just you know exploded from there.

D: I don't think you could stop after that, right?

RM: Yeah. So...

D: It was like "whoa!"...

RM: That obviously... what it did to the family and to the child's life at that point really had a tremendous impact on me and this has become you know really a mission for me ever since.

DS: Well Doctor, you know, we've talked about hemisphericity in this show a few times, but we're just going to kind of go over it. What you see is an electrical imbalance kind of from side-to-side, from the two sides of the brain. Right?

RM: Right.

DS: And different things affect that. And one side we discover is being under-stimulated or the other side over-stimulated. And those things are stimulated by normal... and we've talked about this on the show... normal body activity, especially activity of the spine... but other things like light and sound, et cetera. And so I think that became a large part of your process. Is that correct?

RM: Correct. Yeah, because, you know, as I started really doing research on this ... because one of the things I wanted to know was you know why we had seen such a dramatic increase in these issues. And ... so one of the things we realized was that children had increasingly shown less and less early motor development and movement of their bodies. And, you know, as I started to do more research on how the brain actually develops in children, how it evolved, we realized that you know humans, we stand upright and that's a unique feature... that we're the only animals that do that on a habitual basis. And that is not coincidental that we have also the largest brain of any other animal relative to body size for the most part.

DS: I think that... that's what your book is about too, right?

RM: Yeah.

DS: And so that was pretty revolutionary for you to... the development of the child is actually driven by the motor response that they have in their environment and gravity, correct?

RM: Correct.

DS: As we go to the upright position... so...

RM: Exactly.

DS: Obviously you can see where things like that could get thrown off. And then later on we're going to kind of talk about sort of the other environmental things. But, just in terms of the brain, maybe if you would just explain to the audience... You know I sat and listened to you the other day. You just talked about what the right brain does and what the left-brain does...

RM: Mm hmm. Right. Well, as you were saying, the human brain is unique not only because of its size but also because we have so many different centers for... that give us the ability to do so many things. And you know, like verbal speech, and non-verbal communication, and you know being able to do things like math operations and reading comprehension. We have all these different centers in our brain that really control that. And because our brain is so big we've distributed them... half of them in the right side of the brain and half of them are in the left side of the brain. And so humans are the most dependent on making sure that we're able to use our whole brain, all

the time. We need to be able to use both sides of our brain otherwise we you know show deficiencies in normal behavior and function. That being said, the way that that actually happens is that you know the brain has actual electrical impulses. We all know that the way the brain works is based on electricity. It's based on these electrical impulses. And as we grow and develop as a child and our brain cells get bigger as we grow, those electrical impulses become faster and faster and faster and allow us to process information at a faster and faster rate and lets us respond in a faster rate.

DS: You know we've said on the show here that it takes two years for... as a child develops before they're kind of like on their own a little bit. And the ... like compared to a animal that's running like after two days. And the prize we get for that is the development of our brain. So...

RM: Right. That's exactly correct.

DS: We're going ... we're probably going to take a little break here, but when we come back you can tell everybody specifically what the right side ... you know you talked about it's more the body and positioning and stuff...

RM: Yeah.

DS: I think they're going to find that really interesting.

RM: Yep.

DS: Well, we are spending our time with a doctor who is an expert on the brain and development, and he is trying to show us how special people with educational or developmental problems really can be helped... especially children. This is Dr. David Stussy of the BigBrain Radio Show.

(music)

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DS: Hey, welcome back to the BigBrain Radio Show. Hey we left out with a little electric guitar there at the end. That's a brain electricity, huh? Well anyway, you've got to know the rules... and then... belief makes reality? We don't know because there's a lot of beliefs about things out there and I think some of the things we're going to learn today will kind of shatter some of those beliefs. But they're also going to create a lot of knowledge and a lot of information for people who need that. So... Dr. Robert Mel... Melillo... (laughter) I have trouble with your name.

RM: (laughter)

DS: You say your last name, okay?

RM: Melillo.

DS: (laughter) Melillo.

RM: (laughter)

DS: Melillo! I got it!

RM: (laughter)

DS: Melillo! So we were just getting into kind of the sides of the brain. And I was asking you to kind of tell us a little more about your unique way of looking at these divisions.

RM: Mm hmm. Well, you know when we look at ... as we said, you know these different centers that we have, the right brain and the left brain basically do exactly the opposite thing, but will handle a similar function. Like for instance, when we look at communication... Verbal communication is in the left side of the brain, non-verbal communication is the right side of the brain. We can't really have normal communication with anybody without both working at the same time. Right? When you hear someone say, "It's not what you say it's how you say it"... right? We've heard that saying...

DS: Right.

RM: ... all the time, especially husbands have heard that from their wives for years, right? (laughter) So what does that mean? It means

that the what you say part is the literal meaning of the word. It's the small aspect of the word itself in a sentence and what that word means individually. The "how you say it" is everything else that goes along with it. It's your body posture, it's your facial expression, it's your tone of voice. It's the, you know, the joke that you're saying or, you know, ... the alternate meaning that you may say for a word. So it's not just the one literal meaning, but you may you know say a word and it may mean a different thing because of... you wrinkle your forehead or you have a little smirk when you say it.

DS So there's some common responses you're used to seeing with certain moods or words and attentions...

RM: Right.

DS: ... that people use to kind of interpret their environment and what's going on. Correct?

RM: Yeah. So... you know... most of us use the literal information that we hear from words that people are speaking, but then we look at the nonverbal communication and then we use that to understand what the person is thinking and feeling. Now, you know, that is very important function for humans and actually when we look at autism, that's really what autism is. Autism is really ... people tend to think that autism is a problem with just the verbal communication part. But it's really more of a problem with the nonverbal communication part... where people that are autistic cannot read nonverbal cues.

They can't interpret body postures and facial expressions and tone of voice. And because of that... and that actually forms first in humans. In babies, that's the foundation of verbal communication...

DS: That's interesting. That's the first thing.

RM: Yeah, so if we don't have that, that right brain function... the right brain forms first, in all of us. It forms first in the womb and...

DS: So that child... that child you had earlier it wasn't speaking because it wasn't perceiving what it was supposed to be speaking about? Would that have been possible?

RM: Right. It's not... the child that has autism typically doesn't speak because they don't even realize that they communicate with people because they don't develop the nonverbal skills. And what's really interesting about that is really for us, as chiropractors, is why that happens is because the way that we actually interpret other people's feelings and emotions, and the reason why we're able to socialize with other people is because of this nonverbal communication. We're able to look at other people and then what we do is we actually simulate their motions... their movements, their body posture in our mind in the right brain. And we actually simulate it with us doing it. And then we can say to ourselves, well I know what that person's thinking, I know what that person's feeling because when I move my body that way, this is what I feel, this is what I think.

And that is the way that we develop those types of skills and socialization skills.

DS: Since women use both sides of their brains at once, when they look at you and say I don't think you mean what you're saying probably. Huh?

RM: Well, women are definitely more empathetic than men, meaning they have a better skill at reading you know facial expressions and body position, and they're also better verbally as well.

DS: Well we did a show on females and one ... the obvious difference is the communication between the corpus collosum, and they use both sides of their brains at once. Like if they're doing a logical problem, they still visualize it.

RM: Correct.

DS: Whereas men tend to get located on one side or the other, which means that these men probably have more of these problems. Right?

RM: Well yeah... and actually, men are more right-brained by nature. And the thing that distinguishes a male brain from a female brain is that the right side of the male brain is larger – significantly larger – than the left side of the brain. In women, it's perfectly balanced, as you said, and we don't have as good communication

back and forth. So men are more dependent on that right side of the brain and a lot of these disorders, like ADHD, obsessive-compulsive disorder, Asperger's syndrome, autism... these are right-brain deficits. So we see that they're much more prevalent in boys than they are girls. I mean, 4 out of 5 children with autism have ... are boys. And 80% of people with ADHD are males.

DS: Wow. How about in the left brain? The learning disabilities and dyslexia and things like that?

RM: Yeah, well the left brain, you know, what we see is you know obviously as you said, dyslexia and other types of language – pure language based – problems. Those are left hemisphere problems. They're also slightly more prevalent in boys than girls, but they're a little bit more balanced. You know you see that left brain... women are a little touch more left brain than right brain. That's why their verbal skills are better than us, and they actually... so the left brain if it's deficient in its development it will affect females... you know almost an equal amount, so it's almost equal numbers in dyslexia between females and males.

DS: Wow, that's int... that's very interesting.

RM: Yeah.

DS: So any more you want to say about the patterns in the brain?

RM: Well when we look at that, the other thing is the right... right side of the brain is also considered the spatial brain, meaning that it helps us to feel our whole body in relationship to gravity and in relationship to where we are. So really the right brain controls the big muscles. And interestingly, the right brain also controls the big idea. You talk about the BigBrain... well the big idea, meaning the big picture skills... being able to put it all together... like reading comprehension is a big-picture skill... meaning it's not just reading the individual words, it's actually saying "okay, what's the meaning of this story"... what's the big picture. So the right brain controls the big muscles, controls the big picture and allows us also to read those body postures and emotions on other people. The left brain controls the small muscles, like the fingers and toes and handwriting skills... and the muscles of speech are also... are all little... small little rapid muscles. And it's also about the small picture. It's about the detail. It's about looking at details and understanding the individual detail. So we see people who have really good left-brain skills are really good with details. And they're good usually with math, operations... and they're good with music... writing music. They're also good with fine motor skills like art and handwriting. Whereas people with right-brain skills, the right brain is really more about you know being able to develop socialization skills with other people. They're very good at big picture skills, but they're not very good at details. You know they're not good at that stuff.

DS: So these children... then they start out with a little... there's a possibility they may start out with this originally – and we'll get to

that – but then the fact that they're driven by different body functions would determine how well they develop. Right?

RM: Yeah, well, you know the whole... the brain in a child, as in all of us, really... you know we don't start out with the brain that we end up with.

DS: No.

RM: And the brain... you know the cortex, the frontal lobe, parietal lobe, those areas of the brain... they're not genetically programmed to give us our abilities. What happens is they develop that way because lower centers of our brain develop first and then they send signals up to different areas of our brain, which then eventually shape and mold the brain and give us the... you know... all these adult level cognitive skills and emotional and socialization skills later on.

DS: Well you know, you're actually talking about evolution itself. And a friend of mine, Dr. John Demartini, says that birth is actually... the whole process from one cell to developing human being is evolution repeated. And I think that's kind of one of your points. So, when we get back, we'll have to kind of explore that a little bit and then of course we want to get into what you actually do and why these things show up... and anything else we can find interesting so it'll inspire people.

RM: Okay.

DS: This is Dr. David Stussy, the BigBrain Radio Show.

(music)

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DS: Hey, this is Dr. David Stussy and we are starting on something big... I think HUGE! And I have one of my... my chiropractic heroes with me today. And we were talking about how the brain is an evolutionary result of ... of... of our ability to develop... it's kind of evolutionary I guess. And ... so... when people have certain problems as children, they really have missed out on some of those steps, or something is contributing to it. So we were kind of... and this is your book, which I think is one of the most outstanding books. I told you this weekend I think every... any kind of healing art student should read that first chapter of yours.

RM: Well I...

DS: Well, they should read the whole darn book, what the heck.

RM: Yes. I appreciate that. And that... and as we talked about it, it is being used in a couple of different post-graduate medical and ...

DS: Yeah...

RM: ...psychology programs across the country, so...

DS: I think you told me UCLA or something like this week...

RM: Ah, yeah. And... and... yes, a couple others.

DS: Well, that's good. Gotta name drop there a little bit for you.

RM: Yeah.

DS: Well ...

RM: In regard to... you know... the statement you made before, which is really a very true statement, you know there's a guy named Haekel (sp?) who was around the time... with Darwin... and had a slightly different version of what he felt evolution was about. But he had a statement that said, "ontogeny recapitulates phylogeny". It's a very famous statement. And essentially what it means is that as a child... as a child or as a fetus is growing and as a child is developing, we basically recreate the evolutionary stages that led to us being humans. So what we see is that... really as a child develops... and to develop the type of brain that we have, you know children have to develop at a certain rate and need to be able to do a certain... certain level of things from a motor standpoint. They need to be able to move their body in a certain way. And one of the things I saw early on... because as we talked about, you know one of my... one of the biggest

questions I get from people is... is... why? You know when we look at this... you know when we look at the statistics, it's really...

DS: Didn't you tell me one in 150 or something like that?

RM: Yeah... I mean it... you know...

DS: That's just an incredible statistic...

RM: ...There's no doubt that we are actually in the midst of an epidemic with these things. And there's no question about that at this point. There's some people that think that these statistics aren't real or that these statistics are just because we've become better at diagnosing these problems. But for the most part that doesn't seem to fit. But like I said, you know, the statistics for autism... ten years ago autism was considered a rare disorder that was diagnosed approximately 1 in 10,000 children born. As of recently, just a few weeks ago, the CDC – Center for Disease Control in the United States – actually put out a statement, based on statistics from 2002, saying that it is now diagnosed in 1 out of every 150 children born in the United States.

DS: Oh my...

RM: And if you looked at boys, it's even much less than that. It's less than 1 in 100. So it means that less than... out of every 100 boys

in the United States, at least one of them will be diagnosed with autism.

DS: That's over 10%.

RM: Yeah. So it's... I mean it... you know these are just startling statistics. And you know when you look in the State of California, I mean roughly almost 80% of the individuals in that state who are actually diagnosed with autism are under 18 years of age. So, it's really been a phenomena that's been coming about for the past two decades.

DS: Well because you make it very clear that the motor development and the cognitive – our ability to think – development take place, obviously the amount of movement the child is involved with would have to do with it. Is that correct?

RM: Absolutely.

DS: And so... TV watching and not being active, you know, there are things you could trigger right there.

RM: Exactly. That's probably the number one factor, as far as I'm concerned.

DS: And then obviously there are some ... I think you called those epigenetic or something like that?

RM: Epigenetic factors. Yeah. Because... you know again, when we look at this and say, you know, why is this happening... because that's really the big question, right? Once you realize that these statistics are real and that we are in the midst of this epidemic, the next thing you need to know is why. Why all of a sudden, and through the whole course of history, in the past two decades do we see all these problems increasing? And one of the things we know is that you cannot explain the increase by genetics. So saying that these are genetic diseases... you know the old viewpoint on these problems is that they are hardwired problems that are only in the brain and that they are purely genetic. Now, the leading experts are actually saying that these don't just involve the brain, they involve the whole body. I mean we have motor symptoms, sensory symptoms. We have digestive and immune problems. We have, you know, cognitive and academic issues... emotional type issues. And these are genetically influenced, which means that genes kind of set the playing field, but it's really environmental factors that turn on or turn off genes from expressing, that really play the major role. And that's the only way you could really explain, you know, such a dramatic increase in these disorders in the last 20 years.

DS: Well I know that you had talked about the prenatal environment...

RM: Yes.

DS: ...which is when they are still in uterus. Correct?

RM: Ah yes. Right. In the mother.

DS: So the health of the mother is ... it can be part of it. We're not putting the blame on the mother, but just their health...

RM: Exactly.

DS: ... would be one thing to look at. What's important there?

RM: Well yeah. I think you're ... what you just said was really important, Dave, to understand... that you know as scientists... because you know we're doctors, we're clinicians, but we're also scientists. As scientists we may make statements that aren't meant to offend, or insult, or judge anybody. So if we say that, you know, there are prenatal influences, that there are things going on in the mother's body and chemistry that may affect a developing child, you know, we're not saying it to make the moms feel bad. We know that they, you know, are very sensitive to that and we're not... we're not saying that so you know a husband or a father can use that against his wife in any way. We're saying it just because the only way we can hope to stop these problems is by starting to understand what we can do. The other thing to understand is because the principles of epigenetics, which is environment in genes are malleable. It means that once we understand what's happening, we can change it. So, you

know, it doesn't make a difference you know if it happened before the child was born or after. We can actually change these things. But...

DS: Well, there's quite a bit of you know argument out there about vaccines, and there's probably some truth to that.

RM: Mm hmm.

DS: There's probably a lot of argument about certain diets and there's probably some truth to that...because I remember when I first started practicing – I told you that the other day – I mean, I was in a farming community. Everybody grew their food and they were very easy to treat and get better... incredible, in fact ... whereas right now, a lot of the foods are actually inflammatory. We've had a whole show about this, how it affects people's ability to heal.

RM: Mm hmm.

DS: I'm sure that's involved.

RM: Absolutely.

DS: Um... you know there's no more intimate relationship than the child in the mother, and that environment like you just talked about. So there's so many things to consider.

RM: Yeah. All those factors, as you said, I mean are really, really very important. Early motor development is probably the most critical and we know that children don't learn within the first seven years... they don't learn the way we think they learn. They don't learn the way we think... the way adults learn. They don't learn based on intellectual stimulation. They learn based on movement and spatially interacting with their environment. That's what builds the brain.

DS: Does that involve the mirror neurons that we were talking about?

RM: It does. The mirror neuron system, you know, in the brain – on both sides of the brain – we have different mirror neuron systems. But the one on the right side of the brain is really this part of the brain that in an early... in a child allows them to watch their parents, or watch other children, and from that also we learn how to mimic movements. That's partly why a child, you know, has the same mannerisms as their parents, and walk like their parents...

DS: (laughter)

RM: ... But it also is the area of the brain that allows us to look at other people and understand what they're thinking and feeling, which is what we call empathy. And that's what individuals with autism don't have. So, the one thing we know is that children with AD/HD and autism, they, you know they tell us when they... later on they can

actually you know let us know what they were feeling... they tell us that they don't feel their body from the time that they're born. They don't feel where they are in space. And because of that they don't ever learn how to actually feel their own emotions very well. And they can't read them on other people because if you can't feel your own body, then you can't stimulate somebody else's body moving. And if you can't stimulate somebody else... somebody else's body moving in your mirror neuron system, then you can't interpret what they're thinking and feeling.

DS: You know I think you're saying, probably the most important... couple of important points... I think... is number one, is a lot of people think these conditions are due to over-stimulation. They're really due to under-stimulation. Correct?

RM: Exactly. Right.

DS: From the brain firing to different parts because of the input mechanism that we've talked about in our environment and our movements, et cetera. And the other thing is the fact that it affects the whole body. It's not just related to the brain. The brain's kind of where it shows up because that's where we... are important in our development. But...

RM: Right. Well the brain... Right. The brain drives everything, so ultimately the brain is the main reason for these problems. But the problem... but because the brain controls everything, these problems

show up in every system in the body. And it's important to understand that, and it's important to address all of those other individual problems, otherwise you can't really help to correct the problem if you don't really address everything.

DS: You know I want to move a little bit into the treatment just so we get time, because the unique treatment is the fact that we try to stimulate the under-stimulated, the underdeveloped part of the brain, through certain procedures. So, there have been things that have been developed and they do work for these children, but when we finally got specific to the side of the brain that accelerates that recovery, and the physical activity and obviously the treatment to the spine because it affects the brain so much, but other types of sensory input like music and light... I know you have a whole development with music...

RM: Right.

DS: And even smells and things like that. Sounds and cognitive experiences, and words, et cetera... as well as nutrition because of the inflammation.

RM: Mm hmm.

DS: So it's not a simple problem, but it has to be an organized problem. Not organized problem, but organized procedure. So you want to tell us a little bit about that?

RM: Yeah, well you know... when I ... when I first started working with children using this hemispheric approach – which means that we’re dealing with this imbalance, as you said, in electrical activity in the brain, which reduces the ability of the two halves of the brain communicating with one another. And basically, because of this, we tend to ignore the under-stimulated side and we end up using only one-half of our brain, which as we said, is not idea.

DS: Especially in the developing years.

RM: Right. Especially in the developing years. And so what happens is that you know when ... when I saw that we were using an approach to balance that out and it was working, you know after a short period of time I realized we were... I was really onto something... and said, okay, we have a responsibility to try to get this out in the community on a larger scale. So my first input was to start teaching other health professionals, which I’ve taught over a thousand health professionals across the world in the past six or seven years. But when I went out there, what I realize is because the problem is so complex, because there are so many systems that are involved, that it’s not only overwhelming for parents and teachers, but it’s also overwhelming for most physicians because they look at all the symptoms that these children may have and they say, “Where do I start?” Right? “What do I do first?” And so that’s why I came up with a systemized approach, called hemispheric integration therapy. And that’s what I teach to other doctors. And it’s a way of basically

saying let's put all of the symptoms and all of the problems that these children have into three major categories: What I call sensory motor, which is you know moving and feeling with our bodies and everything that we do with that. There's the biochemical, or what I call bio-nutritional area, which is really all the things as far as like oxygen levels, and pulse rate and our immune system, and our digestive system, and all of those things in our body chemistry. And then there's what I call the neuro-academic area, which is kind of the behavioral and the academic side of what we do, you know as far as what we do in school and how we behave and socialize. So I put it into three areas, and what we said was let's use a systemized approach where we can develop a way to measure the function, so we have... rather than just looking at symptoms and trying to manage symptoms (which is what everybody else does), and only addressing one problem, I said let's look at all of the problems and let's measure function. And then what we can do is then we can come up with ways of improving each function specific to the hemisphere. And if we can do all that, then we should be able to then change these children's behaviors and function and recover them. And that's exactly what we've been doing.

DS: You know that's really good because the chiropractor we're kind of used to doing that. People come in with symptoms but we really look at the whole system that we deal with, and the ones around it and just see where we need to go. So you know you start taking care of things, and as a healthy body gets healthier it helps the other

unhealthy ones get better yet. So you're kind of creating almost a landslide of recovery. So I can see how you've done so well.

RM: Right.

DS: Now you shared some... I think you said you were on hospital rounds, because the hospital didn't even have a person who was a so-called expert or even understood this... they asked you to come.

RM: Right.

DS: And you were telling me a little bit about that. And maybe some... one child that you ended up with.

RM: Well yeah... um... yeah... one of the things that you know we were talking about how really very few people or physicians really know what's happening with these problems and really understand what's happening in the brain. And I think a lot of parents are shocked to hear that because they think, you know, their health professional or their doctor or their pediatrician is automatically an expert in these areas. But the fact is, very few people have any concept. And so there's a major hospital and medical school nearby here, and they asked me to come in and address their grand round for their family practice department. And even though I'm not on staff at the hospital or anything like that, they asked me because they said that there was nobody else in the hospital that felt comfortable talking about it. Nobody really knew anything about it. So, I was happy to

go over there and tell them, and I did... you know... and we were discussing with you about one of the children that I work with was a young girl named Tara... and Tara was 12 years old when she came to see us. And she was you know a classic Asperger's type of child, which is a milder form of autism, but where the main problem is that the child you know was kind of clumsy with their movements, but they're also clumsy in the social world. They don't really you know interpret other people's body movements and their socialization skills are very poor, although they tend to be very intelligent children. And that's that imbalance. What we see is that these children have an unevenness of skills. They have certain strengths that sometimes are really unusual, because as one side of the brain is slower, the other side of the brain speeds up and that's why we see like the "Rain Man" type of syndromes.

DS: Okay.

RM: But, um, she was in class and after we worked with her for a while and had some dramatic, dramatic changes... and her teacher asked if anybody knew about autism. So she raised her hand and she said, "Yeah, I know a lot about autism because I used to have it." So the teacher said, "Well... Tara, you know, you must be mistaken because nobody "used to have it". You either have it or you don't." And she said, "No, I used to have it. I was diagnosed with autism and now I don't have it. And I'm not diagnosed with it anymore." So the teacher, you know, was in disbelief. And she said, "Well, you know

Tara, tell us your story.” So she actually stood up there... this is a girl who was very shy before...

DS: Wow.

RM: ... Stood up there in front of her class and actually told about our whole brain-balance program and the whole, you know, hemispheric approach and the teacher, all she could say afterwards, she said, “I have to meet these people.” (laughter) “Because I have to learn more about this. This is fascinating.”

DS: I think sharing the story is what this about... that the fact there is hope for children and even adults – but children especially – with the developmental problems. And I have to acknowledge you for the hope that you’ve created and the space that you’ve created for that to take place. So, this is Dr. David Stussy, the BigBrain Radio Show. We’ll be right back with “Stuff that Works”.

(music)

(music)

DS: (laughter) I think that’s a good song. We can see a child who’s going like crazy. Hey, this is Dr. Stussy of the BigBrain Radio Show. And we are talking to Dr. Robert Melillo. I almost got it. (laughter)

RM: (laughter) Yeah.

DS: And he's a BigBrain if there ever was one and his work with learning disabilities and ADD and AD/HD and dyslexia, et cetera. And he just shared this wonderful story. And what I felt about that story is it just steps out everybody... outside a person's paradigm. And not that you're saying you can cure all conditions, but if you could make a change... because obviously the development allows further development ... at least some change can be and can open opportunities for ... well for obviously hundreds of thousands of children.

RM: Yeah, millions.

DS: Millions. Okay. I was going to say millions, I wasn't sure if I could...

RM: No, it is millions. You're talking about you know just probably at least 5 million children in the country with ADHD and at least one million that are actually diagnosed with autism. But, yeah, you know, what you're saying Dave is that ... what parents are generally told are three things. They're told these are genetic problems that are due to chemical imbalances in the brain and they're incurable, and that there's no hope for them. And all three of those statements, based on the most recent, current, cutting-edge scientific information are wrong... just flat out wrong. And I'll argue with anybody about that. And the fact is, you know, people will say, you know, how can you... you know... people will say how can you give people false hope? It's

not a false hope if you actually can do it and you document it. And I'm not the only one saying this. There are many experts out there that are saying, "Hey, you know what? There are cases that we have... document cases... of children being recovered from autism"...

DS: Yeah...

RM: There are...

DS: Go ahead, I'm sorry.

RM: You know there are... and I have years of statistical data, and we're going to be publishing these things... showing that, you know, where children would be diagnosed with a problem and they're no longer diagnosed with a problem. And you know, God forbid, you give parents hope. You know what I mean? It's just unbelievable to me that... that...that's the case. But if anybody... if you know how the brain works... I mean we're not dealing with children that are brain-damaged. We're not dealing with any obvious pathology. We don't know for sure if there are ... you know, what genes, if there are genes involved with any of these. But we do know that we can change the function of the brain. And we know that there's a principle called neuroplasticity, which I'm sure that you've talked about on the show...

DS: Oh we've talked about it.

RM: And that you know ... you can even take people who are brain injured and make them better. You can take people with Alzheimer's and improve them. So certainly, in a young child, who's overall generally healthy and whose brain is not damaged, there is no reason that with doing the proper type of training and stimulation...

DS: Well...

RM: ... that that child can improve and sometimes improve enough to the point where they are at a completely normal level.

DS: You know you kind of hit something kind of important... because in chiropractic we believe that... we have our educated brain where we can kind of realize when we have our innate that you can't limit the capacity for the brain to respond to its environment. We have no idea how... the capacity of the brain. But yet you can't ignore the educated, which is kind of the thing that's driving you now with this new transformational research you're doing. Do you want to just say a little bit about that? I think it needs to be acknowledged because I know you're really working hard on it.

RM: Yeah, well you know... I'm making some pretty bold statements, but I also intend... I also believe that you need to back them up. And as you know, like you said, the reason why I can make a lot of these types of statements is because I've been doing this for 20 years clinically with children, and I have looked at the results and I've also published, you know, four text books on the subject. But also

what we're doing is we're looking to really, you know, do the research, to show the outcomes, to prove that these things can work and that you can change things, and to perfect it. So we're developing a research center that is a university-based research center that will be international. And, you know, we're... it's all geared towards doing what we call translational research, which means that we want to develop research that will immediately be able to be translated into some sort of treatment, that will have an immediate impact on... on the communities.

DS: That sounds very impactful. And you know... it's great that you've actually looked at that point because I think that really is a breakdown a lot of times in research, or it's driven by a certain product or something like that.

RM: Yeah, well a lot of research out there is what we call basic research, which means that we're just looking at the you know the genetics or the molecular structure, either to be able to come up with a new drug, or... you know just for the ... for the sake of science. But, you know a lot of that doesn't get translated into something practical for years or decades later. What we don't want to do is we don't want to wait that long. We want to be able to say okay, what can we do now? How can we take this research and we have all these young, you know, PhD students and professors in our faculty that are all... all directed toward saying, okay, what can we do to make a change now and not wait 50 years?

DS: And that's what you and I talked about this weekend. And you kind of got me to join the team on getting money together for this because those students are waiting out there. I've talked about making... having a bigger vision in our world, and I've contributed a lot of money to the chiropractic. But I really think this is something that I'm really excited about. So, the other thing is in the stuff that works we should just talk about some of the stuff that works in terms of how they could contact you if people have questions. So I want to make sure we don't miss that opportunity.

RM: Sure. Well as you said, you know, like as far as giving back, this is... in my mind this is the biggest problem... one of the biggest problems, if not the biggest problem... that we face in our society right now. We're seeing an epidemic rise of these problems with our children, and our children are the future. Right? So, I mean ... there's nothing more important than working with this...

DS: So tell people ... tell people how they can get a hold of you.

RM: If people want to get in touch with me they can contact me directly at one of my offices, in New York, at 631/467-1369, which I'll be happy to answer the phone and speak to them. Or, they can email me at rmelillo@brainbalancecenters.com.

DS: And you have a new book coming out for parents... more for parents about the connected... the disconnected child?

RM: It'll be called "The Disconnected Children" or "Disconnected Children". At least that's the preliminary, pre-printing title. But it'll be out in 2008, probably towards the end of 2008. The...

DS: Do you have a website?

RM: Ah, yes. The website is also www.brainbalancecenters.com.

DS: Okay, well you know... I hate to end the hour because it went by fast.

RM: It was a lot of fun.

DS: That's the way it is when you're with a BigBrain. So, you know there's two concepts of the universe: Gravity, which stimulates our brain and makes us grow, and we just talked about that today. And then there's love. And obviously Dr. Melillo shows love for human kind. He's pushing himself to make sure that everybody gets a chance to develop. So, remember to thank... I'm going to thank him. Thank the BigBrains in your life. Give them a call and tell them thank you for being a BigBrain. Let's have a BigBrain life. Dr. David Stussy. We'll see you next week.

(music)

(end of show)