

BigBrain Radio Show  
8/2/08  
Dr. Adam Klotzek

(music)

DS: On the air huh? Hey good morning, it's Saturday morning! It's time for the BigBrain Radio Show. I'm Dr. David Stussy, and with me I have a good friend of mine. How are you doing this morning?

AK: I'm doing just fabulous! Glad to be here!

DS: Dr. Adam Klotzek is my partner ... my business partner and my mentor in terms of the BigBrain...

AK: I think that goes both ways. I think you're my mentor as well.

DS: But anyway, he's been on the show a number of times. Dr... for those who haven't heard before, Dr. Klotzek is an international lecturer. He goes all over the world lecturing about brain and function to medical doctors, chiropractors and other people ...

AK: Other people... anyone that wants to listen and grow.

DS: So where are you going... Let's see, you've got Amsterdam this week?

AK: I've got Amsterdam. I'll be in London.

DS: But you're not going to Italy anymore. It kind of ...

AK: Not... no, no. Not Italy this time.

DS: I kind of wanted to go along on one of those trips.

AK: Well we're going to have to make a seminar out there just specifically for us.

DS: And you don't go to Japan because you can't speak Japanese.

AK: Yeah, that's a hard one. Gotta learn...

DS:           Anyway...

AK:           (laughter)

DS:           Dr. Klotzek is ... is also a full-time practitioner in our clinic and is an expert that is being used all over the Twin Cities. And it's always fun to be with him. So, I like having him on the show because I understand the concepts of the BigBrain. But if you want to know a detail, I'll ask him about...

AK:           Well people have said that you're the right brain and I'm the left brain, and we just kind of mix really well together. So...

DS:           So here... I wrote a little poem.

AK:           Oh my gosh.

DS:           Remember, you saw me write it on a little napkin... we were sitting there.

AK:           Is everybody ready for this one?

DS:           Okay. It's the sixth day of the week, it must be time to seek, what the BigBrain Radio Shows and everybody wants to know.

AK:           Hey...

DS:           How was that?

AK:           That was very nice.

DS:           Let's have a good time and let these words rhyme. We'll sit down and share these facts and everybody can have a good time and relax.

AK:           I never knew you were talented like that.

DS:           Oh, I write poems all the time.

AK:           It's incredible. Hmm...

DS:           I should... well I haven't published any music yet though.

AK:           No? (laughter)

DS:           Okay.  So... (laughter)  Let's say... today we're on the BigBrain Radio Show.  We're here to actually take a look at the BigBrain.  We're going to start a series on the brain and the BigBrain... the BigBrain being our metaphysical brain, our ability to create who we are, our mind... whatever the word that is used... it's used different words and different philosophies.  But it's that essence of being human that you can't measure, you can't weigh.  In fact, life itself is unmeasurable.  Ah... You can't weigh it.  When a person dies, you weigh the body before and after, it's the same.  What happened to life?  I mean, where'd it come from?

AK:           Well, I think... you know we were talking about that this morning a little bit...

DS:           Yeah.

AK:           And ah... the whole idea...

DS:           You made me think.

AK:           ... The whole idea of movement, and how life – you were saying – is about movement.  Do you want to expand on that a little bit?

DS:           Well actually... you know... it is interesting because we look at life in terms of two ways – physical and metaphysical.

AK:           Mm hmm.

DS:           Physical – it's actually a real thing.  Like if you say “wealth”, that's metaphysical.  It's a concept.

AK:           So is that like what I...

DS:           You know...

AK:           ... touch, feel and...

DS:           Well yeah...

AK: ... and things along those lines?

DS: Wealth is... you know everybody agrees. But the only way you can measure wealth is by a physical entity called money, which you measure.

AK: Ah, okay.

DS: So... things are either one way or the other. So people talk about this general thing – my life. But life only exists inside of a form.

AK: So how do we measure life? Does it measure the movement?

DS: Well, it has to be inside of a form.

AK: Okay.

DS: And it has to move... and it has to respond to movement.

AK: Uh huh.

DS: And it has to be an awareness.

AK: Ah... so...

DS: An amoeba has an awareness. It moves.

AK: Mm hmm.

DS: And then we kind of go up from there. (laughter)

AK: Well, some of us have never gone up from there, but... (laughter)

DS: Well one of the biggest constants...

AK: But that's important.

DS: ... And if I could say one thing to everybody, it's our ability to be aware. When our body is aware, it has a motor... it has a response.

AK: Uh huh.

DS: So physically, when you're aware that something's too hot, you move. And ah... even when you're not aware but your

subconscious... so you're ... 99% of what happens in our body is we're not aware of what we do. And we're going to talk about that because that's what creates a lot of problems for people.

AK: Right.

DS: And... ah... so we'll adjust, we'll move, we'll stand differently, we'll do something...

AK: Mm hmm.

DS: ... which cause... is a motor reaction. Okay?

AK: Right.

DS: Well when you get to the metaphysical, it's what you pay attention to. Like people who pay attention ... like I want to talk about this ...um... well let's just talk about this guy here this morning – the inventor.

AK: Oh, the inventor with ... how many ideas did he...

DS: Yeah... I brought...

AK: ...207 patents?

DS: ... along some articles. Here's a guy... I was reading in the paper. He says, "You've got things in your brain. If you die with them left in there, it's a waste." I love that. I put that ... like big headings!

AK: That is a big, big statement...

DS: His name is Mark Crowell, he's from the Twin Cities here. And he thinks he's running out of time because he's 57 and he wants to do more... 55 and wants to do more inventions. He has 270.

AK: Uh huh.

DS: And then I started reading about this... this guy... where's the back part there? Oop... We got mixed up there.

AK: Did we get it mixed up?

DS: So anyway...

AK: Here we go.

DS: Another BigBrain concept is our ability to share ideas. Now a BigBrain is someone who ... who shares information – either physical information or a concept – and the moment they share it with you, you know it's true... you may have even have had thoughts about it, but they organize it for you, and it's changed your life forever. And that's what a BigBrain is.

AK: Okay.

DS: And you know BigBrains in your life. We all have had BigBrains... at different levels... because life is concentric circles. So obviously a BigBrain idea when we're in second grade is the fact that I can shoot a marble a certain way and I can win.

AK: Right.

DS: And somebody shows me a little trick.

AK: Right.

DS: By the time we're into high school, it's about how to... how to attract chicks or something like that.

AK: Well let me ask you a question then. What... what initially gave you the motivation and the inspiration to start the BigBrain concept?

DS: It actually started with that whole idea about... there were BigBrains in my life. And um... as you look at philosophies and all kinds of different... different... many philosophies... A lot of times they don't really explain why these things are so. Like a lot of people... it's called kind of woo when you start talking about this...

AK: Right.

DS: ... but there are physical laws...

AK: Mm hmm.

DS: ... that run the physical world. These same physical laws run the metaphysical world.

AK: So do you feel that some people...

DS: And they're proven now with all our science can do that, at the particular time. And I looked at this concept because ... what started me talking about it is this guy with the patents.

AK: Uh huh.

DS: Well his father was his BigBrain. His father was an electrical engineer, spoke 10 languages.

AK: Ten languages? That's incredible.

DS: And discovered a tribe in Brazil that had never been influenced by Western civilization and was a master of acoustic technology way ahead of his time.

AK: So what...

DS: So this guy, for... he had this BigBrain in his life, and so I started thinking about the BigBrains in my life...

AK: Uh huh.

DS: ... that had changed who I was.

AK: Okay.

DS: I mean changed who I was forever. And our... our commitment is if we're paying attention, and we create intentions – which is the motor response –

AK: Mm hmm.

DS: Then we are ... have the ability to be BigBrains in our life and the BigBrains around us we notice. Okay?

AK: So... My next question ...

DS: I mean you could so far as to say we attract or ...

AK: Right.

DS: You know... all that stuff.

AK: How does that... How does that relate to ... um... your experience over the years in practice? In treating people? Because I think what... what we do at Kenwood Chiropractic Arts is extremely special.

DS: Yeah...

AK: I mean we do something different than what other individual practitioners would do. So... um, can you maybe expand on that a little bit...

DS: Well in chiropractic...

AK: ... so that listeners would...

DS: Chiropractic has been based on a concept called innate. Innate is the intelligence born within us. I'm not saying it's God, it's part of God or whatever religion...

AK: Mm hmm.

DS: But we know there's an innate life order. When two cells come together the cells are already alive. They come together and they create a life form. We know that. Chiropractic is based on the concept that innate knows more than the educated.

AK: Okay.

DS: Educated is who we are.

AK: So the body kind of knows what it needs to do...

DS: But does that... but does that mean we shouldn't get as educated as we can? No. The educated – it's kind of like our innate comes up with ideas and concepts, and our educated brain allows us to develop.

AK: Okay.

DS: And so sometimes they will say like educated is the master and ah... and... I mean innate is the master and educated is... educated is the master and innate is the servant.

AK: Okay.

DS: Okay? So... but I... I... and chiropractic took a lot of crap for that for a lot of years because it sounded a little...

AK: Well, it's kind of like hokey-pokey...

DS: But now, that's not true. I mean you can't open a medical text – and I'm going to use medical because it's the standard, I guess – without ... and *Medical Hypothesis*, which is a huge journal, they're talking about what chiropractic talked about 60-70 years ago. And I don't want that concept to be lost. So I thought, well I'm going to put it in a different context so I can talk about it... about everything.

AK: Okay.

DS: Because it really represents everything. After... after 30 years of practicing, I started noticing what they called miracles. I mean all the time I have miracles... and some people say what I do called magic.

AK: Right.

DS: But it isn't. It's just the known... knowing the facts and applying them in such a way ... and that's what BigBrains do.

AK: And that's an important point because...

DS: Did I get off...

AK: No, no, no, no... you're doing fine, you're doing fine. And that's an important point because ... I think many years ago science was in there to explain some of these things.

DS: Science is still there to explain things.

AK: Well I know, but it wasn't at the level that we had these ideas. But now we're getting closer to that level where we can expand...

DS: Well if you look back in time...

AK: It's not ... it's no longer hokey-pokey. Or, you know, medical... you know out there.

DS: But see... what you have to see is most great ideas didn't start scientifically. They were proven. Einstein thought... he figured his thing out of a concept.

AK: Mm hmm.

DS: He didn't have any proof for it. Somebody else proved it. Um... Galilea... Galileo and Newton... somebody else actually proved...

AK: Right... their ideas that they had.

DS: So they started as metaphysical concepts. And ... as you know, most great ideas are not agreed upon by science. Science comes around and agrees with it later on.

AK: Well, there's a ... there's that process that you through where there's controversy...

DS: Right.

AK: There's, you know, rejection...

DS: First you reject it, then you're interested and then you're praised.

AK: And I think... I think we're seeing that now because in the scientific literature, these ideas and the research... they're out there. They're just not adopted by most clinicians.

DS: Right. So our job as BigBrain people is to... I mean we do this every day.

AK: Yep.

DS: I mean we were doing a very interesting thing this morning...

AK: Oh yeah, we have to...we've got to share this story... this is a great story.

DS: Well let's ... let's ... well this morning...

AK: We had a BigBrain breakthrough.

DS: How much time do we have Marty? Two minutes? One minute? Let's... when we come back.

AK: We'll come back to that one? Okay?

DS: So let me just finish. So this Mark Pruel, he... here's another thing: In order for us to be who we are... what makes us human is we have a frontal lobe. And our frontal lobe allows us to make and think of things. And one of the most important concepts in life is to be disciplined.

AK: Yes.

DS: Now people take the word discipline and use it as way of being like real rigid and things. But to be disciplined is if you believe in something and you want something to happen, then you have to have your focus on it.

AK: Mm hmm.

DS: And the frontal lobe does that. Well, when we treat people, we change their frontal lobe, we change their personalities. We do it to each other.

AK: Right.

DS: And this guy – the thing that makes him so interesting with all these things is his attorney said is he’s disciplined. He gets an idea and he follows through with it.

AK: He’s focused on things...

DS: It’s not work.

AK: Mm hmm.

DS: You know a lot of times people give me crap because I’m always waking up at 6:00 in the morning (laughter) but it’s not... to me it’s not that way.

AK: If you really love what you do it’s never work.

DS: I just want to share and be a motivation to other people.

AK: Well I appreciate that.

DS: So that’s what the BigBrain is about. And my life is... This part of my life – because I’m in the last third of my life I guess – is to share and interact and to connect things, so people... you know it follows through. It isn’t lost in time.

AK: It’s a very noble... very noble...

DS: Well I hope it’s noble, but...

AK: No it is! It is! And I think a lot of people benefit from it.

DS: It’s kind of driven is what it is, okay?

AK: (laughter) It’s discipline and focus.

DS: So... ah... huh?

AK: It’s disciplined and focused.

DS: Well you know. I mean, you're a ... you're a world expert and I know that you did that by ... you studied...

AK: Teaching neurology, yeah.

DS: But you studied that and studied that. Then you put yourself on the line even when you didn't think you were ready... and you studied it more.

AK: And the funniest thing, it wasn't work.

DS: That's what I'm telling you.

AK: People... people look at me now and they go how can you travel so... 'cause it's really not work...

DS: So let's just say our principle for today is for people to discover the things in their life that are not work, but that give them the same results of work or whatever...

AK: Absolutely.

DS: Money... whatever they want to get out of it. All right.  
BigBrain Radio Show. Dr. David Stussy; Dr. Adam Klotzek.

(music)

(music – “Every Breath You Take”)

DS: Hey, this is the BigBrain Radio Show, Dr. David Stussy, and “we will be watching you”. Dr. Klotzek, I thought you... this is Dr. Adam Klotzek, he's with me on the BigBrain Radio Show...

AK: What an appropriate song to what we're talking about.

DS: Isn't that great? Because one thing that we do is we watch people and we look at people and ... ah...

AK: Well, we watch people move.

DS: Move. Well... move and what's happened to them. You know, I'm always amazed that people come... people... you know...

patients come in and they're... they have lost 60% of their range of motion; they're stiff all over; they can hardly move; their function's starting to go wrong and they see that as some simple problem.

AK:           Yeah, and it's not...

DS:           Because... well the unconsciousness is ... remember I said awareness and it creates... a lot of it... When you get a physical condition like... The muscles make up most of the body, so when they get tight and retract and the involuntary muscles don't move, well then who you are is changed. See, if movement is life, like you said, then no movement is lack of life.

AK:           Exactly... and what separates... what separates a live person from a ... you know... dead person is the fact that one moves, the other one doesn't.

DS:           You know I think I talked to you earlier about this concept that people look at life from their own point of view. Like... they're like a little twig on the tree watching everything. And I tore this little article... it says "Here's Looking at Me Kid"...

AK:           Uh huh.

DS:           ... where it's like the "me universe". And everything that goes around is stuff about me, my stuff, etc. And this way of looking at life is – in my opinion – is not... does not represent life... because we are just part of a larger picture of what life is possible... and as exemplified in all human form... and all animal forms, all life forms I guess.

AK:           You know I want to add one thing to that. It's very interesting that concept because as the brain degenerates and it ages, people become more rigid, they become more focused... they're...

DS: Oh yeah!

AK: ...they can't see the broader picture of...

DS: I mean everybody laughs at ...

AK: ... their...

DS: ... their parents when they call them up and they say, "Well here's what I had to eat today, and when I went to the bathroom twice..."

AK: Because it's all about...

DS: I mean life comes down ...

AK: ... me.

DS: ... to a very narrow part. So...

AK: And that's that whole brain activity...

DS: When you're feeling stressed about something, I'll... I ... when I ... when I consult with patients and ...

AK: Mm hmm.

DS: ...about different things, I will find that most of the time they are thinking about themselves. When you start thinking about others, in service...

AK: Mm hmm...

DS: ... in love... you know those are all part of the BigBrain concept ... your life changes.

AK: Yeah, because you're not focused on yourself...

DS: You know when you're out lecturing...

AK: ... you're focused on other people.

DS: ... and stuff, you can have a problem when you leave and you come home it's already handled because you took ... took your mind off yourself.

AK: Well yeah, and some of my best you know lectures were when I was not focused on what I was doing, but when I was focused on what I wanted to get the participants to get from it.

DS: Well we have a thing in our clinic called “Loving Service, Our First Technique.”

AK: Mm hmm.

DS: And that’s what makes the difference. And obviously we can’t always be...

AK: It’s about patients.

DS: ... on top of it, so that our physical skills and our mental skills carry us through.

AK: Mm hmm.

DS: But when we’re in that third level – that spiritual level, when we’re really connected – then ... and... you know I could talk about this, but this is a reality. And we are connected in life... and life is connected.

AK: Mm hmm. But we need to get back to this... we were going to say we were going to talk about the whole blood pressure thing...

DS: Well... well...

AK: ... and the BigBrain breakthrough we had.

DS: Well let’s tell... Here’s an interesting thing. This morning we had a doctor who is part of Dr. Klotzek’s neurology program that he teaches. And ... and he’s a BigBrain... and he’s put a lot of work into it. And... um... Dr. Carrick himself has used music ... um...

AK: Yeah, he’s been using music to look at posture changes, movement changes...

DS: So let's go ... why would the posture change if you're listening to music? Explain that to everybody.

AK: Okay...

DS: Because people think posture... most people say it's a matter of just thinking about it. It's hardly that at all. In fact, it's not that.

AK: It... it's not. And actually music ... sound itself... when you stimulate you listen to something, there are direct nerve connections into an area of your brain called your cerebellum that controls your posture. So we were ... we are driven by sound. I mean when you hear a loud noise, what's the first thing you do? You react to it. You listen to a good song, what's the first thing you want to start doing? You want to start moving. You want to start dancing. You can't stop it. It's almost instinctual that that's what you want to do...

DS: And Dr. Carrick did it global. He had this French singer and I had... I've played her music on this show a couple of times.

AK: Yeah...

DS: And in hospitals, where... it made a huge change in their ability to respond to whatever the treatment was. So it kind of enhanced the brain's ability to respond to whatever you're doing.

AK: But from a ... from a neurological side...

DS: Logical point... so the brain is constantly controlling our involuntary muscles.

AK: Mm hmm.

DS: And when they are tired or fatigued, our extensor muscles which help us upright, go away.

AK: Mm hmm.

DS: And that's what it is to be human. And then we bend over and our posture is bad, etc. Okay?

AK: So we can learn a lot by looking at people's posture... looking at...

DS: Isn't it interesting...

AK: ... people's spines.

DS: It actually is the number... You know that falling is the number one cause of death after age 60?

AK: Yep. Yeah. Accidental form of death.

DS: And that's a loss of posture and stability.

AK: And people don't even know they have a problem until they fall. But by then it's too late. So the question becomes how do we look at people in a different way to improve the quality of life to prevent these things from happening? And I think posture has a lot to do with it.

DS: Okay, so I want to get back to this sound thing.

AK: Okay.

DS: We had a doctor come in this morning...

AK: And this is awesome.

DS: And we got up early and went over to the clinic.

AK: Mm hmm.

DS: And ah... we took someone's blood pressure. It was 145/92 on one arm.

AK: Mm hmm. Mm hmm.

DS: Actually not too bad in the other – 185... or 135/85 on the right arm. They had their big medication. Now the difference in blood

pressure is something that people don't realize because one side of your brain controls one side of your circulation.

AK: Yes.

DS: And one side... so obviously the left side was the side that was more stress in it.

AK: Yes.

DS: But we put ... this side... this person has been working with sounds and vibration. He had these sounds... he's had a musician... these notes...

AK: Mm hmm.

DS: And they had him listen for 10 minutes.

AK: Mm hmm.

DS: Just to these music, because it was actually a series of sounds...

AK: MM hmm.

DS: And ... um... of notes going back... just continued.

AK: MM hmm.

DS: Which... goes someplace deep in the brain besides the cerebellum.

AK: Right.

DS: Um... and... ah... when we took the blood pressure it was 118/80.

AK: 80... over 80! And it... and you know what?

DS: By the way, this person was 60.

AK: And I didn't believe it! I go... no, this can't... you know that whole left brain of mine kicks in. You know? So... you know I go give me that blood pressure cuff. Give me the stethoscope and let me check it! (laughter) And sure enough it went... it was down. So

what an interest... what a breakthrough that we can utilize sound as a possibility of managing people's blood pressure in people who you aren't getting results anyway. And the beauty behind some of this idea is that the side effects are a heck of a lot less than some of these other...

DS: I don't think there are any side effects.

AK: Yeah... we don't know. Well we don't know yet, but it's...

DS: Yeah, you're right.

AK: ... it's an idea... it's an observation that we got... we have to investigate. Morally, you have to investigate something like that.

DS: So we are starting a study... and anybody out there who is listening and have blood pressure... and you know there's going to be some qualifications and... and... of who we'd accept, but if you want to come in and volunteer for our blood pressure study...

AK: Mm hmm.

DS: We're using a sound modality. There will be evaluations and we'll make sure everything's on the up and up.

AK: Because we just have to do this. I mean this is incredible that you see this...

DS: You know we have to get some certifications through some of the neurological groups that work with us...

AK: Mm hmm.

DS: But...

AK: Well, here's another thing that we've been talking about... we've been talking about movement and the brain and everything else. And just some of the ideas... maybe we can pick up on this

afterwards, but the idea in society that we're moving away from movement. We have this article here in *The Star Tribune*...

DS: Yeah... well, I think we're going to be coming up on break here.

AK: Oh, are we? All right. I'm getting too excited! (laughter)

DS: I'm getting... that... that eight minutes went...

AK: I'm losing where I am here.

DS: That eight minutes went so fast I can hardly believe it!

AK: (laughter)

DS: Was our brains not here? Maybe we were? We lost track of time...

AK: That's because we ... we love what we do.

DS: Well when you're involved... time... time does disappear.

AK: Mm hmm.

DS: There's no doubt. I think I'll do a show on time. Remember all that stuff I was telling you...

AK: Yes!

DS: ... time and the brain? Ooh, that'd be good! Would you do it with me?

AK: I would do it with you.

DS: I've got to have you back me up...

AK: (laughter) All right!

DS: (laughter) But it's... it's really good stuff. And ah... so this is the BigBrain Radio Show. Dr. David Stussy. Brain waves to radio waves. Where your life becomes a reality inside and out.

(music)

(music)

DS: Hey, welcome back to the BigBrain Radio Show.

AK: I just have to turn up the volume on that.

DS: That's a good song, isn't it?

AK: That's a good song.

DS: Guy's name is Matt Kearney. He's really great because he'll do music, and he'll sing like this and then he'll do a little rap thing. I think I have one of those songs in there. Anyway, it's a good song. It's good to be a man...

AK: It is... it is...

DS: You know, being a man ...being a human being... being a woman... means being a full... an alive human being, and there's a couple carry...

AK: Being aware.

DS: There's a couple characteristics of being humans... taking a stand – being upright... facing things. Our bodies are made to face things. All our sensory... all our sensory things, as you well know...

AK: Mm hmm.

DS: Our eyes... and I think they're called teleceptors... smell, hearing and eyes... all tell us what's going on around us at a distance.

AK: Well that's interesting.

DS: And they're in front of us, but we have to be able to move our head to use them.

AK: Mm hmm.

DS: And if we can't move our bodies to use them, or to ... or to move in a direction, we have nothing to offer. I often say that the brain really is who we are – and even that we're not sure about. But

we know... well you know we kind of define ourselves in our physical form, but we really aren't our physical form at all.

AK: Well when I was ... when I was first studying neurology, one of the interesting concepts that was presented to me was this: Its that there's these constant modalities – like constant stimulation...

DS: Mm hmm.

AK: ... that you're always exposed to. And then there's these nonconstants – like smell, sight, hearing and everything else...

DS: Oh yeah... good, good, good... I like this.

AK: ... And that you're ability to be aware of the nonconstants – to taste the quality of a good steak, to taste...

DS: Or something alarm... a stress...

AK: ... a good wine...

DS: Oh very good! Excellent.

AK: ... is really the ability... is expression of the non... of the constant. And the only constant in the universe is what?

DS: Love.

AK: Love and?

DS: Gravity.

AK: Gravity.

DS: Physical gravity.

AK: Physical gravity.

DS: So actually, that's all we do. You know but, even I started thinking about it because what we can tell in life are when these nonconstants... we know that it is not normal, so we either decide that it's good or bad.

AK: Yeah.

DS: And we do it almost faster than time.

AK: Mm hmm.

DS: But we've been talking about how we as the human beings lose our ability to make those distinctions ...

AK: Mm hmm.

DS: ... as we lose our central nervous system's integration with our muscles and our body and who we are...

AK: That's that constant stimulation.

DS: And that's why can create so many miracles because we get that awareness back, and that's why we see so many personality changes. People come in and they are fixated in their spine. Well, they're fixated in their life. They got this and that... they're very focused... their functional. They're actually even really responsible. But they don't have any fun anymore. And as soon as we get their bodies going...

AK: Mm hmm.

DS: And we start getting their nervous system... I mean all the time I have people come and say "I don't know why, but I feel like riding a bike!" You know? I haven't ridden a bike since I was 10 years old.

AK: First time in a long time.

DS: Well then we have to warn them to ride it a short ways. But...

AK: And that's one of the things that I've noticed...

DS: This is a life we're talking about. So we've got this thing here about the exercise pill.

AK: Yes, the exercise pill.

DS: It was big headlines. It was in *The Wall Street Journal*, it was in *The New York Times*. And this one here I took out of Minneapolis.

AK: I like this quote: “ ‘It’s a little bit like a free lunch without the calories,’ researchers said of a drug that tricks muscles into thinking their working...”

DS: Now you’re an expert on muscles. Muscles need...

AK: What?

DS: What do muscles need and why is that important?

AK: Muscles need stimulation.

DS: Well what do they do? I don’t think everybody knows there’s all these receptors. If you could quickly just do it... quick course of that.

AK: Basically... okay... well the quick course is this: Is that there are a bunch of nerve endings in muscles that provide a constant stimulation into the brain.

DS: Okay.

AK: Constant, constant, constant. So, basically without that constant stimulation there will be changes in the way that the nervous system works. So a lot of the things that we see in Eastern medicine and chiropractic are based on changing that input.

DS: Right. But there’s little receptors still ... certain movements and certain things.

AK: Yeah, receptors... and everything is choreographed... stereotyped in how people move and things along those lines. And when we see changes in movement – so uncoordination, things like that – they’re really an expression of the BigBrain.

DS: So not having the muscles actually do this, and having a cell will not actually cause the changes in me, because they have to be

balanced. There's ones that do more to tendons, due more to muscles. That's why stretching isn't necessarily good for people.

AK: Right.

DS: Only under the right circumstances.

AK: But this whole concept of getting away... like exercise pill... you know... And I've noticed a trend in society. I don't know if you've noticed this, but we don't move as much anymore. We sit all the time. We have those little carts now that propel us around airports...

DS: Well now see I ...

AK: ...because people get tired of moving.

DS: You know I think there's a balance to this because... you know you say my grandfather, he worked every day, he worked hard and he moved and we gotta get back to that, and then we kind of don't move.

AK: Mm hmm.

DS: We are now becoming aware – a certain number of us...

AK: Mm hmm.

DS: Not the exercise pill people – in fact, they probably exercise.

AK: Probably do!

DS: That we need to exercise because even though my grandfather did that, it was a boring, treacherous, dreary life. So we have a better life in many ways, but we have to pick up the pieces that are good to it... and how to exercise.

AK: Do you know what was bad about that?

DS: So one of the things we do in our BigBrain exercise program...

AK: Mm hmm.

DS: ... is we have exercise ... in 4 to 10 minutes you can get the effect of a 20-30 minute aerobic exercise.

AK: Yes.

DS: But we are still stimulating the muscles in the brain. So that's why we tell people to come in and see our BigBrain exercise, because it's not exercising the brain, it's how the brain makes exercise work better.

AK: Yes. And you know you brought up an important point... when you talked about your grandfather, you know, bored and dreary life and all this other stuff...

DS: Well, he actually had a pretty good life.

AK: Well but most people look at that doing the same thing. It's not just about movement. It's about doing new movements. It's about experiencing new things. That's what really drives the brain neurologically to make more chemicals, make more transmitters...

DS: Well... you're not... you know we said that movement is life, it's actually movement with a purpose is life.

AK: Well that's... and the purpose is moving forward.

DS: That's right.

AK: ... not be stagnant.

DS: And guess what the health style definition is? Forward action days. Our definition of health is the optimal number – means the best – of regenerative – that means that we're recreating our... by use of muscles and our nerve systems – the optimal number of forward action days for the rest of our life. And if you don't have a forward action day, you're really not having life.

AK: So...

DS: So, we don't agree with the exercise... we're going to put... that's two thumbs down on that.

AK: All right. All right. So now we've got another one here.

DS: Eight-year old...

AK: Eight year olds out on statins... a new plan...

DS: Everybody knows that statins are the drugs they use to get rid of cholesterol, right?

AK: Mm hmm. Yep.

DS: They don't even prove... they don't actually do that. Right?

AK: Well it's just the idea... why would you want to an 8-year old child on statin? Because they're overweight? Well, they're overweight for a reason. Right?

DS: Can I say something that just popped in my head?

AK: Uh huh.

DS: You know we have Dr. Murphy who's a...

AK: Yeah.

DS: He says when you look at what the statins do, there's a whole sequence of like 100 different chemical things to manage fat. And they put the statin... they alter the statin at the beginning of the cycle, so that it alters the rest of that cycle – and that's why it causes so many side effects. It wouldn't be so bad if they put it near the end of the cycle.

AK: And one of the biggest things it does in the nervous system is that it interferes with the protective coating that surrounds all nerves. It doesn't... it doesn't develop! And that's a huge problem because – especially at this age group. You know, especially 13 and 14 year

olds and stuff like that... that's where your frontal lobes are developing maximally...

DS: Wow, you're right.

AK: Now here's the thing: If those areas do not myelinate appropriately, or you reduce the ability of them to myelinate, you're going to have problems later on in life.

DS: Well you know the number one...

AK: And we're seeing that!

DS: The number one cause of numbness and tingling used to be compression injuries. It's actually statin drugs now.

AK: Yeah, it is.

DS: They... they become numb and tingling because they lose that myelin.

AK: Yeah, you lose that protective coating. It's like the coating on your extension cord.

DS: So how many... two points down on this.

AK: Two points down on this one.

DS: Two thumbs down on that one.

AK: Now here's... here... you showed me this article. I love this article. This is an article on a new device...

DS: It's in Wednesday's *Minneapolis Star Tribune*.

AK: And it basically talks about a device that is used to lower blood pressure. These guys spent \$200 million or so...

DS: Yeah, well that was the funding.

AK: That was the funding and they've got some more funding in here... to electrically stimulate some nerve endings in an area of your

artery system called your carotid bodies. And these are ... these are the carotid arteries that run in front. And there's this little...

DS: And the reason is they're important is because when you go from sitting and standing they tell your brain to get more blood and no blood. Okay?

AK: Yeah, so there's nerve endings there...

DS: So they're very important.

AK: Right. So there's nerve endings there that basically can lower blood pressure if they're stimulated.

DS: Right.

AK: So the idea here is you know what? Let's lower this blood pressure by implanting a device. There are natural ways that you can stimulate these areas without having...

DS: We just talked about that.

AK: Yeah! I mean to have less side effects. I mean... I don't know about you, but I don't... I'm not too particularly keen about having...

DS: Well there was a medical ...

AK: ... this electrical device implanted into me...

DS: There's a medical school in Chicago... they did a study on just adjusting the C-1 vertebrae and it lowered the blood pressure.

AK: Yeah.

DS: `10 points.

AK: Exactly.

DS: No side effects.

AK: Just so there's more natural.

DS: This thing... this thing in here you lose your body's ability to adapt to postural changes.

AK: Well here's the thing ...

DS: It could be catastrophic!

AK: You have to undergo surgery.

DS: Yeah.

AK: You have to un... you have to go under. I mean... realistically speaking, you may not wake up.

DS: So what do we got? Two thumbs up on this?

AK: Um... two thumbs....

DS: Down!

AK: Maybe two thumbs down on that.

DS: We understand there may be individuals who are so bad... so...

AK: Yeah, I mean there's...

DS: So full of whatever they're full of... you know... carotid... the arteries... atherosclerosis...

AK: Blocking and everything. The systems' broken. I'm sure there's going to be a benefit. The idea is this... is that a lot of this stuff can be prevented. And I think, you know, the BigBrain concept that you've been sharing is that you have a BigBrain, you'll do the things that you need to do in your life to prevent a lot of this stuff from ever occurring.

DS: Now, we're going to give some people some things that they can get for themselves...

AK: Yep.

DS: ... to help management themselves. There's a little device... I call it an ox-pull. Sometimes they call it a...

AK: Pulse oximeter.

DS: Pusle oximeter.

AK: Mm hmm.

DS: You can buy these and you put them on your finger and it measures the amount of oxygen saturation in your blood. Correct?

AK: Yep. Uh huh.

DS: And that's for people... as we get older we tend to not be as effective at this.

AK: Mm hmm.

DS: And then that would let you know you need to exercise more, you need to do more deep breathing. We find that most people hold their breath, due to pain, stress, etc....

AK: Mm hmm.

DS: And we lose our body's ability. With most new patients... when I was seeing new patients I would... I would work with getting their ... their chest to actually move so they could actually breathe because most of their problems would improve.

AK: Yeah, and I think what most people have to understand is that oxygen is critical to the ...

DS: For everything.

AK: .... of everything. I mean if you don't have oxygen, you're not going to be around for too much longer. But in the nervous...

DS: Oxygen... oxygen and love. Right?

AK: Yeah, but ... in the nervous system in particular, oxygen is critical in producing energy for the nerve to utilize. So let's say most people should be around 98%-100% saturated.

DS: So that's would show up when you...

AK: Yeah, that's when you put it on. Now if you're catching yourself at 93 or 94%, that is huge. Your ability to produce the

neurotransmitters to fire your brain is going to be greatly reduced. You might be feeling tired, you might not be thinking straight. And there's things that you can do to improve upon that.

DS: We have people come in who are at 95, 94... we will treat them. It'll be at 99 when they leave...

AK: Mm hmm.

DS: They come back and it'll be 95 the next time and then it goes up. Eventually we get it up ...

AK: And the point is to get them... yeah...

DS: And then their brain gets better, they get smarter, they get nicer, everything works better. The treatments we do for physical problems get better. So... um...

AK: And what's under...

DS: But I notice a lot of people are interested in this, so you can get this...

AK: You can get these online. Um...

DS: Yeah, just go online. There's an echostore.com. They have a whole...

AK: E-C-H-O store.com.

DS: echostore.com

AK: echostore.com. Or just type in pulse oximeter on google.

DS: Well how do you spell oximeter?

AK: Oximeter. O-X-I-M-E-T-E-R. Jeez, I feel like I'm in a spelling bee.

DS: Well, you need to know because we gotta make sure they...

AK: I know... I know.

DS: Here's south... Here's another place.

AK: Southeastern Medical Supply. It's just a simple device. And we utilize this too because one of the things that we notice about... when we do our treatments is that ... no one knows how to measure fatigue in the brain. It's very, very difficult to measure. One of the ways you can measure it is by changes in pulse. So a lot of times what happens when you stimulate the brain too much, your pulse rises.

DS: Right. Because we find... we think most people get over-treated.

AK: Yes.

DS: When they're at a certain stage. Well we'll start doing a treatment... it's effective... it's effective, but we have that pulse oximeter... When it drops... when the oxygen drops then we know to stop the treatment.

AK: We know to stop the treatment.

DS: So we've done the most we can for that day. So it's much more efficient. So they can use that for some things knowing how long to exercise.

AK: Yeah... You know if they exercise for a half an hour...

DS: So just because you're exercising an hour, doesn't mean it's bad for you.

AK: Right.

DS: So... Wow! We have had a fast day here.

AK: You know what?

DS: We are talking about some cool stuff. BigBrain Radio Show. Making you understand that a lot of times it isn't what we know, it's what we don't even know we don't know. So I thank you for

listening to the BigBrain Radio Show... where we want to share these BigBrain ideas. And you know Dr. Klotzek I really ... I love having you!

AK: I love being here. I tell you! (laughter)

DS: Okay. Dr. David Stussy, brain waves to radio waves!

(music)

(music)

DS: I'm Dr. David Stussy... the BigBrain Radio Show!

(music)

DS: Hey, we're listening to the BigBrain Radio Show. I just wanted you to hear that little rapping. Isn't that cool?

AK: That was... that was cool.

DS: Yeah. That guy is Mark...

AK: You know what? I wonder how many people like just had the urge to move when they were listening to that?

DS: Oh, god... yeah... see, life is movement of dance.

AK: You know... it's...

DS: Well you know...

AK: ...That's what it's all about.

DS: You know a long time ago Dr. Zena and I did a dance show... just about dance and life... and expression of life, and it really has a higher... I mean every culture has dance.

AK: Mm hmm.

DS: I know... (laughter)... so we should talk about it.

AK: You know... just even look at the personalities of people... the... you know the group that dances...

DS: And the ones that don't dance.

AK: Then the ones that don't... (laughter) I'm telling you.

DS: Now I get to keep you on purpose here. Okay?

AK: Oh my gosh.

DS: We went through a series of articles today, and this last one is from the Saturday/Sunday version of *The Wall Street Journal*, this last August 2<sup>nd</sup> and 3<sup>rd</sup>. And the name of it is "When Voters Lie". Now I know this is a big concern because when people are interviewed in person and when they are interviewed on the computer they give totally different answers. Now this is very important because we have elections coming up... and I know the people that listen to this station have some very definite concerns that turn out a certain way.

AK: Huh.

DS: And so they have... it's called "Our Cheating Ways". When they... when they interviewed people on faith, 50% of them said they went to church or synagogue or a mosque...

AK: So when they're personally interviewed...

DS: Interviewed... yeah...

AK: ... like you and I talking...

DS: 56% said it... 25% ... when they did it on computer, only 25%.

AK: Huh. That's interesting.

DS: On health – 58% said they do exercise, on the computer – 35%.

AK: (laughter)

DS: One of the big concerns is that... and they're doing these interviews about who's going to be elected president and stuff, and there's concerns about racism and all the things that go with it... and they talk about it down here called our unconsciousness affects our truth.

AK: Mm hmm.

DS: You know... there's some definite racism and there's definite religious... that people are not honest about.

AK: So you're not... so you can't override your own consciousness.

DS: They can't... no...

AK: Your consciousness is going to drive...

DS: When they get on computer they answered...

AK: ... the final decisions.

DS: ... the truth. Okay?

AK: Hmm.

DS: Isn't that interesting?

AK: That is really interesting. So how does that... how does that relate to our BigBrain idea?

DS: Well the BigBrain idea is that we are who we are physically; we are who we are metaphysically, and we are who we are unconsciously. And our ability to... you can only undo your unconsciousness when you're willing to participate and move and act in life. I call it concentric circles.

AK: Uh huh.

DS: If life is not expanding in concentric circles... and the way it shows up for us is it seems like we're always dealing with the same thing...

AK: Mm hmm.

DS: But we're actually dealing with it in a new level... like... you maybe had an issue with talking to people when you were in high school...

AK: Right.

DS: Well now you don't. But you'd have trouble talking to say politicians or somebody else...

AK: Yeah, it just goes to another level.

DS: So the trouble is, we always feel the same. The only time we notice it is when someone else sees us and they say "man, you've changed, everything's better." So we need...

AK: So is that why awareness is so very, very important?

DS: Yep. We have to keep expanding. If we're not expanding... you know one of the things about the BigBrain in this life is full of ... the second law of thermodynamics is life is entropy... it goes downhill. And the only thing that creates anti-entropy...

AK: Uh huh.

DS: ... or anti... you know, disuse in energy...

AK: Right.

DS: ... is movement in life and constant awareness. And that's what the BigBrain's about.

AK: So you know you just...

DS: So we're anti-entropic.

AK: I just had a big idea...

DS: Wow! I like that! We're anti-entropic!

AK: ... you know...

DS: I'm going to put that down! Oh, sorry!

AK: (laughter) We have these people who... who we look at their postures.

DS: Oh!

AK: You know they're standing all crooked and you ask them, "Are you aware of this?" And you know what's the most common answer?

DS: No.

AK: They are not aware of this. So, that is huge...

DS: Well live in function.

AK: ... they can change it. It's like the whole BigBrain.

DS: Living functions become livid and specialized. Many people with fixations or contractions in their spine or their... their organs stop working good, they're positions... they get stuck in their job.

AK: Mm hmm.

DS: And they don't look around. You know once we create change in their nervous system, things change. I guess we've said that... our intentions change when we increase our awareness. So that's what the BigBrain Radio Show is about. You asked me earlier...

AK: Yeah.

DS: It's about increasing our awareness...

AK: Our awareness of...

DS: Whatever it is.

AK: Okay.

DS: And I hear from all kinds of people how they... it happens so it always brings a little tear to my eye.

AK: So I hope all the listeners out there who are listening today will take time out this afternoon to take a walk... go do something... move.

DS: Yeah... or do something. You don't have to take a... You know sometimes people think well in order to relax they've got to do nothing. No! Do something that's consistent with who you are.

AK: Yes.

DS: Now there's this show on TV – the NCIS – where this guy's always working on a boat in his basement.

AK: Uh huh.

DS: He gets so far and then he gets rid of it and starts another boat.

AK: (laughter)

DS: Sanding it, you know...

AK: Well that's what he loves to do! I mean that's...

DS: Right. So relaxation is not ... relaxing and decreasing your stress does not necessarily mean you just sit and do nothing. It is you do something that is consistent with what you need.

AK: Mm hmm.

DS: Sometimes our muscles in our brain needs to relax. Sometimes we need to be doing something that's totally consistent... maybe it brings back our childhood memories... whatever it is.

AK: Yeah, like...

DS: Or develops our love.

AK: For me personally, I mean, relaxing is not sitting on the couch watching TV. That's not relaxing for me.

DS: You know I go down the street and I see these... these men riding a bicycle with their wives.

AK: Mm hmm.

DS: You can always tell the ones that wanted to go out and do it...

AK: (laughter)

DS: (laughter) And the others that are just out there. And it isn't... I mean ... it probably has some effect, but you know...

AK: Well here's the...

DS: You have to be aware of what other people's values are.

AK: You have to engage in the things that you like to do and love to do. From a neurological standpoint that provides the greatest amount of stimulus in your brain. If you want to create a constant, or a long-term change, you have to love it. You're... if someone forces you to do it, it's not going to make much of a change.

DS: You know I remember when you told me this... because we talk about all the physical input. We do physical modalities, light, sound...

AK: Yeah, yeah.

DS: Creates brain... but you told me the greatest effect on the brain actually is from our frontal lobe.

AK: Yep.

DS: Our frontal lobes control most of our lives.

AK: Pretty well.

DS: And so if we don't develop our frontal lobes...

AK: And it's getting back to the children being on statins at 8 years of age...

DS: Oh gosh! Really!

AK: I mean we can't predict the side effects of that. Um... we don't know what's going to happen.

DS: So we want people to come back in to have their... come in if they want to ask us questions. We're going to do a courtesy evaluation for your movement in your body. Ah... you know I ran into a woman last weekend after... you know my daughter got married...

AK: Uh huh.

DS: She had severe pain in her left elbow.

AK: MM hmm.

DS: For one-and-a-half years. And she was ... she wouldn't even let me touch it. So I went to a bunch of other points that weren't even close to her elbow, and in 10 minutes I had her elbow moving and her pain gone.

AK: Mm hmm.

DS: But she still couldn't... she could so not believe it.

AK: Yeah... and...

DS: And then she was defending her doctors. It was very strange. I mean what we do... we defend our own limitations.

AK: And it... shows your point with that is that... how long did she have that pain for?

DS: Year and a half.

AK: Year and a half... well, we already know that people who are in chronic pain... I'm sorry... their brain's shrink.

DS: Right. So she couldn't perceive what I was telling her.

AK: She can't perceive what you're telling her. And that's... those are difficult people to manage. They really... they're going to go on instinct as opposed to what they would know would be the right thing to do...

DS: Well you know that I've restricted my active practice...

AK: ...That's the small brain.

DS: But I'm in other things and... but you know... when I see people and talk to people like this, I know that I never can totally retire and I can never ... actively taking care of people because...

AK: Because this is who you are. This is what you love to do... so...

DS: We've got a BigBrain...

AK: ... and it shows! It shows all the time!

DS: We've got a BigBrain purpose. Okay?

AK: Yes we do. Okay.

DS: Thanks for being my partner in this.

AK: Well I appreciate... and thanks for getting me up here.

DS: Marty, thanks for doing such a great job with us today.

AK: Woo!

DS: Got his figure up – 1 minute.

AK: One minute.

DS: So...

AK: So again, we are going to be looking at starting a study on hypertension.

DS: Right. So you could call us at 612-374-3392, ask for Dr. Klotzek. Or you can call me: 612-240-6110 and ask for Dr. Stussy. Hey! Let's go out with a little music on joy! BigBrain... BigBrain Radio Show. Brain waves to radio waves.

AK: And everybody have a great day!

(music)

(end of show)