



Podcast Session #40

Strategies to Combat Parkinson's

With Dr. Greg Eckel

*Dr. Schaffner speaks with Dr. Greg Eckel about a new approach to battling Parkinson's. It's all outlined in his upcoming book, **Battling Parkinson's: A FAN-C Approach to Parkinson's**.*

For more information on Dr. Eckel's book, visit <https://naturecuresclinic.com/>

00:06 Christine Schaffner: Welcome everyone, I'm Dr. Christine Schaffner, and today, I'm speaking to Dr. Greg Eckel. We're going to be talking about his new book, "Shake it Off: A FAN-C Approach to Parkinson's Disease." Dr. Greg Eckel lives in Portland, Oregon where he co-founded his clinic, the Nature Cures Clinic, in 2001. He has developed a deep and personal knowledge of chronic neurological conditions in the recent past. His wife Sarieah passed of Creutzfeldt-Jakob disease, a condition with no known cure. As she was the love of his life, being a good husband and doctor, he set to research to "swing for the fence." While unfortunately not finding a remedy for Sarieah, he uncovered Sarieah's gifts. The deep dive uncovered regenerative medicine and the development of a brain regenerative program, the development of a nasal spray specific to calm neuro-inflammation in the brain, procedures such as intranasal stem cell delivery to bypass the blood brain barrier, and mind body techniques to reverse anxiety and post traumatic stress disorder. The list goes on, and so does the impact of Sarieah's all too short life on the planet. I really hope you enjoy this heartfelt conversation. Dr. Eckel is a wonderful practitioner and he has so much knowledge to share with his upcoming book, so please enjoy the podcast.

01:31 CS: Welcome, Dr. Eckel. I'm really excited to interview you on my podcast today.

01:35 Greg Eckel: Oh, thank you so much for having me.

01:37 CS: Our paths have crossed, I know we show up at the same conferences and you've been really in tune with Dr. Klinghardt's work and have given us resources, and it's just a real joy to be able to interview you today. You have a wonderful new book called "Shake it Off: A FAN-C Approach to

Parkinson's Disease." We're going to be talking a lot about that and what inspired you to write this book and some of the content so people can learn more. But you have a personal story that really allowed you to go deeper into this topic, and so if you want to, please share what inspired you to write this book and how this journey began for you.

02:14 GE: Yes, for sure. It's my personal tragedy, my wife had developed a very rare neurologic condition called Creutzfeldt-Jakob disease, two-and-a-half years ago, and her name was Sarieah. Creutzfeldt-Jakob disease is not Parkinson's. I often get asked, "well, why did you bridge this gap?" We'll talk about that today. I was faced with my partner, the love of my life, having this incurable neurodegenerative condition, which is just with no known cure, like so many other neurodegenerative conditions. And being her loving husband, and naturopathic physician, I figured I had everything to lose here, so I'd better swing for the fence and go looking for some solutions. Unfortunately, I didn't find a big change for Sarieah in the outcome, she did pass, and I've got a whole trail of what I call Sarieah's gifts. It's really inspired me to share, to get this word out and to provide some inspiration and hope and solutions for folks with chronic neurodegeneration, and in particular with Parkinson's.

03:41 GE: I'd been in practice for 16 years and you go through the journey with patients, but when it hits home, especially your loved one and partner, it's definitely different, right? And so, I know first-hand what it is like going through that health journey with a loved one. And because she did pass, I've become a bit of an ambassador of grief. I've discovered we don't do grief very well in our culture, and I wouldn't say I'm comfortable with it, but I would say I'm able to go through it openly and share. And so, when you're like that in the world, it kind of allows others to open to their grief, and you discover,

"Wow, we really don't deal with that at all as culture." So the whole process, like I was sharing before we got on the air, has really opened me up as a practitioner, as a heart-centered being on the planet and my, what a journey, really living into the mystery that we call life. This has in an odd way, reinstated my faith that we're all one, just pretending to be separate in this reality that we call life.

05:12 GE: I treasure every moment that I've got on the planet, the beauty and joy, and I really want to encourage people to live more into their hearts and share their love with each other because that is basically the more beautiful world that I would love to live in and be in. And so, I'm taking my personal tragedy and hopefully sharing a big message that a lot of people can hear. And then specifically in this neurodegenerative state and Parkinson's, in particular, what I discovered about Creutzfeldt-Jakob disease is it's a prionic activity condition, it's misfolded proteins in the brain. A lot of people don't talk about these, unless you're in certain scientific circles or certain medical circles, but we don't have a great test for prions in clinical practice as of yet in the United States. But these things are everywhere and for folks who don't know what Creutzfeldt-Jakob disease is, it's mad cow syndrome in people, it's scrapie in goats, it's chronic wasting condition in deer.

06:27 GE: So all of the different animal species, we all have these misfolded proteins that get into the central nervous system and the technical term is "muck up" the central nervous system and create holes in the brain. They're a very interesting entity, right? Stanley Prusiner in 1987 got the Nobel prize for the discovery of prions, which again are just misfolded proteins. But he was really well-positioned as one of the only people on the planet that could have made this discovery. I mean, he was a bench chemist, a bench scientist,

right? Working in the lab with viruses and bacterium, he put his professional career on the line and basically for two decades was ridiculed for saying, "I'm seeing something in this microscope that is not viral. It's not a retrovirus, it's not a virus, it's not bacterium. I've never seen anything like it before." And then finally, they really put the puzzle together and said, "This is a whole new entity for us." Now, these were misfolded proteins. And the issue with prions is that they're really hard to get rid of and destroy, and when you get in, as I did on the research, you start seeing, they're calling them infectious prionic activity and infectious prions, as if you could sneeze on somebody and catch them like a virus. I particularly don't care for that wording about prions because I think they're an archaic protein structure on the planet, honestly.

08:15 CS: But it's very tough to have them to stop replicating or to stop having other proteins get activated and misfold and misbehave, so to speak. So living with it, I went really scientific and academic on that discussion. It is something that I'm excited to talk with you and your listeners about because it is an up-and-coming discussion, and we need to tune in. It might be a reason why we're not seeing any major breakthroughs in chronic neurodegeneration in general. I got into the prion discussion because I made this leap from Creutzfeldt-Jakob into other neurodegenerative states, because when you get the textbook and read it, bookend to bookend, as I did, (I got the second edition of Prionic Conditions) you realize, oh, all of these other proteins, alpha-synuclein for Parkinson's and tau proteins, and neurofibrillary tangles in dementia, and Alzheimer's and Lewy bodies in dementias--these are all listed in this prionic textbook. It's kind of like the light bulb's going off for me of like, wait a minute, maybe we're just looking at the wrong things for folks.

09:47 CS: Not to cut you off, but I just want to honor you sharing this story, and Sarieah's journey, and I am just in awe of your ability to transform this experience to help and connect with others. As you and I both see patients, we both see a lot of neurological diseases and, well, perfectly to be honest, the patients who come in with Parkinson's and ALS and these dementias, they're very hard to treat. I think it's a really, really important conversation, if they're hard to treat we're probably missing the root cause of what's happening. So I'm really happy that you're bringing this discussion, not only through your book, but through this podcast to really educate people on what we're talking about. One of the things I want to cover, of course, is that this can sound really scary, how you said this is infectious in nature, and we've all been alarmed on the news hearing about mad cow disease, and all of these things. And so maybe break this down as far as the types of ways that we get exposed to prions, and then, is it the prion specifically or does it have to do to also the individual's immune system when they are exposed to prions, that interaction as well?

11:14 GE: Totally. Thank you, first off. At some point through that whole process, I basically had to make it through, I just had to surrender to life. If your listeners are faced with chronic illness or some "incurable condition," my understanding of it is, we're presented with these things, perhaps we even wrote the story before we got here. So it's to listen, to tune into yourself because we are all creators and really we have the answers within. And so, just starting on that level of our discussion...it's radically transformed my life, clearly with the loss and just the whole learning process of going through with just a different perception of life, and grief touches on grief and loss on loss. And so, you have to watch that because there is a lot of grief in this plane of existence, right?

12:30 GE: But it also makes our spirit pop and really has opened my heart to all kinds of possibilities. So on that level, I've remained super hopeful and really, really connected in that the old Chinese saying, "As you are in the universe, and the universe is in you," and really I even arrived at the idea that we are the universe and the universe is us. And so it's on a metaphysical level, that I can go out there now, and it's really allowed me or given me permission to just speak that stuff out loud, and if it helps one person then that's what it was meant to do. I know that discussion in my heart, that's where I want to reside. So I'll talk like that throughout our discussion today. And then regarding prions, right, it can freak you out. You hear this "infectious prion," and you've maybe never even heard of them before, and they're indestructible, so they're not like other proteins in our bodies.

13:43 GE: And we don't have a great understanding of it. There was in the mid-'80s, for those old enough to remember, three million pounds of tainted beef released through Europe from these cows that had Mad Cow syndrome. And so that means they had active prionic activities, prion proteins in their meat, in their bodies. If it was an infectious agent, there would have been a huge spike of Creutzfeldt-Jakob disease throughout all of Europe because this is three million pounds. Now, it got recalled. But that did get released, and people ate it.

14:25 GE: There was a small, small uptick, very small in England in particular, and a smattering of cases throughout Europe. But if it was truly an infectious agent or acted like that, I really suspect that we would have seen a much larger uptick and spike. Now, some counterbalance that by saying, well, it's kind of like a ticking time bomb waiting for activation. These prions

were released, and now they're out in the population, and perhaps there are stressors...well, is there a genetic platform? Perhaps there is a genetic platform that makes certain individuals more susceptible. I got really into exploring trauma's role in activation of genetic expression, even going into ancestral traumas of what happened in the lineage, so the family constellation work, like you all do there at Sophia Health Institute, which I think is a really important piece to bring into the discussion for folks, healing all levels of being from ancestral lineages.

15:39 GE: I've gone so far in my daily practices as to get into conversation with my ancestors, but let them know I'm putting down the family traumas and burden. I welcome the intuition and the inspiration and the love and support. And when you think about it, ultimately, what is meant to come from the past is that aspect. But somehow we brought the traumas and those negative expressions forward. So, I think consciously putting those things down and kind of putting an end to that lineage.

16:15 GE: So that might play a role in the activation of these prions. That's kind of where I got to with my wife, Sarieah. What it looked like was kind of early onset memory loss. She was a certified nurse-midwife, just a powerful being on the planet and GYN. She had a whole gynecology women-centric practice here at Nature Cures. Never in my years of practice had I heard women coming out of a GYN room singing, dancing, laughing, doing jigs in the lobby. It was like, "wow, what a gift Sarieah had for all of these women." She was sharp as a tack, but all of a sudden, it's like we're staying later and later...we usually leave at 5:36. Now it's 7 o'clock and she's meticulously charting. And I'm like, "Honey, what's going on with this?" And she was like, "Well, I'm charting. I'm making great notes." So I was like, "Okay. Great. But

for five years, you've never done this before." So it was like a rapidly progressing dementia. And then within one month time she was totally gone. So, that's how quickly these prions can act. They can mimic perimenopause or I was thinking maybe mold toxicity, mimic these more common problems or causes of memory loss. And then you start getting into these more ominous discussions and more incurable conditions down the road. That's ultimately where we found ourselves.

18:01 GE: So the prions being infectious, you would look at it. I've lived with it for 18 months, with this entity, and my kids too. Of course it could freak you out. I was freaked out for a quick moment. And I was like, "You know what? We're just going to surround her in love. We're going to go about our business." These things are everywhere. So once you just come to that conclusion, it's like, "Yep. Okay. I'm surrendering to that as well. Choosing not to live in fear, but in love." And sometimes, it's easier said than done, but definitely a necessary path to walk especially as your...my loved one has this condition where everybody's saying, "Well, that's infectious prionic activity." It's like, "Well... Okay. Well, it's all over me, and it's all over the house. It's with the kids. It's everywhere now." My research shows these are just archaic protein structures. And really, the thought process is, well, maybe they're trying to save the individual or protect the being from some other thing, in that naturopathic principle that the body is healing itself, just sometimes the symptoms are causing a lot of issues such as brain degradation.

19:26 GE: So I think I answered the prion question about where they come from. There is a genetic aspect. And regarding the study of prions right now, Case Western out of Ohio is the Prionic Surveillance Center of North America. Talking with the docs there, they have maybe 25 people in a surveillance

study through time, which means they just did some telemedicine and then what they offered at the end of the study was a free brain biopsy to confirm the diagnosis of Creutzfeldt-Jakob, which is just a miserable spot to be in. We got the definitive diagnosis of Creutzfeldt-Jakob, but it wasn't genetic, and it wasn't the variant forms. There is a variant form of CJD or prionic activity which could be caught or a contagion or from eating tainted meat.

20:30 GE: Now, the interesting component of that, Sarieah was a vegetarian for 26 of her 43 years on the planet, and when she was younger, she lived in Kansas, so it wasn't really a big exposure route there. So it's hard. I think really what happens with these things is that they get activated and you look at unresolved traumas. The third thing on the differential diagnosis that I had originally considered, was it hormone imbalance, mold toxicity or PTSD, post traumatic stress disorder activated to cause memory loss? Because those are kind of up there for a younger woman with memory loss, like these are the things that I'm looking at. And it wasn't any of those. But that PTSD or trauma component possibly, activation from some stressors, and maybe, I think that definitely that trauma linked to inflammation, and chronic illness is oftentimes not talked about at all, except for if you come to our practices, right? Because we're seeing that with so many patients over and over and over again. And really what I like to say is treating whole dynamic, heart-centered beings moving through time and space rather than the pieces and parts or the end pieces of a condition.

21:55 CS: I love that statement you just made. I think these are big perspectives that many of the listeners might already be on board with, but for some, this might be a new thought, that it's not just about our genetics and not just about being infected by whether it's a prion, or a spirochete or a chronic viral

or retroviral infection, there's this whole complexity to our beings of what makes us vulnerable to actually become symptomatic or have these pathologies. The way that I've been trained to look at life and that my patients have taught me, and that your whole experience of course has taught you as well, is that there are these complexities, just like the genetic susceptibilities or SNPs, there could be not only trauma within our present life but these unresolved traumas in our family lineage, and we can be called to become aware of a pattern or break a pattern through our own experience.

23:00 CS: I think it's just a way more profound way to live life, right? That we're not just these random biochemical interactions, but rather we are this complex being with not only our biochemical nature, but this whole biophysical nature and metaphysical nature as well. I appreciate you saying this and bringing this all to our awareness today. And so you have your personal story, Greg, and obviously the work that you uncovered and learned and then you bridged this gap into writing a book about Parkinson's and putting all of what you've learned in this book. You call it a "FAN-C approach to Parkinson's." What does that acronym stand for?

23:48 GE: Sure. F is for functional. So it's that functional medicine approach, integrative Chinese medicine, naturopathic approach, treating the whole dynamic being, so not just end pieces. When you look at the Parkinson's realm, everybody's focused on dopamine and dopaminergic receptors, right? And we've known about Parkinson's for 250 years, and there has been no medical breakthroughs. Perhaps it's not the dopamine receptors, or the dopaminergic component that is the issue, like that's an end stage, very late process of the condition. And so, what this F stands for, is really starting with that in the FAN-C approach--really stepping back and taking that meta-analysis and

looking at the whole person and addressing and assessing all of these different levels for healing and health. That's really where the F comes from. The A is for assessment. I have a big neurology background, which I have had since 2001 starting this clinic here. The patients that I see, and just going to conventional land, they're tired, they're like, "I go once a year to my neurologist. I get the battery of tests. They don't really tell me what's going on. Then I ask them and they tell me I'm getting worse. And I say, 'Doc, I could have told you that before coming in here, I was getting worse.'"

25:23 GE: So it's the assessment again, perhaps we're not looking at the correct thing. And this is big, I know in your practice, the heavy metal burden on the body, especially dealing with neurodegenerative conditions, right? We store toxins in our fat, we could call each other fatheads, our brains are made up of fat and we store toxins there, and I learned this early on. Dr. Perlmutter released a YouTube video of a glutathione push, maybe 11, 12 years ago of a gentleman with Parkinson's with the cogwheel rigidity and the pill rolling activity of their hands and a stiff, stutter step. He did a 2 gram push of glutathione, and it was like a miraculous cure. This gentleman's gait became elongated and smooth and strong and steady, it was like, "Wow, that's pretty miraculous."

26:21 GE: I've been doing IV therapy since 2001, and at the time I was doing glutathione, so I just upped the dose of glutathione that I was using with my patients with the Parkinson's diagnosis and I was like, "Darn it, crickets. It's not working for me. What is this? What am I doing wrong?" And you kind of remember back to environmental medicine and the NHANES data, which is the North American database of toxicity of individuals living in North America. We all have heavy metals in our bodies. I put two and two together, and it's

like, "Wait a minute. I've got to check for heavy metals." And I came up with four predominant metals within the neurodegenerative state, cadmium, mercury, arsenic and lead.

27:10 GE: Of course, there's the other one, gadolinium, and other things like that that we're seeing a little bit more of now from imaging, I think. But those four in particular, they've got to be ruled in or ruled out for everybody with a chronic neurodegenerative disease. I discovered a couple of patients early on that had either mercury, lead, or cadmium levels. We get those out and then do multi-vitamin minerals and IV glutathione. And wow, it worked so much better, so much better that their tremors halted, stabilized, reversed. It was like, "Wow, that was very beneficial." Now, I'm not going to say everybody with chronic neurodegeneration has heavy metal burden. But you definitely have to rule it in or rule it out. So that's one big area on the assessment. The other one is on molecular mimicry with viruses. I love typing in 'molecular mimicry' and a condition into PubMed and seeing, well, what kind of research has been done out there?

28:14 GE: What I found with Parkinson's in particular was cytomegalovirus, herpes simplex virus, Epstein-Barr virus. So I'm running titers on these viruses. They're definitely interlinked. I know you educate a lot about that as well in your practice. But looking at that, the conventional docs are not looking at anything other than, "Okay. You have Parkinson's. You're going to respond to Carbidopa-Levodopa." And then that's not going to work anymore and then you're kind of stuck. So this could offer a whole other route of treatment for folks with Parkinson's--so looking at chronic viral panels. And then hormone balancing. Hormones are a big player. They play a role here with our stress hormones and sex hormones. So estrogen and progesterone for

women, and testosterone for men predominantly. We all have all of those hormones, but predominantly stacked one way or the other depending on gender. So we want to really balance out hormones. We have to assess that.

29:18 GE: And then the fourth area really that I'm looking at is on the microbiome and the explosion of data coming out. We know the gut is the second brain. So, really getting a sense as to what's going on in the gut, just some fascinating research on certain probiotics that are secreting the different neurotransmitters for our brain. There may be a linkage to glyphosate toxicity or Round Up toxicity and wiping out certain species of bacterium in our guts that then causes us to have these neuro-degenerative conditions. That verdict is still out. But we look at reducing the overall body burden to allow the innate healing ability of the body to come back online. So the assessment, the A, is so important there.

30:11 CS: Greg, before you move on, just in case people are thinking about these things and whether they apply to them--do you have a preferred way that you're looking at heavy metal toxicity, a preferred test, such as urine provocation?

30:26 GE: I do urine. Great question. I do urine provocation. I don't find hair analysis to be accurate because of genetic deficiencies and people aren't able to secrete all the time through their hair. Blood is really around acute exposure. The urine is really the best way of a pre-test and a post-test with a chelating agent and collection and comparison there on that metal burden.

30:57 CS: That's what we have found to be really helpful as well. And then when we're looking at viral titers. Maybe just a few thoughts because I'm sure

people who are looking at this might get conflicting information from their functional naturopathic doctor versus a conventional doctor. We are looking at titers of IgM versus IgG. And we look even if the IgM is negative and the IgG is positive, but of the degree that it's positive. There's this viral load and the immune system is invested in creating all these antibodies. I'm sure you have a similar thought but I just want for you to maybe touch on that so people can become educated about how to work with viral titers.

31:42 GE: Yes. They will change through time as well, you're not outwardly expressing a high level viral load. So your white blood cell count isn't going up. The white blood cell count actually could be low for a lot of these individuals, which is your total immune system function. But these antibodies--they're relative levels that we're looking at, again, to look at distraction of your innate immune system. As that immune system gets activated in this chronic low-grade nature, it's such a distraction to your vitality and creates all kinds of offshoots throughout the body. I look at it very similarly as you do on that IgG.

32:32 GE: You look at IgM, IgG titers and look at the relative perspective. For instance, I just had a patient come in with Parkinson's. I worked her up and she had a very high titer of IgG of Epstein-Barr virus. White blood cell count totally within the reference range. And also a major lead body burden at that moment in time. So that in her connective tissue, what we pulled out via IV chelation as her challenge test. So her coming in before, she had no options and no paths to go down. And now it's like, oh, this opened up two really, really robust areas that we can go after--getting rid of the virus, getting her immune system to function at an optimal level, and then also getting the proverbial lead out and cleaning that out from her connective tissue and possibly

out of her bone. You don't know until you go through a round or two of chelation to really get a sense as to what else is there. I learned that the hard way, after the first round of chelation series I did a follow-up test, and their levels were higher. I failed to mention to the patient, that that could happen. They were very upset with me. So I never did that again.

[chuckle]

34:00 CS: I know it's this kind of whole non-linear way to look at metal testing and that metals can come out in waves, and especially as you get the treatment going the body can release more and so you're actually making progress if it goes up, but that's against conventional thought. Well, thanks for going over that, and then we have N, right? In the acronym.

34:22 GE: Yes.

34:22 CS: What does N stand for?

34:23 GE: N is for nerve health. So we give specific nutrients to the patients. Not everybody gets the same thing, but in my book, I have a whole milieu of possibilities. And my caution in the book and now over the airwaves is, don't run out and take all of these things all at once because I call that the shotgun approach. I'm a Chinese medicine practitioner at heart, as well as naturopathic physician, and it's called the Zheng of the formula or direction, so there's an emperor, or empress and then generals and assistants and everybody lines up to move the vital force to help encourage the body's healing ability in a certain direction. You can get a different set of remedies or support system in once you get to that assessment point. So, in broad brush strokes

here, in light of time with you, the biggies, I mean, we know about B12 for nerve health, B vitamins, glutathione is in here, a big plug for the endocannabinoid system, and cannabidiols here.

35:34 GE: When I went to medical school, we didn't even know about the endocannabinoid system. Professor Mechoulam, out of Israel, who uncovered this magnificent network, is one of my personal heroes. Even naming the molecules. And what we've discovered is we have more receptors for cannabidiol in the central nervous system than all of the other receptors for neurotransmitters put together. So it's like, "Wow." So I do use cannabidiol, CBD oil with patients. All the way through, I developed a DMSO anhydrous chloride, HOCL nasal spray to help clear proteins out of the brain. So there are a lot of different nerve nutrients. I have a brain health smoothie that we put together so that people could just do this as a preventative as well, on a daily basis, with chlorella and some other natural chelating agents, but also brain tonic superfoods in there. There are a lot of nutrients for nerve health there. Alpha-lipoic acid is another big player there too.

36:55 CS: Do you include some things that help to increase BDNF or brain-derived neurotrophic factor? It's getting a lot of press these days.

37:04 GE: Yes, the neurotrophics, I love it, love the mushroom complexes. And really, what I've discovered, there's about five or six patterns in a Chinese medicine fashion that we'll prescribe directly to what's going on with somebody's pulse and a lot of the mushroom complexes are in those formulas.

37:25 CS: It's great to have both assessment tools so you can wear your naturopathic hat and then all the other ancient wisdom from Chinese medicine to assess the body, that's awesome.

37:35 GE: Yes. And on that front, I think there's some really exciting stuff going on with the research with low dose psychedelics and I'm excited for that stuff to really get opened up for folks. If you're talking about rewiring the brain...I'm actually looking to get set up as a research center down here.

38:01 CS: With MAPS?

38:02 GE: MAPS, yes.

38:20 CS: It's the Multidisciplinary Association for Psychedelic Studies. So this is an organization where people can learn and also become a center to use low doses of mushroom extracts or LSD therapeutically to help rewire the brain as well as to go through trauma work. This can be another way for people to heal trauma. So, it will be really fascinating to see where your research goes and how you can support patients where that can help.

38:54 GE: Totally. And then a big one in this nerve health topic too, we've put in the hyperbaric chambers as well. Just getting that extra oxygen, and then also laser therapy, so pulsed electromagnetic frequency and low level laser therapy too--there's a ton of research coming out of Europe on those. There's some great PubMed articles on low level laser and Parkinson's actually.

39:28 CS: It's great. And not to go on too much of an aside with hyperbaric--do you see in this kind of assessment, is there also an association with head

injuries, or head trauma and developing these neurological diseases later in life?

39:47 GE: You know, I haven't seen that direct correlation. Of course there is a subset of folks that have had that. There's an acupuncturist out of California that has a theory on earlier childhood traumas, physical traumas on the body that were unresolved in the connective tissue leading towards the Parkinson's diagnosis. And actually, as I start to ask my patients those specific questions, that one seems to be a little bit more universal, rather than just a head trauma. So it could be actually trauma anywhere on the body.

40:26 CS: That's interesting. And then, Greg, we have C still. What does C stand for?

40:31 GE: The C is cellular regeneration. And this is the one that in a million years, I'd never think I'd be talking to you about--regenerative medicine and stem cell therapy, exosomes, the anti-inflammatory cytokines, growth hormone factors that come in these products that we can get now, and use with our patients. Regenerative medicine in our lifetime, it's pretty phenomenal. And this one I really arrived at when I got in on the research on it at the International Neonatal Stem Cell conference came out in Miami. I've got friends that go to all of these conferences. We got the affiliated network of folks really on the front lines looking for solutions for our patients and people on the planet and some research came out of Europe on neonatal stroke victims. So these are babies in utero having a stroke in mom's belly, so they're coming out developmentally disabled and short-lived, with a short life and not great quality of life.

41:55 GE: I believe it's Dr. Frey, out of University of Minnesota who was doing some research, and used the placental tissue, which is rich in mesenchymal stem cells and the exosomes and these anti-inflammatory cytokines. Dr. Frey developed an intranasal procedure for these babes, and they're developing normally. So it was like, "Wow, these mesenchymal stem cells can differentiate into nerve cells in the brain." I was like, "You know, I want to learn this, at least for my wife with this incurable condition." So we look at it, we do a lot of things to support our own body's stem cells with acupuncture and hyperbarics and proper nutrition, and we see if we can boost stem cell production internally in the body and get those circulating throughout the body to help the body heal itself. When I got in on the research, I was like, "wow, there is a mountain of research showing this is safe. It can be potentially beneficial." I mean, we don't have these large trials and we need those studies. I'm excited for that research to come in, but we know it's totally safe, and it's actually showing some very good promise, clinically.

43:20 CS: I'm really excited too. Our eyes and ears are really open to the latest advancements in regenerative medicine and it's this combination approach, right? Looking at everything you just shared, plus the regenerative aspect, I think that really allows people the most opportunity for the regenerative medicine to be beneficial to deal with the immune system, and decrease the toxicity in the body. I think this is just a really exciting wave of possibility and potential, especially if you're struggling out there with a neurodegenerative or any degenerative chronic illness. It's exciting. We talked about the constellation pieces, but also these concepts related to qigong and the biofield, can you just touch on that a little bit more?

44:24 GE: Yes. So in that functional framework that we practice in, we've got to address all of the levels of healing. And so definitely we touched on the constellation work, ancestral trauma, current trauma, past trauma. But then I also have incorporated into the book some exercises--I study medical qigong, it's a Yi Jin Jing school, which is the muscle tendons changing school of qigong. I had the pleasure of studying with my master teacher, Dr. Wong in China, and we even went up into Tibet. We did a month-long intensive, this was at the beginning of my Chinese medicine program, so it was 1998 that I went over there. I've been doing qigong ever since and I prescribe it. So, in the book, I've got a horse stance and cloud hands for incorporating right and left hemisphere of the brain, and it's great for balance.

45:26 GE: A lot of my patients are reporting improvement in their balance, improvement in their stability, in their gait and also just standing. So I've got that in there, that's just the beginning. I'll have some video support for folks as well online, if that resonates with them and really helps. Dr. Wong, he was the Olympic diving physician for the Chinese Olympic team. And I was walking around Chengdu, in Sichuan Province with a celebrity, right? He's one of the three known lineage holders, or recognized lineage holders by the Chinese government, and this kind of ancient tradition or lineage of this specific muscle tendon changing qigong.

46:20 GE: And so I put that into practice, and the patients really resonate with it. With Dr. Wong in China, we talked about treating paraplegics and those with spinal cord injuries, and we know now, with new neuro research, that visualization lights up the same brain areas as if you were actually doing the behavior. We get this in sports psychology and they're looking at visualizing the shot. Or piano playing and thinking, reading the music, and it's lighting up

those regions of the brain that actually would be light up if you would be hearing it or you would be doing it. So by just visualizing it...this even works for folks with ALS in wheelchairs that lose their ability and motor function. These are great things that they can actually watch video on, and incorporate in their mind's eye that movement and potentially bring back some functionality.

47:20 CS: I love that. And that's just so empowering to think about when you're faced with these illnesses and going through that, obviously, life can feel really small. It's just fascinating. The research just shows how powerful our minds can be in the healing process.

47:39 GE: Yes.

47:40 CS: Well, great. We've covered a lot. And this has been a really informative conversation for myself. I'm so excited to share your book and your work with our community. I just can't thank you enough for sharing your story. I just really honor everything you've gone through. I just love how you re-framed this as Sarieah's gifts. I absolutely want to share her message and the work that you're doing. I just can't thank you enough for being on the podcast today. How can people find out more about your work and where to find your book and all of that good stuff?

48:23 CS: Perfect. Thank you so much for having me on and sharing the message. We hope to help thousands of people with this. You can find out more at naturecuresclinic.com. On there, I've got a guide for four early signs of cognitive decline. You could sign up for that. You'll get information on the book, the book release, and then also some online summit stuff that we've got coming up as well for brain degeneration.

49:00 CS: Great. Well, thank you for that and we'll put all of that information in the show notes and share that with our community. I again thank you for being on the podcast.

49:08 GE: Thank you so much.

49:11 CS: Thanks, everyone. I hope you enjoyed my conversation today with Dr. Greg Eckel. Please check out in the show notes where you can find more about him and his new book. I really think this is a fantastic book and a really wonderful and unique combination of strategies and information to combat Parkinson's, but not only Parkinson's, but any really chronic neurodegenerative disease you are struggling with.

49:38 CS: I also want to mention that our summit is coming up, The Body Electric Summit, that is airing October 7th through the 13th. Please check it out. I had so much fun creating the summit and I'm really excited to share all this wonderful knowledge with you. So thank you.