Chiropractic Neurology: Reverse The Negative Impact Of Covid On Your Brain Transcript

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Introduction and Dr. Smith's Background

– Welcome to this episode of The Long Haul Chronic Fatigue Summit. I am so happy to have with me today my friend and colleague Dr. Joseph Smith. He's a neurological chiropractor in my opinion the best one in the country.

Dr. Smith. Tell us a bit about yourself. – Thanks for having me. It's a pleasure to be here. I practice in Fairfax California which is just north of the bay Area and see a ton of clients that basically just have chronic issues that they're needing help sorting it out.

And often there's a brain based component. – Great thank you. So let's dive in and start talking about long covid itself how it affects the nervous system. Actually let's begin by telling us about your work as a neurologic chiropractor in the second pandemic of long covid.

What does it mean to you as a neurologic chiropractor? – Yeah. So basically what does a chiropractor, neurologist have to do any of this stuff? Right. And how are we different than a medical neurologist? Is that what you're asking me?

Okay well so a very common condition that people are turning up with with long covid is pots, right? We've all heard of pots.

Neurologic Chiropractic and Long COVID

Postural tachycardia center, you stand up in your heart's beating really fast and basically it's such a huge problem in pots because of the connection between mast cell activation center and pots. And so like let's say you go to a medical neurologist for that. And they're gonna put you on a tilt table and they're gonna diagnose the condition. And then they're gonna be like well that's what you have. and then they're like you can try these socks to help a little bit. And look this is great to have the diagnosis.

Don't take it the wrong way okay. But then they're like well you could try blood pressure medicine but for a type of pots and pots, blood pressure medicine is contraindicated. They may diagnose an autoimmune condition.

And then they might send them off to a rheumatologist for autoimmune treatment. But that's kind of the approach in the in the medical model for that. A chiropractic neurologist looks at an exam a little bit differently and there's kind of this grated response. And so I might be able to see things in an exam where I definitely see things in exam. I'm trained to see things differently and it's not better or worse. But for people that have pots that are basically being told. For example if they have brain fog that they're just getting older they should deal with it just so you know there's a tremendous amount of information we can get from an exam and specific brain exercises that can pull you out of that and that's kind of where where I fit in this whole thing and like the very common thing that we think about with pots with long covid just as a quick like introduction like really at the core, what is this all about? Imagine the concept of homeostasis.

Homeostasis is the body is regulating blood pressure and blood sugar and like fluids in your body. So you don't have edema and regulating things like C. 02 and oxygen levels in your body.

And like there's a sweet spot for everything. The bodies constantly trying to keep you in homeostasis. And when you get an infection any infection covid included you get bounced out of homeostasis.

Now the process by which we go back to homeostasis is called a lost Asus. And did you know a lost Asus is regulated by the forebrain which is this part of the central nervous system. So like imagine the first symptom for

some people is lost his sense of smell that projects from the nose directly to the frontal lobe. So already this virus wanting to live, figured out a way to cook out the part of the brain or put the part of the brain offline that basically regulates this entire system. So it allows it an opportunity to wreak more havoc. But how many people already had cognitive issues already had A. D. H. D. Already had blood pressure issues regulated by their brain. They already had anxiety insomnia.

They've had multiple concussions and therefore brain isn't working and then they get this infection on top of it and now their body deals that has good as they can but then the long term consequences they can't really regulate homeostasis.

So they end up in long covid. So that's how a neurological chiropractor can actually figure out what's going on with the four brain in the frontal lobe.

So that after all the other work they've done to try to get back if they're still not there, there is this other aspect which often ends up looking like the last ditch effort, but in my opinion, since it's regulating every other system, there's some benefits to starting their getting that working first and seeing what's left.

– Fantastic. So we're seeing patients who were in they were able to manage a sense of homeostasis prior to having covid. Maybe they had insomnia, they had anxiety, maybe even some depression, but they were they were functioning their lives were okay then they get this virus, we know it doesn't, we don't know. But the research shows so far that it doesn't it may not attack the nerves directly but it attacks the tissues surrounding the nervous system. So then the nerves aren't able to to function optimally. So add that on top of a low grade level of inflammation and suddenly the patient is in long covid.

So now you're talking about using your techniques to work on the brain even first, even before we might decide to kill co infections or or detox the system, is that correct? – Well, yeah and so what's happening is there's a lot of people go through the model of attempting to do that and they see great practitioners who are, you know, like yourself okay that are working on infections and doing a great job with it. Unfortunately their sympathetic nervous system is engaged. They have stress chemistry and the neurological issue is actually the thing that's causing them to be vulnerable to the infection.

How Long COVID Disrupts Homeostasis

And so right after you're done, you know using the I. B. S. And things like that to take care of the infection. Getting into a brain rehabilitation program can decrease the probability that they're back sitting there in six months doing another set of I. B. S. To try to fight the infection again and can really help their quality of life. Kind of get to that last bit.

You know we all have seen patients right we do our thing and then there's like some improvement and there's something left. And so you know our powers combined, you can kind of help decrease the probability that something's left. – Absolutely. So when you're talking about maybe the use of I. V. S. For the infection, we're not talking about for acute covid, we're talking about the use of all kinds of medications.

Could be ivy, could be peptides, could be herbs or pharmaceuticals to work on co infections, infections that were stirred due to the inflammatory cytokine surge in covid infections that were previously dormant. So what I often find is I have this population of patients, maybe it's 10 to 15% of patients who they have long covid I've assessed for their infections. I find them I might find active Epstein barr virus or mycoplasma pneumonia may be active Lyme I might find that they have a high level of mercury in their blood or other environmental toxins.

And then I start to go to work on treating these things. But no matter how gentle I am with the person, no matter how low the dosages of the medication, whether it's an herb or whether it's a pharmaceutical, it backfires the patient. The patient is just unable to handle the treatments and then I tell them, I believe this has to do with your nervous system.

And until we get your nervous system in alignment, I won't be able to treat these co infections because everything's

just gonna backfire. You're gonna keep feeling dizzy, you're gonna keep feeling nauseous, you might keep wanting to vomit every time I try to treat you.

So you need to see Dr. Smith. – Yeah, I mean that's basically like 100% like if they still have a neurological symptoms, then it might be an opportunity to work with that as the priority system first.

And then redo your labs and you know, look, I've seen anybody tigers come back to normal on chronic stuff because now the brain is able to engage Alice Stasis and their immune system comes back.

But you know, this brings up a larger thing that I think is super important. And my first role before I just assume that they have pots because they have a brain issue or I assume that they have brain fog because they have an old concussion.

And my first job when a person with long Covid comes into my office is to identify which of the six loops that they're stuck in. So there's really in my in my experience and in the literature it talks about these different loops.

Okay, there's six major loops. There's actually 10, but I kind of group them into six. Okay, Major loops where they're, what makes covid so nasty is it starts these loops and one loop feeds the next loop and then it feeds the next loop. And then if you only focus on one of these loops that I'm gonna go through here in a second, then all these other loops could make that loop come back. Okay, so let me just take a couple of minutes to describe what Covid does to the body and why this virus is so nasty compared to like the cold, which it isn't and like the flu, which it is and it's not another flu and it's not another cold. It's actually nastier than those things.

But even if it was just another flu, that's a big deal, the flu is a big deal. Okay, the flu, we've been dealing with for a very long time. But remember when the flu first came out how devastating it was. So this is like a big deal.

Okay. So if you're sitting there and like you're like, I can't work anymore, and you're like so many people that I see like in the thirties and forties and they're taking a leave of work and you go to the doctor and they're like, you're just getting older or you're just stressed out because you're married and have kids, or your single parent, maybe there's something more to your biology that's driving the anxiety than just, you know, wait it out. Okay, here's what happens.

Covid gets in your body, it gets in your nasal mucosa, gets in your lungs or it gets in your stomach and your intestines because you see swallow air and it starts causing basically in a huge alarm reaction in your body. Imagine like a bunch of like army soldiers sitting in barracks at night and then that red alarm goes off OK?

And now they're all gonna run to their stations. So now your body is running two stations, you're out of homeostasis, you're gonna get all these chemicals to start surging into your blood. That basically go to mast cells which release histamine and you start dumping histamine and that's why you can't sleep.

And that's why you're wide awake and tired, okay? Histamine is gonna affect the heart by causing heart rate to go up, it's gonna affect your blood pressure, it can go up or down, it's gonna affect your intestines, they're gonna start hurting you're gonna get loose stools or constipation, diarrhea, Your skin's gonna get itchy and you can go right into brain fog. Brain fog and pots like almost right away which basically means you stand up and your heart rate goes up.

But wait there's more when the brain gets involved the nerves don't do what they're supposed to do anymore. So imagine you look at all of the fiber optic nerves in the body. So those bodies exhibits where they take away like the flesh and they take away the muscles and they take away the blood and all you can see is the nerves they go to everywhere right? Like these old fiber optic wires when the brain isn't doing its job it releases three things.

It releases C. GMP which causes your migraines and edema. It releases substance P. Which causes you to hurt everywhere And be a key. And then it releases something called I'll See to which goes to your bone marrow and it tells your bone marrow to make something called myeloid derived suppressor cells which is just a white blood cell.

That makes something called T. A. G. F. Beta which increases free radicals which makes you feel old and tired but then causes more scarring and permanent loss of function.

That permanency does not come back folks. It's really sad but that tissue and that is now lost. That's one of the loops. Okay now that loss of blood flow because of the vascular issue from the neurogenesis inflammation which is what that's called causes hyper profusion to the brain exacerbating pots.

The Six Dysfunction Loops of Long COVID

But then it causes all of the neurological symptoms of myalgic and stuff in my legacy of all these people with me that are being triggered now and it's a neurological issue because of vascular issues from that second loop, not the first loop of the lung and the stomach upset. Which of course we all see people with chronic asthma still and stomach issues and like loss of smell and taste.

They're stuck in that first loop. We see people stuck in the second loop with mast cell activation syndrome. We see people stuck in the third loop with pots and basically depression, anxiety and high stress chemistry which is high cortisol which then suppresses the immune system, which then gets them into another loop, which is chronic infections coming to threshold, which then activates the immune system in a different way, which leads to autoimmune flares existing auto immunity, epitope spreading which is new auto immunity and one loop feeds the other feeds the other feeds the other. So when a person comes to my office and they have pots and I get a lot of referrals because people have pots or their recon cussing their brain from this infection. My first question is to go which of these loops is the driving loop of their issue because the person stuck in fibrosis is not going to respond to a brain rehabilitation program. The person stuck in brain auto immunity is not going to respond to a brain rehabilitation program until I get that in all under control.

And then after conditions are right for their brain to actually respond to specific exercises, which this is my charade for that. This is one exercise I'm gonna do.

It's called a pursuit activity. Then I will do that. So that's how I would approach this long covid situation. Instead of just jumping to my specialty first, I want to figure out where they are in this freaking mess and make sure we do the right thing at the right time and the right amount for long enough and understand. It's not a one step process.

It's a multi step process and guide them the entire way. – Thank you so much. Dr. Smith. That was a beautiful um synopsis of what goes on, which is beautiful.

And what we see every day in our patients with long haul. We see mass cell activation syndrome. We see autoimmune conditions, We see pots. We see all kinds of of um of sympathetic nervous system. To that and so Here I come in, doing my work right to to address all of these symptoms and to understand where they are just like you are.

But then we come together and even more can work because you're you're going straight to the brain – 100%. 1 of the most common things that I see is like, I need help from doctors because I can't prescribe and I'm like this this person has raging hypertension from all the stress chemistry.

They're not responding to what I'm doing at the bedside. I need to be able to refer to a doctor to get them on the right blood pressure medicine just so we can even start the rehab and then maybe they don't need to stay on it once the brain gets back to homeostasis. But it's not going to be likely folks that you're going to see one practitioner and they're going to cover all of your bases for the complete management of your care plan. It's gonna be more likely, especially if you're severely compromised and you're not able to go to work and your relationships are falling apart and you're not able to go to school and you're dropping out of school and it's so severe, you can't get out of bed that you're going to need to see a couple of different doctors that can at least cover your alternative medicine, which is like body work and therapy type bases. And somebody that can prescribe and certainly unfortunately may have to move out of the standard insurance model because right now they're looking at that just as basically you're getting older, – Right? Because it's not you're just getting older, not you're just getting you, – Well you are. So if you're stuck in that fiber optic loop, 100% you're getting older. And what happens when you get older, can you

actually turn back the clock? Look once those telomeres shortening, that DNA is damaged and we don't repair it, there's permanent loss of function.

So like if all I can say is like, I'm not trying to give you anxiety, but I would just say the best time to act on this is now look the same thing that can work for somebody with long. Covid. One of the services that I do for my existing patients that haven't gotten into long. Covid is to be like this, where are you vulnerable on these loops? And why don't we deal with this now?

And sometimes I've been working with people where we deal with these loops ahead of vaccines so that they have a diminished probability of having a vaccine driving these loops. And so that when they get Covid, they have a diminished probability of getting into these vicious cycles.

Because I can tell you so many people are like, oh yeah, I got Covid. It's no big deal. And then they get Covid a second time and these loops are still raging when they get the second time and it's not quite as easy to come back from.

And then, you know, I had a p A who came into my office this week, who is in the medical model and the third time she got Covid, she's younger than I am. She's 41.

She lost continents in Costco and she went to her colleagues and they're like uh you know, maybe you're distressed, you're getting older. It's like come on man.

Like like I know that we're all trying to do the best we can. But there's a little bit more to this than just aging. It's accelerated aging and it's permanent permanent loss of function.

And it's not just taken for granted that you can just go ahead and just get that right back and there's so much that we can do and it's so exciting. But you have to do something with specificity and intervene.

And let me just say this the most common, one of the most common supplements I see people get put on or they go out by themselves. Which makes sense because they're reading all the stuff about vitamin D. And they're reading all this stuff about N.

A. C. Both of those things can increase T. G. F. Beta which can accelerate this phi broderick permanent tissue loss loop. Okay, so many people that come into my office that want me to do the brain stuff with them are taking a pile of supplements that may have been serving them at one point.

But they're no longer serving them. They're actually making them worse. So I would just say look if you have long Covid and you're taking stuff and you're not sure if it's working, stop taking it. You know look I'm not your doctor but like there's a probability that if you don't know, it's helping that it's actually hurting you and it's part of what's going on. – Right? So treatment has to be very, very specific. Not just, you know, one size fits all.

I read this on the internet, so I'm gonna take this, but you need to be assessed by a doctor. And really what I'm hearing you say, just what I believe is what we do is that people who are who are severely ill with long covid or with any complex chronic illness, they need a team, right? You and I have been working together for a long time now with prior to the pandemic. So patients who have 5% – We saw this before the pandemic. This just this all this is is an acceleration of of stuff. Maybe you didn't know he had going on if you had an old, if you're like me, okay. And you dropped on your head when you were a kid and then you didn't know anything was going on.

And then you get covid, by the way, I haven't gotten covid, but you got covid and all of a sudden you're getting neurological symptoms. That's not for any reason. That's not for nothing.

As the, as the expression goes, there's a reason why and it's not just because you're aging, we actually can figure that out, right? – A lot of patients think, oh, I just need to live with this now, this is my new normal, this is my new homeostasis. But we actually can reverse the new unpleasant homeostasis. – We can we can activate Alice Stasis and get them back to homeostasis. Absolutely. But again that is a function of the forebrain and the forebrain is not

often emphasized. And so I just think to your point earlier it takes a team in my opinion it is a consideration for just about every single one of these cases before brain. The frontal lobe, like what are you doing for your frontal lobes? And how are you specifically managing that?

So for example I can put these goggles on you and with little cameras in them and I can have you look to the left and look to the right and how quickly you respond to the stimulus.

Will tell me how well your frontal lobes are doing. And it's not like a chiropractic neurology opinion.

Team-Based Care and Brain Rehabilitation

This is like based on mountains and mountains and mountains of paper about what's called psychotic latency psychotic hyper Petria and hippo Petria and where that localizes in the brain we can take that information and compare it to your baseline.

And so wow, since you've gotten long covid, this has really slowed down. But when we work with you, if we get back to baseline then we've successfully navigated you back to home, use stasis which is freaking exciting.

Not everybody's going to have the severe permanent loss. But imagine you're sitting there, you're recovering from covid, you think you're doing fine. We run labs with you and your labs are high in T G. F beta.

You can take it to the bank that you're basically vulnerable for cancer. You're vulnerable for having your lime come back. You're vulnerable for having your Epstein barr come back.

You're more vulnerable to mold and you're more vulnerable to permanent loss of tissue that even the best functional doctors in the world will never be able to get back.

Okay, once it passes a certain threshold, can we get you to function better? That's our job. Can we get that tissue back that's been lost? That's aging. That's that's like like in the world of geoscience, which is the study of aging. There's been zero papers that demonstrate once the telomeres shorten that we can lengthen the telomeres, we can do things and telomeres by the way. Like the end caps of D. N. A.

Okay in chromosomes. And so basically if they're shortening the cells can only divide so many times if they're apart, you can do things that basically affect how quickly they shortened. But once they get to a certain level they're not going back. And so I feel like the biggest message I want people long Covid or people that are alive that survived it.

I want them to understand that these tests are not expensive and it's pretty straight forward to get out of this mess ahead of being in deep water. And if you're in deep water, there's absolutely a way to identify, identify these systems and work with them to slow this process down.

I'm kind of repeating myself, but I just have to because like, we're so focused on symptoms in this condition, I have brain fog, I have migraines I heard, and I understand that. But beyond the symptoms, there is a physiological underpinning that is self perpetuating down a cycle of dysfunction that leads to basically poor quality of life in human misery.

And for those of you that have it, you're there. But there are folks like our two clinics and many all over the U. S. That are working really hard to help you break these loops. And sometimes it feels like we're on an island okay, because we're not getting the support of all of our colleagues, okay? But I can tell you that it's not like our opinion, man, it's actually what's happening. And Long Covid is real.

And there's a lot we can do. – Right? So, we've seen this every every day now. Right, Dr. Joe for the past at least year and a half. Since long Covid has been identified. – Absolutely.

It's crazy how many people walked in my office and this is their expression, they're like, I don't know, like there's

there's a whole community of people magic and stuff on my list that are like uh and they're like, yeah, welcome to our world, okay. But there's a tidal wave of people now that are going to be pushed into Myalgic encephalomyelitis that don't need to be if they take care of it now. 100% like you can't prove prevention but you can absolutely identify vulnerabilities and shore them up.

– Absolutely. So tell us about who your typical patients have been now as it relates to long covid who walks through your doors. – Well I see a ton of people that have their sense of smell and taste hasn't come back, right. That's a common thing.

I see a lot of people who have these chronic gut issues and heart issues and they've been told they have pots but really what they have is they have a nerve entrapment of their vagus nerve or like their hipaa glass cell nerve or some of the nerves that regulate the autonomic nervous system, received projections from the mouth and from the sinuses.

And so like, you know, they have significant issues with their peripheral cranial nerves. It's almost like carpal tunnel. But for things that regulate heart rate and digestion, see those cases.

– This is yeah, it's underappreciated. I think it's just in the line world and the complex chronic illness world, I'd say over the past two years has begun to to be accepted. Yes. This is something that's going on with our patients, The nervous system is inflamed and it needs support and now we're seeing this whole wave right of people with another with I'll call it a second pandemic long Covid who have the same manifestations, – It looks the same, but they're totally different cases and you know, it's crazy.

What's so cool? I love now because I've been doing this since 2004. Okay. And people are talking about the vagus nerve now. They have been for a while now, but now it's like stimulate the vagus, stimulate the vagus vagus nerve is injured in this case.

Do you want to stimulate the vagus nerve? And for how much and for how long? You can't just go stimulate the vagus nerve. If it's like a little injured, you know animal, you can't you can't stimulate a carpal tunnel.

You don't just stimulate the wrist and somebody with carpal tunnel, what's going to happen? Okay? So like you have to identify, okay, what is going on in the different things that fire into that area and make sure conditions are right. And you might actually need to unburden the vagus nerve by slowing its activity down to give it a chance to actually come to threshold in a healthy and safe way. And that's something that chiropractic neurologists do very well. – You're making me think about the nervous system a lot of the times people have an autoimmune condition, but then they want to use herbs to stimulate the immune system, it's like, no, not yet.

It's not the time we can stimulate – Okay, I'm so glad you said that because like here's the deal one out of six people in the US have autoimmunity. Everybody ran out during the start of covid and wanted to take herbs to stimulate their immune system.

Who Dr. Smith Sees in Clinic

Many of them were just sitting in their apartment or their home, they weren't going and doing anything, they're having everything delivered but they're like okay you know everybody's nervous about this virus, a lot of it was unknown, the severity is it gonna kill me?

I'm gonna go stimulate the immune system. How many people had auto immunity and we're even told by their practitioners that were their you know their go to person to take these herbs like Uganda or strangle ASt's okay or maybe to take like zinc or to take these different like vitamin C. And like different things and they actually stimulated the immune system and their auto immunity under the surface was getting worse or they just frankly were making themselves worse but they were just so scared they didn't know what to do, they just kept doing it. So their autoimmunity now got worse from the supplements and herbs they took. I've seen a large number of people that re concussed themselves and re injured their brain chemically with the wrong supplement at the wrong time. I'm glad you brought that up.

It's a very big thing that I run into. People are taking the herbs that they think are the best for their immune system but they already have auto immunity and stimulating the immune system without immunity is not the plan – Correct – Necessarily. – It could be the right medication at the wrong time or the wrong dose is the spice of life. Right timing is critical in this treatment.

So I love how you were talking about recon cussing. So this is a very interesting subject, right? We can re concussed ourselves biochemically. It doesn't have to be necessarily from a physical standpoint. I mean acute physical severe infection pTSD those things can concussed the brain. What is a concussion?

– Okay well listen, a concussion can be a blow to the head but like what's actually happening in the brain when there's a concussion, What's actually happening.

The brain when there's brain fog, What's happening is there's all these immune cells, 90% of the brain are immune cells, they're not neurons. So we have neurons that give us balance, that give us attention, that give us mood, that help us with memory. Okay, these different cognitive domains.

But then for every one neuron there's 10 immune cells that tend to that neuron and when we're born they're basically called at a null state which means they're like little octopus, they float around, they move around, they have legs and you can actually see pictures of these online if you type in glial cells and they're like moving around.

Okay. But once you hit your head in that area or have a significant enough shock in that area, Those glial cells, their legs drop and then they become a little hard boiled eggs that just stay in that area.

And that little hard boiled egg can either be pro inflammatory called an M. One designation, which is what brain fog is, which then leads to all these neurogenesis and histamine issues and pain all this stuff or they can be M.

Two, which is basically you're feeling better. But it's not, it never it never goes back to normal. One of my favorite examples, one of my colleagues Dr. talks about is it's like having a fried egg or an egg and then you hard boil it once it's hard boiled, it doesn't come back.

Okay, so imagine you hit your head but your body compensated and you're like basically all these little networks lost their legs but you're able to function because they're an M.

Two, you basically compensated. But then what happens is long Covid comes along or covid the virus and it goes right up into your brain through the nerves in your brain stem and you're in your nose and it warps these M two designated primed glial cells to an M. One. And that's basically if you've ever heard of the organization, one hit away, people are just sitting ducks for this stuff.

They don't realize that their brain is permanently changed and then when they get that Covid and all of a sudden they got symptoms like they got a concussion, like they're dizzy. They have vertigo, they can't really stand up without their heart beating. Funny, They now have acid reflux.

They're depressed and they're anxious. They're like, what the hell's happening, pardon my French. And what's actually happening is they re concussed their brain because what a concussion is isn't a bruise to the brain.

It's a permanent change in the immune system function in that area, which speaks to how we actually re habit, which is to specifically get brain exercises to reaper fuse that area. Not so much that we kill the neuron.

We're trying to re Proview's which unfortunately, let me just take one quick lane here.

Concussion, Glial Cells, and Reperfusion

If you do hyperbaric chamber with somebody with a chronic brain injury, there is a high probability there's going to be a re perfusion injury and they'll do worse and people will tell you, I did the hyperbaric and I fell apart instead of feeling better.

It's really wonderful for acute issues, but it's not so great for chronic issues. So, be aware of that. If you do hyperbaric chamber and somebody's telling you that your brain fog is a detox reaction.

Just no offense, but just leave. Ok, There's a probability that they're not really connected with hyper hypo hypo and re perfusion injuries and how to navigate you through that? – Tell us more about what you do for patients, What does it look like a patient walks into your clinic, what do you do with them? – So you know, I'll make the I'll have them do a bunch of forms. I'll do a case review with them, understand what made them vulnerable to their chronic issue.

And then basically I do systems. I I do a real in depth exam. We're actually look at all these different systems instead of just start treating right away, I do do some labs but most people that have been referred to me have had thousands of dollars of labs already.

I'll look at all those labs and see what's going on and look at the progression of their illness. Figure out if they're on the right supplements or the wrong supplements figured out they need medication or not all that stuff and then I'll do an exam where that what what most people are interested in hearing me talk about is the neurological exam that I do. When I look at those graded responses that a medical neurologist isn't quite trained to see where they might not understand how just a little bit of a balance issue or or closing your eyes and falling to the right actually means something, you know, and it's not just like you're getting older, it actually means that there is a failure of a network that responds to gravity and then what I'll do is I will give them exercises and if their exam improves, like their sense of smell comes back or their sense of taste comes back or their heart rate comes down because their vagus nerve is no longer being impinged upon from these other systems, then I can tell them right there on the spot that I can help them.

I don't just like go, well, let's see how it goes. I'm like, no, this system improved right here right now at the bedside, that means that I can activate the system, let's get to work.

And then before we even do that, let's make sure there are no barriers to your recovery at home in the form of like stresses that maybe nobody else talked about so that you don't have some awesome improvement here and then you walk home and then you walk into a situation where you're eating the wrong thing. You go back to crossfit and you're not ready for that yet. You're walking back into work and you're not taking things to help us. Chemistry and then you're right back where you started. – Thank you.

– So the exam includes those like diagnostics, like video photography where I put the goggles on. I take them through a series of movements that looks at all these networks. It's pretty cool stuff.

I'll put them on a force plate and I'll look to see how they do eyes open eyes closed on different surfaces to kind of evaluate these different systems.

Some people with pots, I'll put them on a tilt table. One of the main things to discern there's, there's different types of pots. Okay. There's a drone ergic pots and then there's Hippo Valley make pots and they're totally different things.

One of them just they don't have enough blood. Another one, they actually have a totally different thing going on in their central nervous system. And one of the things I'll do is I'll put them on a tilt table and we'll see that they have pots. By the way, you can't say you have pots.

If you just put on a pulse oximeter and your heart rate goes up when you stand, that's not pots, you have to look at blood pressure. Okay, so the blood pressure doesn't go down. If you have true pots when you stand on a tilt table, your blood pressure needs to stay the same or go up and your heart rate needs to go up. If both those things happen, that's the diagnosis of pots. Typically the gold standards to say if it's sustained for 10 minutes or more. But one way to discern if it's the hypovolemic pots or the ADR energetic pots is to look at like in a hospital setting.

They'll look at epinephrine and norepinephrine when they're upright where hypovolemic won't go up in a ticket. Will but really more importantly what happens when you bring them back down. Okay.

Patient Evaluation and Treatment Approach

Some people with hyper energetic pots when you bring them back down, their blood pressure and heart rate actually goes up when you bring them back out of being on the tilt table by the way till table means this it's a table that's flat.

And then what we do is we make it go up at an angle and that angle becomes a gravity stress on your system and your blood pressure isn't supposed to drop.

When that happens it's supposed to go up just a little bit and your heart rate is supposed to go down and then up again. And so when people are put on this table that's that's how you buy the book, identify pots. But what happens when you're when you lay back down will determine a lot about what type of pots it is.

And people with a drone ergic pots need they will do terrible on beta blockers. A lot of them actually have auto immunity to phosphor lipids. And that was because of a direct link of the covid 19 virus looking like foss Philip IDs.

So that person might even be out of the brain rehab strategy. And I need to work with things like um things that activate T regulatory cells so that they can now start to function before I do brain therapies.

But the problem with the red cells that they increased E. G. F. Beta. So if they're in that T. G. F. Beta loop and their scarring and their aging then I need to do something to lower that first so that they can actually tolerate the things that they need to do to regulate their immune system. So then it becomes a multi step process.

– I love it. Thank you. Dr. Joe. So you're evaluating them thoroughly for supplements? Yeah, it's really such such beautiful work that you do and so synergistic with the work that we do and really I'm so happy that I have you as a source on my team, right for for it, that's for sure.

Finding Dr. Smith and Closing Remarks

– Together. – Yes, we do. – It's helping people like, let me just say that way, you know, it's incredibly satisfying to work up a complex case and then know that I'm gonna have everything I need to see that to completion.

And so having got a medical to work within the area is like super helpful. – It's so wonderful. So tell us where tell the audience where they can find you. – So I'm online drjoesmith.com and my clinic is atlashealthmethod.com atlas, like a book of maps.

healthmethod.com. And that's probably the best place to find me. I'm in northern California. Come check us out. – Yes, definitely. Thank you Dr. Smith.

– Thank you for having me. This is great, Yeah, – Thanks for being here