Boost Kids' Health with Muscle Testing Transcript

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Introduction and Guest Background

Welcome back. We continue our conversation on reversing Crohn's and colitis. I'm your host Sinclair Kennally. And today I am joined by my wonderful friend and colleague Nikki Hirsch Kuechle She's an educator and mentor and a practitioner with over 20 years of experience in the foundational medicine field.

Nikki has dedicated her career to empowering providers and clients alike to connect with their inner knowing and navigate health concerns more effectively.

As an educator, she's known for her engaging teaching style, which is so true, and ability to break down complex concepts into easy to understand terms.

No matter the setting, she's committed to ensuring students walk away with the knowledge and tools to succeed. As a practitioners practitioner, she has helped numerous clients achieve optimal health, using muscle testing to guide treatment.

She has a compassionate and holistic approach, and that has earned her a reputation as a trusted and respected practitioner. And one of the things that first got my attention about Nikki was the ease with which she managed really delicate and difficult pediatric cases, and that's going to be the focus today.

So welcome, Nikki. It's great. Thanks for having me. I love talking about the littles. Yeah, I know my wheelhouse. Yeah. Let's do this. So let's just dive right in.

Because with little ones, there's a specific set of additional considerations, right. When we're dealing with really chronic digestive conditions. And unfortunately we're seeing that more and more with this generation.

Are we. Yeah. Yeah. And we're seeing like less patients. Right. Yes. Like less patient. Like not you as a patient but less patients. from the medical community who wants to be very quick to be like this is a, this and this is what we have to do.

And we don't have as much patients as parents when we're this far in that we have a big, scary diagnosis. and now we're left with like, am I on this side of the fence or this side of the fence?

You know what I mean. There's like that, that that impatience for like we need to get this handled. We want to get this fixed like, but and we don't want to hurt our kid.

We don't want to cause undue stress. We don't want to like.

Challenges of Pediatric Crohn's and Colitis Care

So there's a whole world of like lack of patients just. Yeah that's what I see. The, the concern that I have about relying on allopathic medicine for pediatrics with these chronic digestive conditions is that it might seem like it's the strongest and therefore the best, but what we're actually looking at is this the most suppressive in nature that can have such long term consequences for little ones and really affect their development?

Do you want to comment on that? Before we get into some of the solutions we're going to tackle today? Well, so. Sir, what I see in that world is the top.

So why talk something about like a toxicity tower? And I we know all of the reasons. We know all the root cause reasons, right. For why these kids are sick.

But the one that's like the elephant in the room, and I don't know why it's making me a little weepy. Like, I had a really tough case in January that was like the toughest case I have had.

in the world of opioids and gut issues. And and it was a the top mind stressor was emotional. So bridging that gap and bridging bridging that conversation to the medical community who had their they were deep in it right.

Who was hospitalized for over 40 days. is that's a big tricky conversation to navigate. it's not seeing, you know, you can't see it, right? Like, okay, you could see toxicity show up on the lab.

You could see, like, a pathogen show up on a lab, but you're not going to see maybe some cortisol, but you're not going to see like, oh, there's some fear here and there's some anger here, and there's some repressed trauma between the ages of 0 to 3 here and there.

You know, that information isn't just. Gently and easily handed over in a way that allows us to make really educated decisions about the leaps and bounds that, you know, we're going to take in regards to, you know, regards to the line of care that we're going to, bring in as the approach or one of the approaches.

Yeah, yeah, I think it's a really great point. It's really difficult to navigate this with multiple practitioners in the mix, because usually those practitioners are there to represent different paradigms, which really catches parents in the middle.

sure. It's like a parts shop, right? I mean, I often tell parents like the tricky part, it isn't. You know, I firmly believe medicine wasn't developed to like this wasn't the intention.

This wasn't the long game intention. I don't believe. Right. Because we got to become a doctor to, you know, do no harm and to help people and and so when, when they end up in a situation where they're like, oh, well, we just work with the colon, we don't actually work with the kidney here or, you know, like we only work with the liver.

The kidneys are department. It's like those are the kinds of conversations, yes, that the parents are like, well, wait a second, don't you have a medical degree?

Do you not work underneath that umbrella? And can you not speak to all of it? So that is one of the big breakdowns too, that I see for parents is they're like, nobody wants to give us the full picture.

They can only tell us what they want to do about this particular organ in the next 30 days. If they don't see what they want to see out of it, right? Yeah.

It's a great point, you know, and it's very intervention based and, you know, suppressive instead of solutions oriented. And that's a big, big distinction to be made with digestion because it is so resilient.

If we can just identify the root causes and resolve those in a way that's tolerable for the patient, then they get their lives back. But yeah, like colitis, I, I cannot stand how I haven't talked to a single doctor yet.

And I really want to be proven wrong about this. I haven't talked to a single doctor yet who has acknowledged, without me really pushing hard, that the liver plays a role in colitis. Yes.

And they look at me like I'm in say that like, well, but the liver is responsible for over 500 jobs in the body and it has produced bile. And, you know, bile is essential for gut motility and for absorption of our fats.

And they're going to blame it on the system. On and on and on and on. Yeah. And it's actualizing the ballistic food along with the picture. And it's like, what do you think is happening in the small intestine?

I'll tell you what I think is happening. can you prove to me why the liver is disconnected from the colon? Because there's usually liver issues. But I digress.

It's where I'm going to get on tangents. I could tell because we're both pension passionate, but I want to give you a chance to talk. So what? What? I want to, start off our conversation with is really helping parents to understand what are the tools available to me today as I'm trying to understand the priorities that my child needs to have addressed with Crohn's and colitis.

And you, as a muscle testing educator, I know you have some strong thoughts on that. Well, it's in this recent case I had it, it we can use muscle testing for so many things.

Right. And first and foremost we just don't treat, diagnose and prescribe, you know, and then you have cases, where you've worked with, you know, the family for a long time, months if not years kind of relationship.

Right.

Muscle Testing and Root Cause Priorities

And you build this report and you build this trust and you build a common, inquiry like, I wonder, right? And if you're both like, wonder. It's like, well, let's just let's let's, formulate a question here.

Right? So leaning in to ask the body, to ask the subconscious mind, like what's really going on here? And I have a hard time with the label, like the diagnosis when really doesn't mean anything necessarily, because what we're dealing with is a toxin load a pathogen, load an ATP issue, you know, like the drainage issue we're dealing with, you know, these five different issues that categorically, if we had a little time to just embrace each one a little bit like 30 days from now, even maybe even two weeks, we'd be in a very different conversation if someone could just wrap their brain around just like a little nugget of time.

So for me, it's very much about really just decreasing the triggers, like what is creating the colon or what the whole mucosal lining all the way up to the mouth as like a ticking time bomb, right?

And slowly start to like pull off the second hand and then the hour hand and then maybe take up the batteries. You know, it's like slowly start to, as my kids used to say when they were little, the girls used to say a piece at a part mom that meant like take.

They wanted me to take something apart. And I always think about that when I'm working with these families. It's like we have to slowly piece this apart because Crohn's and colitis is in is in like an end game.

Right? It's it's like an effect of so where truly is the impact right. Is it the liver. Like is the liver just so far gone. that nothing else around it can function properly?

Like you can't move the furniture anymore, right? There's no room. Things are swollen, things are enlarged. Things are in the way. Think gates aren't open, right?

Like if you just sort of think about logistics, like the things that have to happen. If we are, if the office is closed. Right. There's just no getting anywhere.

if we can't get anywhere in conversation with our care team, if we can't get anywhere in conversation with the world of patients, of of the parents, if the parents can't, you know, like, we had that interesting experience where we called in Dr.

Christine in January because we just needed we just we just needed another set of ears, another set of eyes. Someone else to come into the conversation. Right.

And it felt like it was going to be too part gone. But. And you want to check the box to know we did it. We pulled out all all the, you know, all stops that we possibly could.

But here's what I see. It's like it's the endgame problem. But it's started the issue. And it's when we talk about like

gut, when we talk about digestion, I always think about like, close your eyes.

It depends on the child's age too. Right. But like, kind of just close your eyes and find that place of safety in your body. Right. And sometimes their, their answer is it's that there isn't a safe place in my body.

Right. You're like, okay, problem number one, like red flag. Let's note this here. and then the other thing is they literally they can't digest. And I'm not talking food.

They cannot process and digest what's happening in front of them. What maybe they lived through heard saw, experienced birth trauma. Like who knows what it is, but they can't digest that.

So where does that process start? Right. Like not down here in the colon. Right? Right. So I always get to, kind of get to the heart of that first so we can start.

You know, I tell people it's like those emotional layers are tissue paper, but that block might be this thick. And so we have to remove just one little piece of tissue paper at a time.

But it makes a difference. Pretty soon, like the fascists loose, pretty soon the mucosal lining isn't as inflamed. And pretty soon. Right. So that's what I mean by a can we have a nugget of time?

Can we have two weeks? Can we have 30 days? Is someone breathing down our back from like the medical community saying this has to be done by this date, right.

Which is the experience we were having, right in this recent case. Right? I was like, poof, I, I'm actually shaking in my boots. And that does not happen to me, right?

Yeah. So these yeah, these these in my opinion the emotional state has to be addressed first and always. Right. So one of the things that I see with with practitioners and I guess this is something for, you know, like the the client patient base to listen from and also for the practitioners to listen from, which is it isn't it isn't a check like, my God, if somebody made me sit on my hands, I couldn't have a conversation.

I'm just my hands are all over the place. If it's. It's not a checklist, right. It's not like check we we've got something in there for mitochondrial support.

Check. We've got something in there for drainage. Oh. Okay. Good. Now check. We've got something in there to mop up. Waste. Okay. Good. Check like that.

And then move on I see that. That's like a huge breakdown that I see because it's more like I always teach from, like, a cyclical. Right? Like you're on an amusement park, ride your patient or your client's on an amusement park ride, right, a spinning one, they're swirling and your job, you know, like they're over here swirling.

And your job is to come in, right? And like, get on that ride with them, get into sync with them, like get into flow, get into rhythm. Because if you're here, going like prepare, prepare, prepare.

And they're just still like there's a total communication breakdown. So if you can get on that ride with them, I mean maybe it's a crazy training, but you get on it and you start to address that emotional thing first.

And as and while you're addressing the emotional thing, you're looking at the ATP. And as you're looking at the ATP. And while you continue that, you're so it's like you're weaving this common thread throughout their program, not taking your eyes off of any one of those categories, if you will.

Right. You're you're that is the big thing I see. They're like, oh we did that. Yeah. Well we did that. We had them on that binder or we, we, we opened it opened right.

A drainage. And it's like, okay, well here is the breakdown is that that is like that has to be carried. You know, it's

softly managed through out the entire, you know, program process, whatever it is.

And that is so important because I think when that's done really well, we've spent so much time, whether it's our staff or us educating our patient or our client on each one of those areas.

This is why the the little itty bitty, you know, bacterial imbalance turned into a pathogenic or infectious issue, right? There's this heavy, heavy toxin overload creating this deficiency in you.

But we can't just keep throwing nutritionals at you. That's not going to work. This is why you're tired. This is where you're like pulled out I don't want to do this anymore.

I don't want to take this anymore. So like back it up, boil it down, make it more simple. And the more.

Whole-Family Healing and Emotional Regulation

This is why I love certain test kits better than other test kits for muscle and muscle testing standpoint. Because laser focus gives me an opportunity as a practitioner to be an educator to.

There's different information I'm going to give you if I have a better and more well-rounded understanding of what little buggy, as my kids would say, you're dealing with, right?

Or what? Toxin, and then how to have this conversation with the parents and how to have the conversation with whoever that, you know, pediatrics kiddo is.

In this case, it's it's a missing. If we we are then are we are like a parts department. We are then acting like a mechanic, picking up this, like, area of the body, doing something to it, putting it down, moving on, picking up another area of the body. Right.

We're no different than the medical community if that's how we're working with our cases. Yeah, I think that's a really important distinction to make.

And I want to say this next part with a lot of care and reverence for the heaviness that it has to be a parent navigating a child through a serious health issue, because we know this is very, very tender territory and all you want is for your child to feel better because you're only as happy as your sickest child, like there's no danger.

It's such a. From the heaviness of this. But you're not going to force your family through pressure and exertion into healing. And so this is a whole family approach that you know, I know you and I are deeply aligned in this that we prefer you to take because your child is co regulating their nervous system with yours.

So you, you have got to or you have the opportunity to the invitation to. Yeah. Treat this as how can I set up a healing environment for the family including myself, instead of trying to push this child to heal at the expense of everything else because it is the hard road and that is the parts chop shop way is to push and drive for this and obsess about the bacteria and the school test and the scary thing the doctor said.

And when we haven't tried this antibiotic, you know, that's the chop shop and it will be harmful for your whole family. I appreciate the heal. Yeah I know so here is this is this is like the other thing that needs to be touched on is so much lies in your language in.

Yes in your tone, in your communication. What you're saying how you're saying it. Because again, if a parent in strife is like lab result, lab results, prescription lab result like they are, they're like energetic breakdown.

I mean, it is just so constantly under attack, right? I can guarantee you that nobody is softly engaging in conversation about their child by saying so.

Hey, Sinclair, how how, you know, like, I'm just really curious, how are you doing? Right? And letting that mama,

that parent just go, oh, I mean, I'm here to talk about did I do that?

And it's like, okay, I got that. But I'm actually really interested in how are you? How are you holding up? You know, what are some of the skill sets you're using, you know, at home to take care of yourself.

And it's one of my favorite things about pediatric cases is, you know, I only have one fee, right? Just like for that kid going through a program. But I often during the school year, I, you know, it's like I may not even see that kid, but once every 8 to 10 weeks I'm working off of a picture and I'm working through mom, right?

Like she's my conduit, I could I'm nowhere right without her. So we developed this this deep rapport, this trust, this relationship, this, It's like. Mama, I hear what you're saying, but what does he say?

But what does she say when she's telling you about your tummy aches? Because it's from a muscle testing perspective. You know, I'm looking in two different vials, you know, for problems and solutions.

But I'm also playing with language. It's why I why I really develop this method of intentional inquiry. Because it's it's listening to the subconscious and it's giving the subconscious, like not just one out.

We're not just going to call it Crohn's or or colitis. We're going to talk about, it's this it's the language that kids say, it's my gurgling belly. Right.

But if stomach ache doesn't test. So I need to figure my way into some symptoms, right? I'm going to say, well, what does he say? Or what does she say?

Oh, I mean, she says she has stomachache. I'm like, yeah, I know, but that really is in her language, like she's four. Oh, she says her giggly belly and it's like, oh, suddenly I have like I call it like backdoor access into a muscle test because the subconscious went, oh yeah, that.

Oh yeah. I can't hide from that. And it's like like the whole, like the whole case can change because I can get another angle. So it's like the world of insight and perspective is golden.

And you're going to gain more of that by like dropping out of your head into your heart, actually wanting to connect with the parents of these children.

And another thing that they're not going to want to hear is like, please take time to take care of yourself, right? Nobody. All they hear societally, though, is like, I can't I got to keep going a little, you know, and and it's really hard to see that they're going to burn out to yeah.

But and it becomes, you know, in some ways it becomes like, because mom is is my access to these kids. It becomes a, you know, I'm not running mom through a program necessarily, but sometimes we're clearing moms emotions or sometimes we're doing, you know, energetic work, or sometimes we have to talk about gluten free cereal for that whole visit because it's like she's barely hanging on and can't cook dinner, and all she can work with is, I just know that they can't have gluten, okay.

You know, and so we're. And how can we make her life easier? Her, you know, her role in all of it? Yeah, exactly. It's, it's why we very gently but very firmly require a whole family approach.

Right. Well, and I love the word the it's the word invitation. That's the word that just like that really got me in what you were saying, right? Because nobody in any part of her life, it is highly likely I keep saying her, you know, their life is is inviting them, inviting them into a conversation.

Nobody else is. That invitation is a is an opportunity to crack something open. And that is not happening in any other area of, of their life, particularly when they're in a super high stress like health crisis scenario.

Yeah, yeah. All, all, every part of you is, you know, crying out like let's go into overdrive. But that's not the healing

state. And your child's going to take you there cuz off of you.

Yeah. So we can send for everybody. Okay. So I want to get into some, some deeper clinical pieces with you as well because I know that parents have and practitioners to listening what are special tracks that you want to make sure we have time to share today for dosing pediatrics.

Then you have some strong thoughts on that. I do I, I was just talking to somebody about this the other day and they're like, they couldn't buy it, couldn't have it, couldn't believe in it.

and we again have super super sensitive kid and then come like along with that come all the rules that parents bring in. Oh they don't do this. They don't do that.

We don't do this. We don't. Right. And so you're like, okay. I mean, you're telling me that it has to be all liquid, but you're also telling me there can't be any alcohol in the liquid?

You know, like so. So yes. Do we do we do things like we can use, tinctures with alcohol based and, like, burn off the alcohol, you know, we can we can do all of these things.

Right?

Pediatric Dosing and Delivery Strategies

But, I kind of love the desensitizing approach in that I'm not asking them necessarily to take a capsule, but I might ask them to open that capsule, dump the powder into a little jewelry envelope or a little tooth envelope, right.

And, like, tuck it under their pillow at night. It's when kids want that, you know, our parents want for their kids that that parasite protocol or that mold protocol because they're, like, trying to DIY it, but they're like in so deep, right?

And they're like, they're just so sensitive. I just can't believe it. What do we do? It's like clinically you got to back off, but also you got to get in there.

And so what's the win win there right. The win win is like get into their information field. That's the win win. and that it works all of the time. You know most kids aren't going to want to carry around like a little piece of paper tucked in their pocket.

Kids are curious and messy and, you know, tear things open and whatnot. But but there are some kids who just would, could care less about having a capsule in their pocket, having something tucked under their pillow at night, which is a hands off and easy, right?

They're just going to be snoring for eight hours. They're not going to care about what's under there. Hello. But it truly, truly, you know, works the thing.

You know, the puddings, the applesauce, the juices, you know, things. Those are all, you know, really easy. Some kids are like, they can totally swallow capsules when they're two, but the capsules just need to be smaller.

So if you've got a parent who's committed and willing, open up the bigger capsules and put them in the tinier gelatin capsules. So maybe they have to swallow two capsules instead of one.

But now it's doable and it's comfortable for both parent, you know. And child in the Amazon is your friend here because there are gadgets upon gadgets for like little pill shooters, little pill poppers, little pill cups like the little syringes.

Sometimes I find you know, like the bug cutter kits and the big fat little like, what are they, a little pincher, like the bug picker uppers. Those are really great for, like, when they're muscle testing for for, like, pinches.

Right. But they're also like sensory, struggles, and they don't want to touch the powder. Right. And so it's like those fat little pinchers become they're colorful.

They're fun. They're pretty. It's they you can use their fingers, they can like, dig through the stuff. So it's a little bit like making it fun, keeping it simple for not being attached to.

If this thing does not fully get into this child's mouth at one time a day, two times a day, three times a day, whatever, Sinclair said, oh my God, I feel like I have to do this.

I have to do this, have to do this. Like, first of all, that's never going to work, right? I mean, you're going to have that family and that kid that they're going to take those doses and it's not going to be a problem, and you're going to have that family who says, oh, we can totally do that.

And they come back and they're like, I mean, we got like three doses in this entire week, and sometimes less is more. So breaking it down to like those micro doses, so many, so many ways.

Syringes I know syringes are totally overlooked. Do you want to explain how to use that? And the syringe like yeah. Yeah, yeah about with what are we doing here.

No no no no no. So there are two ways that I, that I really love, using syringes with this is typically with smaller kids, but you can have bigger people who are like again, just textured, you know, just really wonky with texture.

And it's really just, you know, filling the syringe with whatever liquid. And you can get like a fat tipped syringe. So you can almost get like a thin puree to, if you have to, like, puree something and really thin it down and really you're just putting it in their mouth and, you know, it goes back like here.

Right? And then you're popping that syringe, it's like a gulp. And they don't even know they're not. They're not swishing it around in their mouth. Right.

They don't have to hold it in their mouth. the other one that's really great. If, if kids that were, you know, I've even had adults on the spectrum who are like, I will only eat five foods and one of them is like pouches, right?

Unfortunately, anyway, that's a whole thing. But there are, you know, there's some nutrition that's available now that there wasn't before via pouches.

But if you know, they're going to take that pouch is their favorite one. They finish it every time. you can open the pouch and then use your syringes to shoot the stuff right into the pouch.

So they're getting their apple peach, spinach, carrot, whatever it is. Right. And they're getting their blah, blah, blah, blah, blah because they're just going to take that back.

So some people are like some are triggered by the color of things, some are triggered by the texture of things. So it's like categorically, again, where we're where are your yeses and where your nose and then use a practitioner, I would say just like do not deny your intuition the opportunity to speak up in these conversations because you might get like this.

What I like, what I should, what right. But honestly, sometimes it's that stuff that comes forward in you have impairments like that's actually brilliant, right?

And it's like, okay, never tried that before. Give it a go. Right. And and yeah I that's I just I have been surprised over and over again with the willingness, do you know how people can, want the change.

But if they're not willing to want the change? The willingness is where the motivation is. The willingness is like the action taking is. So they can be like, I want to get better and I want a little bit of that, but like, oh, but I can't.

Yeah, I don't, can figure out how to get that capsule in and you're like like 87 ways, right? Yeah. I just, I don't know if I really want to do that. Okay.

That is it's like a very good indicator of like the willingness is actually missing. I can't fix this for you. Right. Like you are the responsibility taker in, in with your child or your case or whatever.

It is. Very. Yeah. Gummies, gummies are labor intensive, but almost everybody, no matter the age, really loves them. So that can be a good way to get a, you know, colostrum like whatever kind of nutrient you're looking, you can really get them.

If we can get pair of three into gummies, right, and have them taste good, it's doable. It's just how much work do you want to put into it. Yeah, exactly. That's a challenge.

Or issuing for somebody to get really good at that will support you. Yeah. You know it is like I yeah at the time, the time for those I mean I will also say I am not against bribery like this is a good time to it's one of those things where we're like, we teach our kids about honesty and truth.

Except for that one time when we, like, ask them to lie to grandma and they're like, but mom, that's a lie. And you're like, oh. That's right. Yeah, you know what? You're right. It is.

And so just this one time, you know what I mean? But but I will also tell parents like, you know, if it's like the healthy snacks or it's the little extra, yada yada for their lunchbox, or if you can kind of build it into something that would like behoove the whole family a little, like kitchen gadget thing and something that makes putting lunches together a little more fun.

I'm not above like, you know, let's do this for 30 days. And then when you reach that goal and you've got all the gold stars on your little chart on the fridge, then this is the like, that's an incentive, not a bribe.

It's a partnership. It's all about you. Yeah. Oh my God, for real. We're working towards the goal to get recontextualize it. It's fine. Yeah I can reframe anything. So yeah.

So I can totally reframe I mean you put a square dark chocolate in front of me and I will do this about anything that's bitter. I'm seeing antioxidants, I'm seeing a masterpiece.

I know they're seeing a lot of art that's medicinal. Yeah, yeah, I know, I know. Okay. So I know you have a big bag of tricks too, that I want to make sure we have time to talk about.

So what other modalities of support do you like using for pediatrics that you think really have a role to play? You know. Yeah. Yeah. So I love the role of like emotional work, energetic work.

I happened to do something called psych K, which is the work of Doctor Bruce Lipton. It's so and it's so fun because you become the the like. How do I say this? The, physical representation of their subconscious readout, like, that's, that's essentially what you do to kind of go into this segregation thing and to those who have been muscle tested remotely, right.

Distance over time like that, it's it's really no different.

Energetic and Frequency-Based Support

It's just in psych they use a particular like permission statement and it's really beautiful. It's like it is a sacred space to be able to step over there, with and in partnership.

Right. and so normally, like, I can do psych with, with a child who's like four at the youngest, and have them be on there like a, you know, consciously on the receiving end of it and see some really beautiful things happen.

And when they're younger than that, I can utilize like I become that for them. I can do the segregation fully for them. And that training is really beautiful.

you know, for myself, it's just one of those things where knowing sometimes it's a, it's like getting getting in there and then getting out pretty quick because you can just.

Okay, like it doesn't take much to see the case on the spectrum or whatever. The pain, the inflammation, whatever. You know, if it's a gut issue, like whatever people are dealing with.

And so but that's a really unique, again, kind of a back door glance at what's going on from a different perspective. You know, I've been in there and I've seen, seen I mean, what I mean by seen is feel like being kind of in that state with them, just this swirling, spinning of, I'm not safe here, I don't belong here, I'm not safe here, I don't belong here.

And it's like, oh, like the role of psych is to we put the body into, what we do is essentially we balance the two hemispheres of the brain. Like, that's the simple way to put it.

So you might have this, this sort of truth statement that you're working with, that is out of balance. And I just tell parents, it's like half of the brain is here for it, and the other half is on a scooter down the street, and it's like, you got to bring that in, and then you balance it out.

And when you balance it, you can totally see that nervous system regulation. so that is one of my favorite tools. We use my body spirit release. I was trained in Reiki 20 some years ago.

I get sort of bored with it for some reason, so I don't use it. I love to receive it, but I don't not love to facilitate it quite so much. and then really with like the method of intentional inquiry, how that came in for me and utilizing that in muscle testing and teaching, that became the breakdown I saw in practitioners was how, how and when to use the intuitive information to acknowledge it's there because it's talking to all the time.

Right. You you can call it the voice of God. You can call it Jiminy Cricket on your shoulder, I don't care. It's there and the information is valid. And so a lot of the breakdown on the practitioner side comes from I'm either not listening or I'm listening, and I don't know when to grab it.

I don't know when to apply it. I don't know how to integrate it. And and if I can't, there's no like see, move, manage happening with, with a program like you can't move people effectively through if you don't know what you're moving.

Right. So I love sort of stepping out of the box. And in late 19, early 2020 of what I was doing and going like this, I don't fit in this box and this box does not allow for resolves of any sort of emotional stressor.

And I'm not just going to keep throwing supplements on a body and calling that the way to handle it. Yeah. You don't want to be my client for the rest of your life, right? That is not the point.

That's not empowering for you. It's not. It's like, can I move the needle? Right? And particularly if you're dealing with dealing with pediatrics, they're jumping from practitioner to practitioner because the kids are so dysregulated.

Right. So bringing these tools in are super helpful. I love my Healy. I love other frequency therapies. you can't just supplement. You've got to find a way to meet in the in the middle.

And there's so much we can do without being mental health care professionals. That's the first thing I tell them. I'm not a therapist. I'm not a mental health care provider.

I'm not a licensed health care provider. This is the bag of tricks that I have. And when you're working with me, you're just buying my time. I will bring to the table every resource possible during that time, and I will let you know if I do not have a resource for what I see coming, you know, or for what is coming up next.

Because my job is to help us avoid the iceberg. So we're going to call in Doctor Christine, right. Or we're going to, you know, we're going to do whatever we need to do to bring in that additional support.

And even more to the point, like teach you how to help your family self-regulate at home. Right. Because that's a big piece of this. And it's that dance.

You know I try to get people to picture like the old school scale. Right. And it's like the first two conversations we have to be having is that ATP production and that emotional stress.

But like if they're both down here. Right. And I think people when they look at things like, well, frequency therapy and remote muscle testing and remote energy work, they're like, I can't feel it and I can't see it, but it's the thing that increases the bandwidth and increases your capacity, right?

You it's palpable. It is. It's there that we see it. It's right. So I just kind of always bring people around to like the prayer conversation. When people ask for prayer, when people ask for good vibes like you are asking in because you are willing to receive it, we just forget that that's on a bigger scale.

Yeah, exactly. That's a great way to say that. So I it's actually a great segue to into something that we wanted to tackle together today, which is just the the overlooked areas in native support.

It's specifically for Crohn's and colitis. We've talked about difficulty digesting, you know, not just food, but experiences and information. We've talked about the lack of safety.

What else do you want to comment on? Overlooked areas of support in regards to Crohn's and colitis? Well, I mean, I think this is a good spot to I don't know that I've met a Crohn's or collated case.

Colitis case is not yet found by or of, either parasites or mold. I mean, just from a like right over easily overlooked. Well, we did a stool test. We did a stool test, and they either, you know, in a day, like there's nothing there, right?

I mean, in this case, in, in January, we got once we got the emotions moving, then the parasite started clearing out and then the mold came there and it was like I could see it there.

The line was there before. It's like, you know what's hanging out behind the curtain? You just have to give the body time for it to do its work to to come up and be like, is it safe for me to come out now?

I'm the bad guy. Is it safe for me to like, right. He got like, a little prairie dog and, And it is in a game of whack a mole, right? Because that's not what we want.

We don't want them to pick up and then do, like, crack down on it.

Overlooked Triggers: Mold and Parasites

And yet we did probably six months worth of work in like 31 days with this kid because we came in with that, emotional work, with the energetic clearing, with the frequency therapy and just kind of gently started pulsing, pulsing, pulsing.

And then all of a sudden the doses just went up, up, up. And we needed that to happen. In that case. but what I find is mold will hide. It seems like more than parasites for a muscle testing standpoint.

and when you can use something like Terraform, which is so soothing, I actually rather have people in in these sort of digestive issue cases drink it versus just swallowing the capsule.

you know, a they're pretty pilled out by this point. there's a lot of discomfort somewhere in, you know, from here to here, right. And, the, the, the both the nourishing and the nurturing feel of that warm sort of brothy para for going down, I find that people are like, okay, fine.

I mean, I can smell the capsules and I can do that. And the capsule load is getting bigger. They say no things when I have them turn it into a broth. And that capsule load dose goes up, up, up.

They're just like, I can't stop drinking, I like it, my body wants it and it will safely and comfortably start to drop those numbers so quickly. We were so excited to actually see, a fungal infection show up on the labs.

You know, it's like, that's exciting information when it wasn't showing up before. Do you see what I mean? Until it showed up with muscle testing and we start pushing on the body and then it shows up over here in the labs.

And it's like, that is such a satisfying feeling. Not in the world of being right, but in the world of they can see what's going on, they can see what's causing this problem.

And people will say like, oh, we had our home remediated, you know, four years ago or five years ago, or when they were a baby or last year. And it's like the can be old mold, but I've seen people go back then into their homes and I watch their mold numbers go right back up from the muscle testing standpoint.

And I mean, we have to bring something back in because the colon's already gone, you know, or the whatever the case may be. And like that is making them sick.

Absolutely. That this is such an interesting, day and age to live in because the solutions are available and it's still really, really difficult to find them for.

Stressed out parents are super frustrated. So we just want to reassure you guys that they're we're sending you love. There's a lot of solutions out there.

We promise let's be discerning. Let's look for things that actually move the needle and make it lasting results for kiddos. Instead of just telling the body to stop talking.

Because especially for kids, it's just going to pop out some other way. And I mean, we're living examples of that, right? It's like, this is why this generation I think it's is so different.

Yeah, that's a great point. Thank you for saying that. So any, last words of advice for parents navigating this tricky road. And then let's make sure people know how to find you.

I think they need to follow their intuition, because I think parents know what's right for their kids, and they're afraid to speak up. they're afraid of, like, big Pharma.

They're afraid of, you know, the white coat, like some people refer to it. They're they're like, I don't I like our pediatrician, but I but I don't know if I trust, like the bigger system in in this conversation, my pediatrician doesn't hold a candle to, you know, the conversations that are needing to be had.

But there's this innate, you know, they're drawn to one person on the team there, but they don't take action on that. And so I'm always listening for like, what do you think?

What do you think should happen? What do you think is the right thing? Because again, nobody's asking the parents those questions.

Parent Advocacy and Closing Advice

and that has turned into beautiful, like art on the wall in kids rooms, positive affirmations and like and it raises the energetic bar for everybody. And it makes a difference that everybody's healing can like it keeps it light inside of a really heavy and maybe dark, deep conversation.

So I really think it goes down to parents trusting, trusting their gut. You know what's right for our kids. Yeah I'm going to say something that's probably going to piss off a lot of people right now. But just because your health

provider or your pediatrician is a nice person doesn't mean they're a good advocate for your child.

Right? You are your child's advocate. Yeah. So don't feel bad about letting your pediatrician down or continuing to search for results just because they're a nice person.

You the. Advocate? and that is not something that you can farm out. So, I'm going to just add one more thing to that, and that is that you can, you know, privately hire advocates.

and I that's just not common knowledge. That's a really good point. It's not common knowledge. And that is a conversation that we need to be having more of.

Like it just occurred to me like, why do we not have these people in summits like with what you know, why are we not talking about it like we know it exists?

But if we're not helping to bridge that gap again, that's missing. Yeah, absolutely. Yeah. What a great, rich conversation. Thanks for taking the time to be with us today.

Where can people find your work? Myhealthybeginning.com on Instagram. @myhealthybeginning I'm on Instagram @nicholehirschKuechle DM us ask questions, reach out.

Happy to chat. Beautiful. Yeah, thanks for having me.