Counterstrain Therapy: How Gentle Touch Can Unlock the Body's Deepest Healing Systems Transcript

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Introduction to Kyle Kusunose and Counterstrain

Welcome back to the Reverse Brain Disorder Summit. Where this is all about better brain health. Joining me now is my good friend and my own practitioner, Kyle Kusunose.

Kyle graduated from San Diego State University with his bachelor's in kinesiology in 2010, and earned his doctorate in physical therapy from the University of Miami in 2014.

Kyle specializes in a manual medicine approach called counter strain, and earn his strain and counter strain certification from the Jones Institute. In 2017.

Ten years ago, he took his first counter strain course and quickly realized the power of this technique through the successful treatment of his patients symptoms and alleviation of pain.

They experienced. Kyle believes in the power of manual therapy and approaches his patients pain by understanding the relevant anatomy, its blood supply, its drainage, and its innervation from the nervous system.

The counter strain approach allows him to diagnose and treat the major systems of the body that are causing pain, dysfunction, and dysregulation. Kyle, thanks for joining me.

Yeah, thanks for having me. So, you know, we've we chatted a number of times. Of course I come and to you as often as I can. Your schedule's quite busy.

In fact, right before this call, I had to book another appointment for for a few months out because that's when you're next available. So I'd love to see that counter strain is catching on.

And yet it's still a therapy. A technique that I find almost everybody I talk to has never heard of. And so it's really fascinating in the sense that it's still very new in the public perception.

And yet it's been around for quite a while from, from you guys perspective, I mean, decades at least. And and yet it's still evolving and it's it's growing very rapidly.

So maybe just give people an introduction to kind of the history of counter strain. Where did it come from? And kind of what is it about? It's very, kind of strange, an osteopathic medicine technique.

There's really two stories that need to be told, in regards to its origin.

Origins of Counterstrain and Its Development

So the original developer of the technique was an osteopath. His name was Doctor Lawrence Jones. So he passed away in the late 90s. But in 1955, he had a patient that came in for.

So as I was, back pain that was hunched over, that couldn't stand up straight. And that patient had been manipulated by multiple chiropractors. And even Doctor Jones, who at the time was a was a manipulator, tried to do a laser or high velocity manipulations to the patient's low back, and failed to, to give that patient the relief that that he was looking for.

So one day the patient came in and said, you know, if you could just help me find a comfortable position to sleep in, I think I can then start to like, at least feel a little bit better, have some more energy, start to heal.

So Doctor Jones went with that idea, and he laid the patient down and flexed his legs upside bent. 60 degrees this way, rotated him 60 degrees that way.

And the patient kind of stopped him at one point and said, that's uncomfortable right now. I don't feel the pain. So Doctor Jones left him there, said, I'll be back in 20.

I'm going to go see another patient. When saw, the patient came back, to see the sights. I had a patient, and, he was asleep. So Doctor Jones kind of gently woke him up and helped him stand up.

And the patient stood up straight for the first time. Pain free in months. Right. So that was like the light bulb that went off, in Doctor Jones's mind, that there is spontaneous release from passive position.

From there, it took him about 40 plus years to put together, over 200 or so techniques and start to find these diagnostic tender points that he could use to not only diagnose the dysfunctions that he needed to treat, but also, to assess whether or not his release was effective.

So that's the first story. The second story comes probably in the in the late 90s as well. One of Doctor Jones's original instructors, Brian Tucky, who's a physical therapist out in Maryland, and the developer of Counter Street, was working on, a patient, and couldn't relieve that patient's know that patient's rib pain.

And so he had taken a number of, visceral release courses, and he was using that those, those, techniques, but he was using them in a direct way, which is assessing a barrier and then trying to push through that barrier.

And this is pretty common, right? It's like, let's find where the body's resisting, where, where where something is catching. Right. And then let's figure out how to move that body through that, that pain point, that sticking point.

Right. That's a very common sort of approach mentally. Right? Yeah. Direct direct tissue manipulation is probably what most people have heard or are not aware of. Right?

So if there's a restriction of joint mobile, mobilize through it or manipulate through it, or if that muscles tight at that point try and stretch a little bit further. Right.

So those are all examples of direct releases. So Brian was using those on visceral tissue or visceral to think of the umbrella term for internal organs.

But he was a counter strainer in the musculoskeletal world. So kind of a light bulb went off in his head there. Why don't I try and do an indirect tissue manipulation or counter strain manipulation to this liver and he did and immediately felt this massive kind of a liver release.

And then when he went back and reassessed the restriction that he felt it was gone, patients stood up, that rib pain was gone, that the patient was experiencing.

And so that was the the initial discovery for Brian to where he was like, I know, like encounter strained muscle, skeletal blocks. We've been doing that with strain counts right now.

I just figured out I can manipulate the visceral fat. What can't we count restrain. And that sent him off on this long journey. But he still currently on, where he basically made a spreadsheet of all the anatomical structures in the body and started just knocking them out.

As far as this is how we release it, this is where the correlating tendon point is. And like I said, he's still going. And what makes what he's doing now so cool with this topic is now he's in the brain, and he's pushing the envelope as far as mechanical release to neural and vascular structures of the central nervous system.

Well, and and this is, this is I if I haven't said it already, this is one of the most profound and, effective therapies and techniques that I've come across.

And, you know, being in sort of this integrative health world, you know, I kind of pride myself on investigating as much as I can whether it's, you know, indigenous medicine techniques and, you know, ancient healing arts and of course, the modern science.

And this is one that when I came across that I was, pretty perplexed by, to be honest. And, and, again, studying a lot of anatomy, setting a lot of physiology.

I have a decent grasp on what's going on in the body. And, you know, when I talk to you, Kyle, like, you just kind of blew me out of the water with your, knowledge.

And not only did not know the sort of book smarts about the the biology, that's the internal biology, but but the experiential aspect to what you do. And so, that that caught me, that caught my attention.

How Counterstrain Works in the Body

Right when I'm sitting in your office and you're just speaking over my head when it comes to, how the body is working internally and all the various micro structures that that go on, on all this, on all these levels, you know, I ended up being, a student in that, in that regard, to a profound degree, and not only from asking you a million questions, but also experiencing it directly.

And that's where, again, I was kind of opened up to a totally new healing art. And and just to kind of describe it for for those listening, you know, from my, from my rookie perspective, somebody who didn't really know what this was, I'm laying on a table and Kyle starts kind of feeling my skull right.

And he's looking for these tender points that he was talking about. And he's got this very keen sense of awareness with, with regard to touch and how these tender points are showing up in the skull.

And, and then once he finds one and of course, he's able to find it just by his own feel, but I mean, he actually locates it for me. So I, you know, I'm walking in, I don't feel like anything's tender on my head.

And he finds this tiny little point here, and he puts it on it just a little bit. And I'm like, whoa. Well, you know, like, what's that? Why is that tender.

And so he'd find these tender points and then that's correlated somehow again to my, untrained, patient perspective. Somehow it's correlated to, you know, my liver and some channel that's running up.

Right. And all these different things. Right. And to the point where I'm just like, I don't understand what's what's happening here. But he finds that that something is blocked, something's not functioning correctly.

And then if I'm just going to sort of make something up here, but something's blocked in sort of some liver channel and he's manipulating my, my left knee.

Right. Like and putting it over my right hip and holding it there for 30s. And it's very comfortable and soft and easy. Then he puts it back and checks the tender point of my head again.

And it's not tender anymore. And the channel is now opened. And this is what was happening. Right? And of course I'm oversimplifying and getting it way wrong.

But but that's really kind of yeah. He laughs. But that's kind of what was happening. Right. And to me that it didn't make any logical sense, right. To the untrained person and to how most of us think linearly about the body.

It didn't make any sense. Right. And again, I have a little familiarity with Chinese medicine and Irish data. So I'm familiar with things not connecting directly, to our sort of intuitive perspective.

But this is what was happening. So so Kyle kind of fill in the gaps and, and, let me know let let the audience know

kind of what's, what's really going on on that level, how you're able to do something like that.

But, I mean, it's funny hearing you talk about it because most people from like an, an intuitive level are actually pretty in tune when it comes to the musculoskeletal system. Right?

What they lack, the basic concept of is that the body's nervous system and arterial system and municipality system also have jobs to do, and they're also responsive to stress and to trauma.

And when they do, they can be coming at, you know, if a dysfunction develops in those tissues, they can become inefficient at doing their jobs. Right.

And from a basic physiology standpoint, the arteries jobs as it is to supply blood and oxygen to a tissue into the whole body. Right. Like just hold everything right into every tissue. Yeah.

And we we know it's not uncommon knowledge that arteries vaso spasm. And when they do, the velocity of blood traveling through that artery changes. They you know, scientists can measure that.

They measure it in the brain in a circle. Wells. So if if an artery becomes inefficient, it's applying blood and oxygen to a tissue, that tissue is going to fail.

And immediately maybe it'll start to degenerate, but it's going to be weak. I always tell my patients, blood flow to a tissue is like putting gas in the car.

Tissue just does not go without oxygen. And the other part to that is that that tissue is now not functioning optimally, right, for some period of time.

And lest we forget that that tissue is either directly or indirectly connected to the entire body itself, right? So it's not like it stops there. Right?

So this is how we this is the downward spiral of ill health that we can get caught in. Right? Right. So the artery is not functioning well. The tissue that it's supposed to supply blood to is not functioning well.

It's not capable of optimal healing. It's not capable. If we're talking about a muscle, let's say it's not capable of an optimal contraction. So it may present as weak.

And then it also in this state it's more likely to break down, whether it's, to be torn to develop a tendonitis, to develop, arthritis and intercostal joints or for, for organs to break down if they're not supplying, getting that healthy supply of, oxygen and nutrition from the arterial supply, that's just one side of the capillary bed.

We only talked about the static yet, which is probably one of the more powerful ones. Because it removes chemical waste and into people. Why, you sort of lump that together. Why?

It's a venous lymphatic. Why? It's where it's always together in that way. I mean, that expand the the entire body. There are certain areas of the body of where there's a higher accumulation.

But they travel with veins. So a lot of times when we treat the veins, we're getting lymphatics as well. But in regards to, like, reabsorption of deoxygenated blood, veins reabsorb about 85% of useful products.

This is responsible for about 15. But the other thing that the beautiful tattoo system does is, reabsorb interstitial fluid, and that interstitial fluid is every space that contains fluid is everywhere in the body.

It's in all of our tissues. And it is an area, that's microscopic. Right? It takes, like, high level imaging to be able to see, and it's where a lot of stuff gets stuck.

A lot of congestion occurs, and therefore chemical waste that sits in that tissue that passes off our receptors, our

peripheral neurons in the area. And then resultant nosy, offensive, muscle protective muscle guarding occurs because of that protective muscle.

Then it's an interesting concept. And I'm very familiar with it, experientially. But maybe explain that one a little bit. Yeah. So that's, that's really a lot of what we as computers use to diagnose dysfunctions in deeper systems.

So you know, there could be, a protective muscle guarding spasm of something as large as your ability as muscle, which is a muscle on that many, or small as a, as an intercostal muscle that locks up a joint in a very specific location. But every neural, vascular, visceral musculoskeletal structure that we have in the body, when the peripheral neurons and proper receptors that are within it are pissed off for mechanical stress or mechanical trauma, they have this reflex arc that excites a nose defensive reflex or a muscle cardioprotective spasm.

So basically any dysfunction anywhere in the body, you're, you're going to feel it. Right? And it might not reach a threshold to where you're aware of it.

But us as characters, we can find that muscle guarding spasm, and elicit it with palpation. Well, and this is what most of us that had dealt with pain or dealing with pain, we notice that when it gets to that high threshold, right?

In other words, I move my shoulder here and it starts to hurt, and therefore I can't really move it any farther, even if I try sometimes. Right. And it's sort of it's the protective aspect of the body saying, hey, there's a lot of inflammation and pain going on in there.

It's not a good idea. Like the body's sort of talking to us, saying, hey, it's telling you, don't go back there, right? Yeah. And so there's something going on there.

And that's how we sort of deal with pain. But but on a micro level that's, that may be happening in our hips, in our psoas back all over the place to the point where we're losing mobility, we're losing function, and we don't even realize it yet.

And I can, you know, if any, I see this a lot when I go to yoga class, right? Some of these, older guys like myself, we show up and we literally don't have the mobility and flexibility in some of these things that I see these, these younger kids have, particularly the women.

And it's it's really interesting to note that at one point we did. And I know that because I can watch my two year old son and he's can move everywhere now, there's there's joint space and there's all kinds of other things going on there.

However, there's there's also these dysfunctions that start to show up as we get older and as we sort of acquire more dysfunction throughout our lives.

And one of the things that's fascinating when I've experienced counter strain is that as you manipulate, mobility increases, pain goes away. Right. I've experienced anything from detox reactions.

So in other words, things start to move again, right? And toxins and chemicals and, you know, metabolic waste that was stuck in the system is now moving through at a pretty rapid rate.

And then I experience the opposite to after a session, which is, you know, inflammatory symptoms, whatever they might be, seem to decrease. Right. And so they were stuck in the system and causing inflammation.

Now they're actually being flushed out. Right. So there's very fascinating results that can come from this. I want to center this around the brain and brain health because, this is one of those things that although actually before we get there, though, I do, I do I would love for you to address this idea that you can sort of feel the skull and, and detect these pain points and then correlate that with, with the body and systems that are maybe dysfunctional because there's probably some, some doubters or disbelievers, that are watching this, or even those who are just curious on how that's possible.

What what is it the mechanism that you can you can correlate and tie that together. Yeah. So what what you're referring to is, is one of the main diagnostic tools that we have in factual character in the brain.

He's developed, I refer to it as the most powerful gift that he's given medical practitioners. Because it is the fact that he's mapped it out the way that he has it is is amazing.

It's remarkable. From there, if you know your anatomy and you have palpation skills and you do indirect manipulation, there's nothing that you can't release.

There's there's no anatomical structure that you can't treat. But the cranial scan is essentially a cranial mobility test of the cranial bones that tells us what to treat and where to treat it.

In addition to that, it also prioritizes force based on severity of restriction and severity of pain, the that the patient might feel. Sorry. There's a higher hierarchy of symptoms, too. Right?

So that's that's what's interesting and sort of derail you. But it came came to mind that you seem to be able to determine, okay, this system is is maybe the most important thing to deal with right now.

Cranial Scanning and Treatment Prioritization

And there may be systems under that, that after we release this and get this moving that we can pick up on. So maybe just tie that into your conversation, because that's a really fascinating aspect that many, many, diagnostic tools cannot pick up.

Yeah. So, you know, the scan or the cranium mobility test allows me to assess, what system is dysfunctional, most dysfunctional in the body. And then also where, and there are times I don't want to do a scan where multiple systems and or regions of the body will appear positive.

But the scan is also dynamic, right? So, let's say or in working with you, I find rigidity in the occipital bone. And that tells me that your pre-game galactic sympathetic nervous system moves from T5 to T1, are dysfunctional and and need to be treated.

I wouldn't go into the body and find the tender points that correlate to the rigidity that I found in the head treat those dysfunctions come back up to the head and that rigidity improves right.

And then I'll kind of recent recheck all of my different regions of the cranium, and find that. All right, now, this one is the next most positive, whereas before it might not have been positive at all.

So the body does this and we have some other tools, some different like inhibition and things like that that we use to, to help, you know, sequence. But but the body kind of always prioritizes the next worst thing.

And part of what makes counter strain, technique with such great carryover meaning we can do a handful of releases on a given treatment. And the next time you come in, those those treatments.

I should not have to redo this, because we can sequence so well with the cranial scan. Yeah. It's almost like you're it's like you dress the, the high needs in this in this session.

And if I were to come back to you next week, it's almost like Rome. I wouldn't say we're hoping for new things to show up, but it's almost like we're kind of expecting something else to show up now because the body is now rebalanced.

And in this, in essence, we we kind of want the next things to start to show up so we can address those. Right. So like that's what's interesting. It's not like chiropractic where you know, I've got a problem area.

And we need kind of to focus on this adjustment, whether it be continual kind of adjustments or this progression.

You know I know there's a lot of different kind of chiropractic adjustment model.

So so I don't want to pigeonhole that. And there is a way forward, but it tends to be kind of the same addressing the same aspects of the body. Whereas this we're starting to, move through the symptoms, move through the hierarchy of imbalances, to the point where we, we, we find a new equilibrium.

And of course, as we live life, we get out of balance and a continual basis, things get locked and things get, you know, experience some dysfunction. But but that's what I find so fascinating, is that we can move through the hierarchy of symptoms, and the body is dynamically finding a new center.

Yeah. And then, you know, the other dynamic part of that is the patient themselves. Right. So totally, I'll create a series of releases that changes that patient's homeostasis.

And then over the next week, let's say before I see them again, their body, their normal physiology is going to occur. Right? So they're going to come back a different patient for the beginning of his at two than they were at the end of this one.

Right. Yeah. So so getting into sort of brain health and, and some of the things that you notice when, when patients walk through the door, I mean, first of all, a lot of what you're addressing is, of course, all the systems, but the nervous system being a key system that you're addressing.

And so that being very tied into, to brain health, what do you notice when it comes to, you know, because we have we've got a conventional view of things like dementia and Alzheimer's and cognitive decline and, and, chronic fatigue and all these sort of like nervous system, brain, gut, you know, kind of, detox systems.

And then we have got an integrative perspective on these things, which is maybe a little bit more elaborate, a little bit more, and of course, integrative, and inclusive of a lot of different systems.

And then I think you probably carry a unique perspective. And I haven't talked to you about this. I'm really curious what it is that you're picking up just through your own experience, based on on the patients that walk through the door when it comes to nervous system dysfunctions, brain dysfunction, you know, foggy thinking, you know, sleep issues, the standard stuff that that we might, might see, I would say over the past even six months or so, my patient caseload has pretty dramatically shifted towards, patients with, with central nervous system symptoms, whether it's, sleep issues, brain fog, post-concussion, post-stroke, post TBI.

So I'd had always been kind of working my way that way. And that's been, you know, the the track of national camera strain that that Brian's been taking us all on.

But I would say that the approach to treating the central nervous system for me right now isn't really all that different from my approach to treating someone with moderate D. O. A.

in that, and you kind of said it in my bio, the paradigm is that we want as applied anatomy, so we want to take it a look at the very specific areas of the brain that may be affected, whether it's, you know, brainstem, diencephalon or the thalamus and the hypothalamus, areas of the cerebral cortex.

But we want to take a look at those specific areas of the brain. We want to take a look at the veins that are responsible for draining those areas of the brain, and then the arteries that are responsible for supplying blood to which are capable of vaso spasm, just like arteries and veins in the rest of the body.

And we want to restore normal perfusion to that area of the brain. So so this seems to be a big part of it, right? Like when we let's just take, you know, concussions or, traumatic brain injuries of any kind.

My, my firm belief is that the body is capable. It hasn't. Let me put it this way. The body has the wisdom and the intelligence to to recover, to, to heal.

Right. And yet the sort of opposition to that argument is, well, just sometimes it just doesn't. Right. So, so there's something blocking this wisdom from expressing this intelligence from expressing health. Right.

So, so from your perspective, what are some of those things? I mean, of course, we we've been naming sort of the the venous lymphatic system and what have you.

But how are these things, preventing us from fully recovering when we deal with something like traumatic brain injury or concussion or, or anything like that?

Well, perfusion is going to be the big one. Perfusion. And then on the, you know, being slightly side of the capillary, but there's going to be congestion and inflammation.

Tissue that's congested and inflamed is just not going to heal. Because there's no room for oxygen, oxygen and nutrition. Again, in the, in the arterial system.

So that's, that's going to be the main way, but that's impacted by so many different things. We can have intrinsic vessels, spasm of living somatic vessels or other of the arterial vessels.

But those vessels are also indicated by the autonomic nervous system. So like the one kind of protocol, for lack of a better word for treating, anyone with cranial symptoms.

Is treating the pre ganglion sympathetics and posting really sympathetic nerves that originate from the spinal cord T1, t2 primarily. And then come up the cervical spine of the inter neck through this, cervical sympathetic chain.

They synapse at various ganglia there. And then we have posting, we noticed that come up into the brain via different people artery internal carotid artery and and innervate all the vessels.

And if we're in a elevated state of sympathetic arousal, we get vaso spasm and of those vessels of dysfunctions. Yes.

Brain Health, Perfusion, and Nervous System Dysfunction

I just want to recap that for for maybe those who aren't quite understanding the technical speak to the nervous system is, is, coming into the brain and, and that nervous system that may be caught in this, this fight or flight response on a, on a continual basis which, which is good for inflammation and for a lot of things.

But it's if it's chronically stuck on and we can't we those, those nerves can't tip over into the parasympathetic state that allow for, detoxification and removal of things and healing, then that's kind of what's getting us in trouble.

Is that is that essentially what you're what you're saying? Yeah. I mean, the way that I talk about the sympathetic nervous system is that it is. And, recognizable terms, it's the fight or flight aspect of the nervous system.

So when we're either running for our life or fighting for our life, we're in this elevated sympathetic state. It is a protective, reflexive state that we go into when we need it.

In that state, our body, our central nervous system, only cares about surviving that moment, right? Right. And then as soon as that moment passes, it only cares about surviving that next moment and then that next moment in that state.

You can't possibly your body can't possibly be in a good state for longevity, right? So, you know, one of our main goals, and I do this with almost every patient that I have that has central nervous system symptoms or chronic pain is I have to get them, get their sympathetic state, you know, depressed or not depressed, that balance.

Right. We have to find that homeostasis between the sympathetic nervous system, the parasympathetic nervous system, but removing the dysfunction within the pre and post game, the sympathetic nerves.

And so so with your sort of counter strain manipulation. Right. And this is not moving through something. Right. It's a, it's some other part of the body.

So, so give me an example of what you might adjust or manipulate and say not no, no, just, when it comes to those, those pre ganglion cells. Yeah. So we have from, from the T1, T2 level of the spinal cord or sympathetic nervous system or joints from T1 all the way down to L2.

Predominantly the fibers that come up into the neck and then eventually up into the cranial cavity come from T1, T2, and they travel up this, this little neural structure that comes right up the inter aspect of the neck.

So we have counter strain, tender points along the clavicle and a maneuvering arm that would let us know that those tissues are dysfunctional. So we would assess or diagnose the need to treat those there.

And then we would monitor those regions of the body for a successful release. The way we release that one is with the support position or slackening or indirect tension of relations.

So the nerves travel from here and they come up, very generally speaking. So we position the head in the neck in this kind of flexed side, been taught and rotated position in order to, take the mechanical strain out of that tissue, drain the interstitial fluid off of it, that's kind of keeping it congested.

And therefore, in this elevated state of, proprioceptive awareness. And then, hold right. We hold that position for anywhere from 45 to a minute to seconds, usually at most.

And that hold is rarely where the magic happens, because that's what allows the lymphatic system to drain the interstitial fluid off of that tissue. And this is what's fascinating, right?

It's such a simple manipulation and it's generally pretty comfortable. I mean, you can almost fall asleep in a session sometimes you can but it's that holding that somehow is sending mechanical signals.

The body's picking up some signals that's allowing it to shift its state. I mean, this is what's fascinating to me. And perhaps you guys know how it works.

I don't pretend to know, but it's fascinating to me that that just a little bit of manual manipulation like that can can create new signals for the body, allow that drainage to happen.

Right. Which, which get rid of of all those inflammatory cytokines and inflammatories that are in the tissue that are causing both pain and also exacerbating this sort of sympathetic drive.

Right. And so we're draining those out and preventing from new fresh, oxygenated life force, energy rich, key blood oxygen into that tissue, right? I mean, however you describe it, that's where the life force energy and healing energy is going to come from.

So removing the block, getting fresh, good stuff in there. And that's what allows for for the, I guess, progression toward healing. Right? I mean, that's that's totally mind blowing to me.

And I don't, I don't I honestly don't know anything like it. It's, it's so simple and, and it's releases and it's purely based on anatomy. All we're doing is an indirect tissue manipulation.

To and that's it. But it's, it's so specific. And so, yeah, I mean, you know, I may put you and I cervical flexed, side bent toward, rotated toward position.

And I could do that general positioning for, let's say 50 releases. But the, the single structure that I'm targeting at that point for that technique, for that 45 second hold is the cervical sympathetic chain frigging meaning sympathetic fibers specifically that, that run through it.

But a very similar release just again, targeted towards that specific structure and towards that specific tender point. You know, would be for like the common carotid artery or the recurrent branch of the laryngeal nerve or, you know, the, the inter longitudinal arm into the neck.

So, the positions are very general, but the, the technique is this very specific as far as what anatomical structure that we're targeting for that specific place.

And what I love too is that, you know, let's say somebody comes in with mild hearing loss or, tinnitus, right where they got the ringing in their ears right now.

Now, conventional medicine looks at it one way. Integrative and functional medicine would look at those things in a different way. Or chronic headaches. Right. Cluster headaches.

These are things that are I think we can we can reasonably assess that those are symptoms. Right. Like those aren't the problem. They are the symptom.

And so trying to suppress them or get them just to go away in any way possible is not really an objective that we, that we would ideally want to follow.

And, and what I find about counter strain is that it's not necessarily even, trying to get rid of the tinnitus, for example. It's just looking for where the dysfunctions are, where the blockages are, what needs to be addressed, and in so doing, these symptoms can just start to go away on their own.

Right. And, and and again, it's because you're addressing the fundamental blocks imbalances and dysfunctions, and the body can, can reassert itself. It can it can reset.

And so that's what I, that's what I love. And I'm curious if you would have somebody that comes in with, with tinnitus or cluster headaches. Is that something do you guys have a framework that you even look at these sort of, symptoms or, or disease states, so to speak?

Do you even address those in any specific way, or does that give you just an insight as to, okay, I've seen tinnitus before, and I generally know kind of what I typically see.

And and I know what to look for, so to speak. And in terms of imbalances. Yeah, diagnosis diagnoses and pathologies certainly give us a framework. And they give us like a target. Right. So if, if I just treated it and got rid of dysfunctions, but we saw no clinical impact of that, then that would be kind of boring.

But the fact that that, you know, a patient can come in, I can assess them via the cranial scan and be a hundred points and, diagnose or, find dysfunction, depending on how the social that patient is to me, I can predict whether or not I feel like I'll be able to help that fascia.

Yeah, that makes sense. So, if they're coming in for, for migraines and I find sympathetic or dysfunction, I find surgical and cranial vascular dysfunction.

In the arterial system, in the venous lymphatic system, I find dural, dysfunction, in the cranium and the spinal cord. Then I can reasonably predict if we can successfully get rid of these dysfunctions, then your symptoms theoretically should improve.

And anecdotally, they do. So that's what kind of keeps it interesting is ultimately like why we're in this position. Because I love to help people. And I want to help them with whatever ailment they're suffering from at that time, whether it's headaches, brain fog, or some of the more complex central nervous system allergies that are out there.

Well, and, you know, I've, I've actually recently dealt with a bout of mold, toxicity and infection and mycotoxins in my system. And, and, and I have some awareness on how to deal with that.

And, yet I've gone into Kyle and he's noticed that my, my venous synthetic system was blocked. It wasn't flowing, it wasn't moving. And so this is one of those examples where I can do some of these, lymphatic drainage techniques. Right?

I can do some, massage type of techniques and some dry brushing and, and, and some oil massage and other things to saunas. These are, exercise. These will get the lymphatic system going.

And, still, I can be a little bit blocked. Right. And so when I come in and I'm doing sort of a detox and I'm trying to clear this mold and toxins out of my system, coming in to Kyle and having him open up those channels that are blocked and moving, that, that, that out, ended up being extremely helpful.

Now, specifically, what I noticed the last time I saw him was that my elbow, had a little bit of inflammation, a little bit of pain. When I, when I would exercise or work out.

And after seeing him the next day, that inflammation was dramatically reduced. Right. And so what I chalk that up to is not something wrong with my elbow, so to speak.

Now why it was showing up there, I, I don't know, but but ultimately the inflammatory load that was being put on the elbow due to, the various toxins and things in my system, we're getting blocked and caught in and particularly in the elbow.

Right. And that's where, that's where the. And again, it could have been something back in toward my, my spine. Right. And and sending peripheral pain to my elbow.

It could have been directly in the elbow. Right. So I'm trying to point to this idea that there's so much going on in the body that when we feel pain somewhere, it may be as a result of something going on in a different part of the body.

Right. And so, so freeing this up and providing relief in the proper way, can can result in all kinds of symptom relief throughout the body, not necessarily based on where the location of that is.

Yeah. And I think, you know, ultimately with every kind of strain release that we do, what we're physiologically doing is restoring normal function to the lymphatic pump, telematic pumps that are in that area.

Because that's what allows the lymphatic system to its own internal intrinsic pumping mechanism, to then absorb the interstitial fluid that's housing the chemical waste that's pissing off the tissue.

And ultimately as, you know, as humans, we kind of bend where we break or I'm sorry, we break where we bend. So if you're inflamed and you're doing a whole lot of bicep curls, tricep extensions, you're moving a ton of your elbow, that's where you're going to feel it.

But your whole body is inflamed, or your whole upper extremity can be it can be inflamed. And the dysfunction and the primary accumulation of that could be, you know, near your thoracic outlet.

Let's say, as an example, I think it was actually. And now that you said that that's that's what was going on. Yeah. Yeah. And, you know, I think what's fascinating too, and just to kind of give people the sort of the waste removal system, if they're not familiar with it, right.

We have this interstitial fluid or cavity, how you want to think about it. In fact, it's actually been classified as an organ recently, right, by the medical system.

We said, and all this stuff that we thought was kind of blank fluid space. Well, it turns out it's it's kind of its own tissue and it serves its own function.

And we can classify it as an organ system. And so that's basically throughout the body and micro structures and large structures, and that the fluid is exchanged into the lymphatic system.

Right. And the phoenix lymphatic system. And then that is, is goes eventually into the, the gut. Right. And we get that into the gut where we sweat, sweat that out.

This is how we get rid of a lot of waste, right? We breathe it out too. But but the idea and this is what our data. There's a couple techniques in the punch.

Counterstrain for Concussion, PTSD, and Neurorecovery

A comment system to get all those those all that metabolic waste, all that crap into the lymphatic system, into the blood, into the into the gut, eventually, so we can excrete this stuff. Right?

So it's a really, really integral part of waste removal is that interstitial fluid and lymphatic system. And so when that gets blocked and backed up, you know, that sets us up for a lot of long term issues.

And, you know, not not not just in sort of the body but the brain. Right. In fact, the brain has its own sort of lymphatic system that we've termed the lymphatic system.

So maybe talk to me a little bit about that anatomy, because that's a big one when it comes to dementia, Alzheimer's, you know, all the brain related dysfunctions and neurodegeneration that we see can easily be tied to the, the, the function or dysfunction of that complex system.

Yeah. I mean, the granddaddy system is, is one of the major waste removal, systems for the not not just the brain, but for the central nervous system.

And one of the most interesting things about that system is that it is most active during sleep. So it's most active when we are in parasympathetic mode.

But how many of us are walking around regularly in a parasympathetic mode where most of us are stressed or anxious, nervous, or depressed? And especially when we're talking about a central nervous system, patient population, when you add in Alzheimer's, dementia, PTSD, so their brains are literally not being cleansed every night when they go to sleep, like the rest of us and even people like you and me, our brains are not cleansing properly, as optimally as they could with intervention.

Right. So, so, yeah, we have techniques that specifically target, all the, the sagittal or all the venous sinuses, the deep rings of the brain and the climatic system of the central nervous system to improve drainage while we sleep.

And more holistically, part of that, what we have to do is get people out of that high cortisol, high stress, high anxiety, sympathetic state that they're in, on a daily basis to.

Yeah. And I actually just travel to Europe recently to, on vacation with my family. And of course, we experienced tons of jetlag right now on the way there and and jet lag on the way back. Right.

So even these sort of, disruptions in sleep that come along with sort of modern life, right? A lot of people travel for work. Of course we have even the most simple one is Daylight Savings Time, where we change our clocks. Right.

Which is kind of silly. And, and all the data shows that how unhealthy that is. When we lose an hour of sleep. Right. So all these micro disruptions and significant disruptions that we experience throughout life are causing, problems with our ability to remove waste from the from that brain, right, from that nervous system, central nervous system, and, and and it's I'm hesitant to say that that is the cause of, of any brain dysfunction.

But whenever we see neurodegeneration and any brain dysfunctions show up, inevitably we are going to see, dysfunction. With regard to the the waste clearance system of the brain.

I mean, it's a highly metabolic. It's like the most metabolic organ that we have is the brain, right? There's so much mitochondria, there's so much going on.

All, all the time. We need to be able to clear that system out. And of course, that's why it's such an important, organ to, to to focus on. Well, and another thing they found within the global heating system is, is infection, right.

So for many years, when it came to degenerative, neurologic diseases like Alzheimer's and dementia, the concept of that, that, that degenerate process could be induced by infection getting into the brain. That didn't make sense because how can it actually get up there?

There's no that system. So it wasn't until the discovery of the global heating system, which really wasn't all that long ago, did that become possible?

So, yeah, a poorly functioning lymphatic system in the central nervous system will allow for infection to stay in the brain. And there are some other kind of vascular effects that happen, that follow that, that then lead to degeneration of neural tissue.

And that's one thing that, that we see via imaging and via autopsy in people with these, these conditions is decreased blood volume or decreased neural volume of our brain volume.

Right. And that's always been interesting to me. And it was until recently that that I understood why, or got like a great example of really why they talk about the brain in this sense of volume.

And it's because our brain is in mostly water, it's mostly fluid to the point where when, cadavers and and the that in this type of cubic everyday section, when brains are, cremated, they're, there's no ashes, it just evaporates completely.

So while the rest of the body will create these ashes that we can then gather and then return back to the families, the brains that operate independently of the body just completely evaporate.

No ash gets created at all. So, yeah, in these very specific areas of the brain, they're responsible for, specific functions. And there's a lot of overlap there.

But what they see is decreased volume of that area of the brain. And I attribute a lot of that to decreased perfusion in that area. So we have congestion on the attic side.

That's not allowing for infection. But also biochemical markers of concussion TBI. Right. So when someone has a head injury, there are actually biochemical markers that are consistent enough, to where, you know, they can they can see that, and that those battlefield markers are getting trained on either they're sticking in its brain, within the, the drainage pathways.

So, yeah, that drainage pathway plus the blood flow into that area, if those two systems are not working together and blood volume up or. I'm sorry, I keep saying that that, brain volume of that area will start to break down and start to decrease or atrophy, just like any other part of the body.

Yeah. And this is where, you know, on sort of the early side of brain dysfunctions, we start to see some of these common symptoms show up. Whether it's the gate is a is a start to, show up in a little bit, wonky way.

Handwriting starts to get a little funky right. There's memory starts to go a little bit right. All these things start to show up, and a lot of it has to do with that reduced brain volume.

With all the the metabolic dysfunction, the inflammation that's starting to show up at that brain level. So again, this is where I think this is why I love Counter-Strike so much.

This because it is irrespective of the disease label. It is irrespective of the dysfunction. It's really all about creating flow in the body and returning function to the body.

And so as we close, Kyle, maybe you can just give us give me an example of some of the things that you've seen,

patients that you've seen walk in the door with some, some kind of brain dysfunctions.

And, and how counter strain is has as been a part or perhaps even this whole thing that has relieved their symptoms and got them back, to a more normal function. Yeah, sure.

Well, one thing I want to add to what you just said to us is. A lot of this, like decrease in, in brain volume, if we can correlate the symptoms of that patient's having or the pathology that that patient is diagnosed with, with the veins that are responsible for draining that area of the brain in the arteries that are responsible for supplying blood to it.

Then we can restore normal perfusion around that area and we can do some pretty amazing things. And, and it just depends on what area of the brain it is.

Right. So sort of talking about like, motor programing planning. So for that, generally speaking, we would target the basal ganglia. Like for someone who's in in chronic pain, PTSD, stress, anxiety, depression, we can target the limbic system.

Right. In the hypothalamus, in these areas of the brain that correlate to, being synthetically upregulated and, being in a high, you know, elevated state of cortisol in the body.

So we can target the HPA axis and things like that so we can it's really cool as we dive more and more into neuroanatomy, how we can very specifically target, areas of the brain.

Via meta perfusion. Yeah. So some, some specific. But I was, I say and kind of one of the things I'm hearing from you is you as you, as you kind of get into some of the things you've seen is it sounds like the body is very responsive, the brain is very responsive.

In other words, once we restore some of this function, it can come back. Right? I think this is what's fascinating to me about injuries is that, you know, seemingly some some injuries or some diseases can be can seem like it's very difficult to recover from them, but it's in large part because we lack the sort of the, the, the, the healing capacity that requires that.

And once that's restored, it's amazing how fast the body bounces back. There's certainly like preventing or halting or stopping the degenerative process when it comes to, to some of these diseases.

And I think that if we can restore the mechanisms that you're referring to that, that we can do that, I think we can stop progressive degenerative conditions, to a degree.

And it depends on why. But, but and then, you know, over time, as we restore these healing mechanisms, can we see things start to improve. And that's something that we're we're exploring now.

And anecdotally we do have. So some cases of that for sure with things like Alzheimer's and dementia where it's slowly over months and months and months, things are starting to improve.

And, you know, family members that are closest to these patients are starting to know that they're improving and things like that. But then the other thing is, well, why you to get there.

Right. So, you know, yeah, for guys like you're beyond 30s and 40s, like why you even get there. Like, let's just do the work now. Right. Let's get this treatment now.

You know, a quarterly basis or a monthly basis, whatever it is, so that we don't have to worry about that stuff in our 60s, 70s, 80s, and our central nervous system is just still working optimally because we've taken care of it over the last 40 years.

Right? Yeah, totally. And that and that's and that's exactly how I would approach, anybody that's looking to, potentially use counter strain in their life is, is prophylactically, right?

Preventatively use it as a preventative measure. And also, whatever showing up in your life in terms of dysfunction, whether it's a little bit of, you know, disrupted sleep, a little bit of pain here and there, a little bit of digestive issues or things you don't even you're not even aware of yet. Right.

That can be addressed. And also, the longer term prevention and I will say this, that, you know, oftentimes what I see when it comes to, some kind of therapy that somebody is pursuing sometimes that's the only therapy they're using.

And still sometimes you see results. Right. Like this is what's fascinating about counter strain is that, you know, we could we could look at a, we could design a study, for example, and say, this patient population with these issues goes in and does counter strain.

Let's see the results after six months. Now let's take a look at those, the same identical sort of group. And let's do counter strain plus exercise plus change their diet plus, improved, you know, sleep architecture.

Right. And we start to incorporate a more holistic approach. This is where we start to see counter strain, I think. And the other therapies really thrive is in the context of, of an improved, lifestyle all around.

Right. And maybe some supplementation. Right. There's so many things that we can do. And again, this is where, no matter whether it's acupuncture or, counter strain or, or chiropractic or whatever, the technique and, and therapeutic tool is, if we can use that in a context of, of improving the entire picture.

Right. And this is where I think Dale Bryson's in such a great job is a comprehensive approach to things like dementia and Alzheimer's. Now we throw something like, like counter strain on top of that.

I mean, this is where I think the the results are even more profound. And we get there quicker and, and we start to see these slow changes start to move really quick.

And we can get, I think, a little bit farther than we than we otherwise start. Right. This is again, it's because the ability of counter strain, I think uniquely to open up the systems to get things flowing and to allow the body to sort of return to a more optimal state of, of, harmony.

Right. So I'll tell you about, probably one of one of my favorite patients, I thought was me, it was in the central nervous system. Where else? I don't like him.

And then I also want to tell you about, an ongoing research project that basically was done exactly what you just, kind of talked about. And they're doing some amazing work, too.

So I definitely want to talk about them, especially with the patient population that they're specifically targeting. So my patient was, collegiate wrestler, high school wrestler, wrestling at Iowa State.

So, you know, big time, big schools and big time wrestling, and just had a history of concussions going back to probably middle school, like he was a one time, training in, like, the Olympic facility.

So he was a high level guy, lots of concussions, and then eventually had to medically retire because he got to a point where if he got bumped, he'd get a concussion like his, his tolerance to a mechanical trauma at that point was just so low.

He started getting into coaching, and, and I work with both him and his girlfriend, and, and working with him initially. And he had all the basic signs of, of post concussion, post kind of TBI.

Finding a Practitioner and Training Resources

Right. So like light sensitivity, noise sensitivity, and cognitive function sensitivity. Right. Like if you were, if you questioned him too much when he was in a slightly stressful state, it quickly elevated to this kind of agitated, angry

state.

And in that, pretty some behavioral things, that, you know, from an outside perspective, you'd be like, this guy's crazy. Or, you know, if you were a family member of his girlfriend, you'd be like, you got to get away from this guy.

But it's really just the state that his brain in that they believe his brain to function in this post concussion, post multiple concussion state. But one of the most telling things that he told me was he he was running an errand, and, he knew he had to go get deodorant from the drugstore.

Right. But he was sitting in his car outside at, the drugstore in the parking lot, and there was at the drugstore on his left and the men's warehouse on the right.

And he just was sitting in his car, for hours, he said. He said I sat there for hours. I could not figure out what story needs to go into. So the functioning process of his brain like that, you know, decision making, the reward, cognitive function, not they just were frozen.

And he just sat in his car for hours being unable to make a decision. So that's probably one of the more like, low level. I have seen some other, like, satellite is patients who have described very similar symptoms.

But I worked with him over a couple of years now. I now I see him intermittently, but he's responded dramatically. And he's, he's actually back to doing some wrestling, and I have to almost kind of slow down a lot of times and be like, you know, in his training, he'll train with his athletes, and he'll get his head knocked every now and then.

And he immediately comes in. He's like, I did it again. But we can kind of clean them up real quick. But he doesn't go into full blown concussion mode anymore with trauma, light sensitivity gone.

You know, sensitivity gone. He's a happier person, as his girlfriend describes, like large personality changes. And then the cognitive higher level cognitive function stuff that he was describing before is gone. So, into working with him, what we targeted again was sympathetic nervous system, decreasing that elevated sympathetic state and then restoring profusion to the brain.

And then, I see him again here a little bit. One thing I'm kind of currently exploring, too, is being able to treat the axon bundles that actually travel through, the central nervous system as well.

So that's a, that's a cool thing that I'm playing around with a little bit as well. But, the other thing I wanted to mention is there is a, a group in based out of Washington, one of my colleagues, her name is Holly Christie.

She's a natural, empathic doctor. Her and two of her colleagues are, conducting a research study. It's called a bridge back project, where they're working with first responders and military veterans who are experiencing PTSD.

And they've developed, partial culturing protocol, for how to intervene with these patients. They interview with them for a series of visits, to complete that protocol and their early findings are remarkable, with how quickly they're getting these patients to one pass psychological examination and to move from this diagnosis of PTSD to no longer having PTSD, but also to return to work and to return return to normal function, in society.

So, this whole concept of us being able to mechanically intervene on the central nervous system and at least to this point, anecdotally see symptomatic change, they're doing an amazing job at researching that.

And, giving us some evidence that what we're doing anecdotally, we can verify with research to so. Well, I mean, it's amazing. Yeah. And counseling has been around for a few decades, but it's still fairly young in, in its, I guess, expression.

Right. You guys are still learning a lot. You're still experimenting a lot. The cool part is you can experiment and play around with this technique in a way that is nondestructive.

It doesn't cause a lot of harm. I mean, that's what's really profound about it. It's either you're probably just going to stumble and not find anything or, or it's not going to work, or it's going to work and you're going to figure out what was that?

How did that work? What's happening here? How can I, you know, duplicate this? What can I learn? Right. And and because it's an experiential technique, you're actually learning every time you do this, right?

So, so, I have no doubt that in ten, 20 years, this is going to be a technique that, so many people have heard of. It's going to be, in, in, in a different place than it is now in terms of its availability and, and just your guys's understanding.

I mean, it's it's truly amazing. And again, I think it's worth stating once again that this is a technique and a therapy that can stand alone on its own and provide tremendous relief, not just of symptoms, but of actual function and dysfunction.

That's going on, buddy. And when we, throw it on top of, of a, of a program, a comprehensive approach dealing with any kind of disease. Symptomology. It's really, really remarkable.

And it enhances anything that you're doing already. Right. And so for anybody that's dealing with symptoms, anybody that wants to prevent any kind of dysfunction and disease, this is a technique that, I have to recommend.

And it's why I love bringing you on and love talking to you. And I love coming to see you. And it's because it every time I go in there, I actually get I get something out of it, right?

I mean, not only my preventing things long term, but it's like I can actually tell that that you've created a positive change just after that one visit.

Right. So it's it's truly remarkable. Kyle, where can people find more about counter strain if they're in different parts of the US or the world? How can they find, a practitioner, perhaps?

Yeah. If you're, if you're a prospective patient and you're looking for a practitioner, there's two online databases right now. There, there's g counter strain.com, which is, the Johnson's two website.

And on that website we have a student directory, where patients can go in and plug in their, their zip code or their home address. And then it'll auto populate a search with kind of a close to practitioners in your area.

And then there's also a counter strain.com, and there's a practitioner look up there where again you plug in your home address or zip code and it'll auto populate.

Certainly with with this kind of higher level central nervous system work. You know, I'd recommend just looking for, for students of, of counter strain that have taken, a lot of courses, kind of specifically up into, like the central nervous system or the, the normal 1 or 2 courses that we offer.

So those would be the two places to find somebody, to find a practitioner. And then if you're a practitioner out there looking for training, we offer, our entry level course into this factual string curriculum.

It's called the social, counseling Partial Foundations course. And that course is taught 3 to 4 times a year. We have one coming up in November, later this year, in 2022.

And registration for that course you can find on, the Jones Institute at Boston.com. Beautiful college. And if you're in San Diego, you can go to counter strain.

ASD right. Counter strain.com to find kind of strain. Yeah. Countering.com. That's that's my website beautiful. Well kind of thanks so much for coming on and again I'll see you in a couple of weeks and you can work your magic.

It's been a pleasure. That's good. Thanks. Jason