BioReset: Cutting-edge Techniques To Reset The Nervous System For Pain, Mood, and Addiction Transcript

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Introduction and Dr. Cooku2019s Background

Welcome to the bio optimized summit where we explore the next level of physical and mental health you can reach through intentional and targeted optimization.

I am your host dr AMy and I am very excited to have with us tonight Dr Matthew Cook who is a board certified anesthesiologist and has also completed a fellowship in functional medicine.

He runs a practice called bio reset Medical and provides treatments for conditions ranging from pain and complex illness to anti aging and wellness. He treats some of the most challenging ailments that people suffer from today, including Lyme disease, chronic pain, pTSD and mycotoxin illness.

His leading edge approach uses the most non invasive natural and integrative therapy as possible. And so this is why I'm so excited to have him on to share his knowledge and expertise in this and relative to the current pandemic Dr Cooke has spent the past many weeks distilling the latest research talking with experts around the world and integrating his vast clinical experience to provide up to date information to the public and medical practitioners. He does have a podcast which I highly recommend you check out and it's called the bio reset podcast and thank you dr Cook for joining us today. I am so excited to interview you and to talk about what you're doing there at bio reset. Thanks, I'm delighted to be with you.

So coming from anesthesiology. Why functional medicine and this integrative cutting edge approaches. How did that come about? That's a good question. I um I was always super interested in integrative medicine and yeah I was kind of remembering I also was really interested in sports and expeditions and it was rock climbing and kayaking a lot and I went into anesthesiology primarily because it was super interesting physiology and we got to do lots of injections, but I wanted a job that would allow me to take time off to go on expeditions.

Uh but it kind of hurt me because I really liked patients and wanted long term patient care and as soon as I started doing it I realized uh oh I gotta have a little diversity.

So I actually started going into integrated medicine and taking courses at a for em and I FM and I got board certified and functional medicine. I learned acupuncture. I've actually got a doctorate of medical Qi Gong. And so for the last 20 years I've been trying to marry basically the east and the west and come out with sort of a comprehensive approach to wellness that is so very similar to my life and career path.

So I love it and I love what you're doing and what I hear from patients.

Hydrodissection and Nerve Resetting

So talk to us about the hydro dissection because that in particular has been where a lot of people started met you and within hours you were able to take away pain that they had had for years and spent thousands of money with the physical therapy and were able to accomplish that until they came to you with the hydro dissection.

So, talk to us about that. That's a great question. The so during all of those years when I was an anesthesiologist, what I did was I used an ultrasound to find a nerve that went to a certain part of the body and then I would just do a nerve block and put that to sleep.

So I could put the elbow to sleep if they were doing elbow surgery or if I could put the shoulder to sleep if they were doing shoulder surgery and then interestingly you'll like this.

Then for all my surgeries I would just do some sedation with ketamine because I didn't need to have them all the way to sleep because we would just do a little sedation and a nerve log.

And so then I used to tell people all the time, you know what, someday I'm gonna figure out how to just do nerve blocks and fix nerve pain and people would be like that job doesn't exist that look like they would kind of pejoratively speak to me, which was awesome.

And so then I then over the last six or seven years I started to find out that people were doing nerve treatments with 5% dextrose. There are some people that were doing stem cell treatments with like adipose derived stem cells And I was over there and then I found out about this and I'd already been doing ultrasound guided procedures for 15 years at that point and so then I went to a couple of meetings and next thing you know, I was kind of teaching people how to do how to recession.

And then over almost overnight I was at a meeting and I looked around and I called a friend of mine. I said I'm gonna quit my job as an anaesthesiologist and start doing nerve haider dissection and that's what I'm gonna do for the rest of my life. And that's basically kind of what happened.

And then I've been on an ever evolving journey of different products that we can use to reset how nerves function because the nerve and the brain also acts a little bit like a computer. And so if you can do a little bit of a hardware or a software reset a lot of times you can reboot or reset a nerve, which is why I called my company by a reset in the first place.

And so then basically what happens is as we look and we do a movement assessment and we I do a physical exam where I palpate every nerve. And then I use an ultrasound that I look at the nerve and I look at the ligaments and tendons and the joint and I make an assessment of what I think is causing the pain. And then I build a model of how to treat that based on what we find. And so a lot of times if somebody has a joint pain or sin of itis or inflammation, often there's some neuropathic pain that goes along with that. And so we try to reset the nerves, we try to treat the joint, we try to do comprehensive approach is often with a lot of functional medicine laid on top of that. And so that's how I got here was kind of an evolution, but it allowed me to kind of connect the dots and end up being in patient care and being kind of where I wanted to be the whole time anyway, so it's kind of awesome that is like you're getting the best of both worlds, you're getting the procedures of the anesthesia, but you're getting that that relationship with your patient and seeing that long term follow up and getting the results, you're you're able to also add on to what you're doing to accelerate their healing and and add to that like you're doing with the peptides.

I know, so we're gonna be talking about that shortly. So there's a whole bunch of different nerves. So there are sensory nerves, there's motor nerves, there's nerves that kind of control how how blood flow flows into tissue beds. And so you have all of these different nerves that are doing different things and then they can be inflamed.

And if someone has a lot of immune stress, like patients with Lyme disease or a variety of other nerve type of situations can lead to inflammation in the nerves.

And so one thing we're trying to do is modulate and reset inflammation in and around nerves. And you've always probably heard about stem cells being good for immune modulation.

And so that was where I actually started and I mentored with one of my heroes was bob alexander and uh is one of the godfathers of adipose stem cells and stem cells, I would say in general. And one of the the people who we all stand on his shoulders in terms of the work that he did. And so I started, started with that and with the dextrose experience evolved into uh a lot of work with placental telegraphs. And now we're evolving into Um using peptides and in particular some peptides, particularly thymosin beta four seems to modulate nerves and reset inflammation. And so we're doing that for neuropathic pain. We're doing it for peripheral neuropathy and the experience has been positive and it's for me, I feel that What we're putting in is evolving and then how we're doing nerve hydro section. I like to tell everybody because I live in Silicon Valley, the computer chip is has doubled in speed basically every year since 1969. It was more slot and I feel like the quality of what I have to inject and then the technology that that we're using to put it where we need to put it is also doubling every two years and were more than twice as good at everything that we do than we were two years ago.

And were we were we were at that point more than twice as good as we were two years before that.

Immune Modulation, Addiction, and Root Causes

So it's almost like every month you're where you're getting a little bit better and part of that is that and Covid has only helped this that we're in an area is kind of like my nice conversation that I had with you before we got on the call.

Um it's just like, what are you doing? How are you doing that? What's working? And there's there's such a air of cooperation and uh and sharing information. And so I'm I'm I'm just progressively more inspired and hopeful about about the practice of medicine and and and then how we're gonna be able, I think we're gonna change the paradigm on a lot of areas of immunology, uh neurology and pain management and then musculoskeletal medicine as well. Yeah. And as we were talking like we have both worked on the nervous system but from different perspectives, right?

Like you came in from anesthesiology and doing nerve blocks and I've been working from the trauma and addiction side of things, working with the nervous system, getting that back to a place of health and yet both of us have independently reached this place where we realized how much the immune system affects the nervous system and its ability to shift and I was running up to into these blocks where the nervous system just was not shifting out of that survival state and constant anxiety or freeze response just because of the amount of inflammation that was keeping that nerve cell, the whole neurons in this environment of danger.

And so I've learned and it sounds like you have also learned that this immune modulation piece is crucial to really helping optimize the health of the nerves and resetting some of these pain pathways.

Yeah, I think so, and and then I think another sort of alternate paradigm that would go along with what you're saying is is that I'm almost sort of wondering if I need to totally reframe like my thoughts on addiction, because I think a lot of, a lot of a lot of that is actually underlying immune dysfunction.

And and then basically what happens as a result of that underlying immune dysfunction and and sort of in an inflammatory state that leads people to self medicate and that the expression of that self medication is is addiction.

And so then uh and so and that's why I feel like there's a bi modal experience in addiction, because some people you just do some stuff and then it's like, oh tada, you know, Yeah, you've had those cases and I've had those cases too, and it's so sort of amazing and it's sort of like, oh wow, that was easy and then you have the other ones that it's like you work five times harder on and there's it's still a challenge. And then in almost and I would say that is because I've been in and around the diction world for a while and, and I think that that was one of the fundamental things that drove me into understanding Lyme disease and complex illness and mycotoxin illness because basically my difficult cases that I couldn't help, I ended up finding those diagnoses and then and then working on those and then that was like the secret to helping people overcome that. Absolutely. Like especially in the addiction world, there are so many root causes and the addiction is just the symptom of that, that is not the primary disease. That is just a symptom of all the other imbalances that cause such dis regulation of the nervous system that they need or they feel the need to medicate self medicate in order to just try to quiet that dis regulation in their nervous system. And so when we can identify those root causes whatever they are. And for some people, like you say, there's one main root cause and you deal with that and it all goes away right?

You're like, oh my goodness! If only we had found this years ago for this person and then other people, it seems to be several different things. They might have had several viral infections or mitochondrial dysfunction or gut issues like there can be multiple root causes and they are the more complex patient, but optimizing that and being very intentional and targeted in finding those root causes is huge for those people because the addiction, yeah.

Is just the symptom as you're saying. Yeah, it's it's exciting because I think there's gonna be some interesting sort of interesting and evolving, changing paradigms. You know, we one of our topics I guess we're supposed to talk about on this call is N.

A. D. And so I've I've had a very, you know, positive experience with any d um an addiction, you know, and I studied with dr Metier and dr Metier who's a psychiatrist who's the foremost person to um to use any d I would say in America and and and has a long experience of doing any D.

And so then we um you know, I was I just really support the work that he has done and and he came up with this idea of this 10 day approach to addiction. And ultimately, I think that that's a phenomenal approach. I think that you need to marry that approach with a functional medicine approach supports them in an ongoing way.

Um I was telling you, it's like I get a call every day from somebody in L. A. With addiction issues and basically two years ago, what would happen is or three years ago I would have this long conversation with them and I would explain to them what anybody was and That nobody had ever heard of it.

And they were like, what are you talking about? And now 100% of the people that I talked to are like oh yeah uh I'm doing any d. And now interestingly the experience that media had was that You would treat people you do this 10 day protocol.

And then at the end of that protocol often somewhere between day two or three and day 10 the alcohol cravings would go away and it works really good for alcohol also works quite well for opioids. And it works in my experience for for methamphetamine and benzodiazepines and stuff like that.

However not as well as for alcohol just because I think those are bigger, more complex issues and have more functional medicine. Underlay organ system dysfunction.

That's that's come about from that. But he would say he would tell me at some point between one and three months it would be like they fell off a cliff and they got to come back in and do another I. V. As a booster.

So then what I started doing is and I and interesting we do the sub Q. N. A. D. And a sub Q. N. A. D. Initially you start low but then you can work your way up and so then people will do two or 300 mg which is close to the 5 to 750 mg that people would do for an I. V. But at a much lower price point.

So then we started calling in and having people do sub Q. N. A. D. Often before they would come to see us. Which would be very helpful and they would come in in a better place.

And then we started doing regular sub Q. N. A. D. As part of their maintenance plan when they leave. And what I found is this that's very very helpful for maintaining sobriety as they go out because now they're not falling off that cliff.

And then we're starting to rebuild their pathways. There's some uh mitochondrial peptides that you can all rotate any be out and then kind of cycle in um that can be can be very helpful um matt C. And then um there uh and and then we try to do a lot in terms of mitochondrial support both while they're going through their protocol but then also kind of in that sustaining period.

And then I'm gonna say something that might be mildly controversial but they they say you should do things that are controversial to lead to conversation.

And um my experience is is that we've got this endocannabinoid system that we have cannabinoid receptors in our brain. And the people that I have. I I have a good percentage of the people that I work with who we will have them if they're in a legal state for cannabis will have will have regular cannabis as part of their protocol. And then typically what they're doing is they're doing an oil that has CBD and THC and and when you have that combination it's much better than either one alone because they potentially eight each other.

NAD Therapy, Dosing, and Mitochondrial Support

And what I'll have people do is I'll have them start in the evening with just a little bit before dinner and then they'll dose it as as the evening goes and a lot of times that's a hard time emotionally for people to get through.

And there's sort of two schools of thought, there's the hardcore sobriety approach and if that's your path and the straight edge, I'm a super supporter of that.

And yet for a lot of people if you can get them on some cannabis and support them and they can mellow out and chill out a little bit and you have a good algorithm and people say hey I just want to do what my doctor says to do and I have had a much better experience in the addiction space ever since I started getting people to do this and our I think our results have gotten a lot better uh were you?

And so then once you begin to think on the addiction front of a whole bunch of basically systems there's the endocannabinoid system, there are peptide receptors all over the body and so you start to work those in and then I guess my final thought and you can ask me any questions is then as one of the things that I try to talk about a lot is dose and dosage and so interestingly N.

A. D. Is really awesome for immune function and and uh there's a lot of data and science around that and we found that when you start to give any d to people who are immune compromised and things like lime it can be helpful however once you start to turn on immune function and somebody who's been sick sometimes you can have a lot of trouble. And the reason why I say this is if there's people in the addiction world traditionally their energy levels were super low because any ideas this vitamin that helps you detox stuff and it turns out it's great for detoxing alcohol and benzodiazepines and opioids and all of this stuff so that if you're taking any d um uh you can refill your internal bank account that was depleted because um you've been using all of your N. A. D.

To detox toxins that you've been taking it. Okay that's phenomenal. And if you do that it generally works great. The one thing is for the cohort of people that have something really sustained and difficult from a functional medicine perspective let's say they're really in stage line that cohort and I was teaching people how to do all this stuff and I had lying patients and stuff like that but I think I probably didn't have very bad ones and I was doing a lot of addiction.

This is uh four years ago and I started teaching all the lyme doctors how to do any d. And I was having them do 500 mg. And one of them called me, my friend eric Gordon, who's a great super wise guy, he called me. He goes you can't give a sick line person 200 mg. That'll totally decompensate them.

This is like four years ago. I was like what? And then we found that. And so then that's another then little data point for the people that are listening that in general now what I try to do is start low go slow and then slowly People up building experience with that.

If you came to see me and you said I'm doing a triathlon every other month I got no problems. And I'm here to optimize then I probably would give you 700 mg if you wanted to do a high dose of I. V.

Even in that situation a lot of times I do lower. And I think that in the if if my my idea is that if you're cycling through different strategies to optimize mitochondria um I actually think that we're going to be able to find ways to get the same benefit at lower doses of any d. Hmm. Well when we integrate the peptides and were able to have a much better response to the N. A.

D. Because we are supporting the mitochondria with these other modalities. So mm hmm. And I'm using in a deep patches as well. And so even for people coming in, if they're delayed getting into the clinic then I will even start them on patches and sub Q.

In order to get their body kind of primed and exposed to the N. A. D. So that we can start at a little higher doses and not run into these negative reactions. But still yes with the patients who have chronic diseases, the chronic lyme especially there can be some very negative reactions.

Uh If we if we go too high of a dose which is still a very low dose for someone else who's otherwise completely healthy. I have one on right now. Yeah look at that.

Uh This is an act of Apache. Yeah so this is from Archway. Okay so I love uh they by far have the best N. A. Bi

product and I think that I think that the primary people that are doing a lot of N. A. D. Are aware of that.

It's interesting. I patients that I've had will be like oh yeah I was in new york and I got A. D. But it was awful and I felt terrible but it was really cheap and so then they were like uh so it's interesting so there's an experience around that but then you begin to say okay I've got the patches.

I've got the nasal spray. I've got this Q. I've got the creams a lot of times I'll put the creams on veins. And then bring vein health back. And part of the concept is is that once you get N. A. D. Into the body and it's gonna get absorbed whether it's floating around in the vein because you got an I.

V. N. Or whether it's um you've injected as sub Q. And it got absorbed into veins and now it's floating around in the vein. The first thing that it does is it gets absorbed by the cell that lines the blood vessel and ethereal cell and it starts to improve mitochondrial function in those cells. And so then vascular health seems to improve and interestingly you know I I a lot of I get a lot of patients who've been to Mayo Clinic or stanford and they've gone through these big things and over the last four months now I have people saying oh yeah hey by the way I was at like Mayo Clinic and they were telling me about any D. In the neurology department.

And now it's encouraging to me that we're moving in a super interesting direction. Yes. Yeah I started using N. A. D. For addiction medicine and then longevity and then I started using it for my own health and they have really been able to take my own health and immune issues to an optimal level.

Using the N. A. D. And then combining those with the peptides milano tan too and the moxie been very happy with that combination. And how long do you when you do uh see how long do you do it for?

I usually I'm doing an injection about once every three days for a week or two weeks and then I'll take a rest and come back to it. Yeah I think that that's nice.

And so then now you would philosophically we're cycling through a different strategy to improve energy levels. I liken that I told I have a lot of athletes in my practice and I said it's kind of like muscle confusion and so I'm I'm doing neurological confusion so that your brain is not gonna get dependent on some implementations strategy.

Ketamine, Trauma, and Nervous System Rewiring

And then we're constantly cycling through our different algorithms, cycling through these like very supportive measures for the mitochondria which are huge for the nervous system because whether you're dealing with an athlete or whether you're dealing with an executive who's you know, thinking all the time and having that needing that high mental performance.

Like the nerves, the nervous tissue are consuming so much oxygen and need their mitochondria at their best in order to perform their best. And so when I talk to people about N. A. D. That's kind of what I say, I I'm I'm saying like the N. A. D. Is great for so many different things.

You're going to experience so many different benefits because mitochondria are in every cell. And it helps the mitochondria make energy as well as its beneficial effects on the D.

N. A. Of course and the telomeres but especially for the nervous system like that is really where you will experience so much benefit from the N. A. D. Is with the nervous system because of just how much it depends on that mitochondria for good health.

Right. I'm yeah I totally great the platform that I was telling you about we're gonna make it so that you can uh as a doctor we're going to make it super easy to order to get um uh subcutaneous.

Ntd for example and then we're gonna make it super easy for patients to be able to go get it at a much more affordable and reasonable price along with peptides and other stuff like that.

Yes I'm sort of I'm looking forward to the next evolution of patient care where what used to cost $1000 a month is gonna cost half that. And uh and then we're gonna be able to have people under more care and getting more therapy and at lower price points and particularly after covid and and that's part of what was my impetus to really think about this. We're going to have much more sustained approaches to wellness than we did in the in the past because immune system function was kind of like a pleasant after that that I would try to get people to talk about but they weren't that interested in and now all of a sudden the immune function is top priority. Everything interesting.

Yeah and they are they're more interested in optimizing their immune system rather than waiting for something to hit them and then they go in and try to get that taken care of.

So I I love that these um that these approaches these modalities that have been more financially expensive for people are now becoming more accessible and more well known.

Like as you say everybody calling you now from Los Angeles has already heard of N. A. D. And that's that's amazing. I mean that that shows definite growth. So let's talk about how you address some of the psychological effects of chronic pain and these nervous system.

Just regulations and people I know that you use ketamine. So how how are you using the ketamine and how are you addressing that side of chronic pain and chronic illness?

We're we're using ketamine and um it's a evolving in very interesting and and wonderful experience to to use ketamine for patients. Um uh we're using it an addiction more and more and and having a I think a fairly important reset with that. Traditionally what I was doing is I was doing um the the anesthesia technique which was to do half a milligram per kilogram and to do that as either as an I. V. Or as a subcutaneous injection.

And uh as an ivy that might take an hour as a subcutaneous injection it's a little shorter and a little bit more intense? You can do subcutaneous or you can do intra muscular as those injections. And so that was traditionally the approach that I was taking and the traditional anesthesia experience of supporting patients. What we were we were looking for a drug resistant depression and um PTSD. And so the traditional approach was to do six treatments and to do one treatment a week or two treatments a week for either 3-6 weeks.

And so then that was kind of my initial foray into it. Um What I started doing was thinking well what would happen if I combined DNA D and ketamine together? And exactly that was that was a big big yes that seems to be very synergistic and positive.

And traditionally the ideas is that ketamine seems to have an antidepressant effect on the brain for about a week or two. Which is why they were trying to do one treatment at least once a week and if they can do that for six weeks and you feel you're feeling good a lot can happen in six weeks.

And so we could just do something to kind of reset you for six weeks, maybe on the other side of that. You've reset the depression. And so that was my initial experience. We started doing the N.

A. D. With it and people started telling me on a fairly regular basis. People started calling in and saying hey the ketamine has worn off and I was like, when did you, when did you come here and there like eight months ago, nine months ago. But that was just like one or two treatments.

That is not, I don't think that's in anyone's experience that one or two treatments would be have an antidepressant effect for eight or nine months. And so what, what I feel like is a N A B has this mitochondrial supportive effect. That that that when you take the academy mean it's easier for the ketamine to do its work because you've supported the mitochondria and then it be, there may be some other synergy within that that makes it last longer.

The other thing that we're doing is that we're doing a ton of mental, emotional spiritual prep where we're basically all kind of producing a story or producing a with with a a screenplay about your life and that the moral of that screenplay is that you're a hero and you're gonna totally overcome everything.

And that something something that was either mildly bad or catastrophically bad happened. But whatever that was, it brought you here and it led to a whole bunch of behavior modifications and changes in your life that are fundamentally preparing you to step into the role that you always wanted to and become the person that you always wanted to and maybe you might not have ever done that if if um if the trauma hadn't happened and so then we're telling that story and then uh supporting people around that often, I'll do a stellar ganglion block, which kind of resets the entire fight or flight nervous system as kind of part of that.

But then we'll do then we'll do ketamine and then the academy is a experience of visually and spiritually connecting to yourself and who you want to be and then supporting that while all kinds of positive mitochondrial and physiological things are happening to kind of reset.

And then basically what I say is I'm going to do that and then poof, I'm gonna release you into the wild, which is gonna be kind of, you know, the what what it is and then you're gonna get those triggers.

But a lot of times what happens is the triggers are less and a lot of times people can defrag and reset that. And so that is sort of 1.0 of what we're doing, which let me just say like, that's amazing.

That is amazing. And I had no idea that you were doing that, which which excites me even more that we've also kind of come into alignment on this. When I first started my trauma therapy trainings as as a result of walking through my experience after having adopted my son and I saw that what was working for other kids was this art narrative therapy. And so I went and I got trained in this form of therapy and that's exactly what it was dr cook like you are describing it so well where yes, they do walk through like the neuro biological sequence that happens physiologically in reaction to a trauma, but then they reframe that in an art narrative form for the person, so that rather than staying as the victim, they're now seeing themselves as a survivor and now in place to be able to be and live the person that they want to be right. Yeah, so then that's so then I won't go on to what I was going to tell you about stay here. So then it's interesting like almost every version of Integrative medicine I like have done for a couple of years because I started like so long ago and and so and and and I had was interested in trauma just you know, I spent so much of my life doing trauma surgery and stuff like that um and so then I met these women um in san Francisco that were super into trauma and so we we spent a year and a half going to basically trauma released type of techniques which was amazing and that was all of this work where you were kind of talking and supporting people and but it was all on massage tables where you would work a lot of systematic work and then helping people release and then then I actually had a whole other experience where we would do ketamine for people while we were doing that. And then in my opinion, that's probably one of the better things on the planet for people with big trauma. Yes. So I've gotten trained in somatic experiencing with dr peter Levine just for that reason because I saw what a difference that made when you're actually working with someone's body, the tissues and the trauma that's been stored in the nervous system. And then when I add some Academy to that, especially some of the Academy micro dosing too, that it really allows the nervous system to make some bigger shifts in a safe way. Yeah. And and allows yeah that that acceleration of their results in trauma therapy. Right?

And and so then with so then you can play with this one now here this is interesting back to you know, micro doses is a great topic and and interestingly the Academy and so interesting because people are socially and recreationally using ketamine and they have no idea what dose they're taking. A little bit like it'd be like if I was uh if I was going to serve you alcohol and then you said how much, how much are you gonna give me? And I said, I don't know somewhere between one and three bottles which is kind of like what people are doing Academy now we were talking about Academy dozing. What's interesting is I've we've done a fair bit of somatic work with people where they will do like the nasal spray and at a dose of 10 to 20 mg and then we've also done nasal sprays at lower doses of like 3 to 5 mg.

What I found is that people with a lot of trauma do often better. Just kind of like with the N. A. D. Experience when you start low and go slow with them is like this functional medicine II pam smith is this famous functional medicine, you know educator I feel I yeah I spent hundreds of hours listening to lectures with her. I just feel like I hear her in my but but what's what's interesting about that is that I experienced this in anesthesia also that if you would we would I would a lot of times give like two mg or three mg of ketamine and it would be amazing. It would be like all of a sudden everything would calm down the seas would part, we would we would kind of get through a moment and I would do, I would give a dose like that. It would be if it would be like three o'clock in the surgeries ending in like 10

minutes and I would just give a very small amount and then they would just kind of like wake up super chilled out in the same way I actually kind of really like the idea of these lower doses and what even if you're like the micro doses that you're talking about of like taking like five mg orally is probably relatively imperceptible to some interestingly what happens is is on some of the teetotalers. People that have no experience with psychedelics and no experience with stuff like that.

You'll give them five or 10 mg I. V. And it's like a complete treatment. And then and then also even the lower doses like like um 100 mg orally this is for people to think about is like the equivalent of 20 mg I. V. Okay. And so then uh so that means five mg orally is kind of like the equivalent of one mg I.

V. Which you would think is so imperceptible interestingly. That's probably gonna have the subtle low level effect for a couple of weeks then. Very interesting physiologically.

And so then now you're um supporting them while you're doing what you're doing. Very I'm very interested in that. And interestingly we we brought this up when we're talking ketamine is disassociative but it's also somewhat associative because I think what happens is it this associates you enough from your trauma that you can connect with yourself in that space then. Now you're if you're doing somatic therapy or hypnosis hypnosis works like 10 times better under Academy I'll tell you that for sure. Which is and I always tell people that I go Academy is gonna make you super suggestible and it's like super easy to hypnotize people. I'd say this and and the reason I I like to say that is I first of all, I'm putting it on the table and then I go, and then guess what?

I don't care what what goes in there because you're the person that has to, you're gonna program whatever you want to program it. So now that is this prep work and so that the prep work on that is is then goes back to that, that's that quote unquote hero's journey of who are you and then who do you want to be? What do you want your life to be about?

And I think that for the most part, most people have an ex existential like angst that it's somewhat hopeless and that there's no way out. And I remember it was it's interesting that you you you made me remember this because I remember they used to say I've said this before on podcast that they always told me don't do PTSD because they never get better, but that I used to walk in, I worked at Hope Hospital for a year and I had to walk by the addiction place every morning. It was kind of awesome.

And I remember the guys, the anesthesiologist, they were like never do drugs because those guys are hopeless and they never get better. That was like our belief system. And interestingly it kind of worked for me because I never, I was like, oh I'm definitely never gonna do drugs because I because it was, it seemed like such a hopeless thing now, I think that were orders of magnitude on addiction better than we were.

And then I think that as people start to reset this stuff, that's why I think Academy and it's also quite great on the addiction front because then people began to see themselves and then we realized I get to be who I was meant meant to be. And so that's, it's a common path for addiction.

Uh mental, emotional, spiritual anxiety, depression, pTSd threads that are similar for all of those people. Exactly. And then there's dose ranges that are similar, so now we just have to work our way through um through that algorithm, Right? Yeah. And it really does come down to providing the nourishment and the environment that the nervous system needs to do this reset and this rewiring. Yeah, good.

Well dr cook, I could talk to you forever, I really enjoy speaking with you but our time has come up for this interview and so I just want to thank you again so much for taking the time to share your knowledge, your experience with us and I know that the audience is gonna really enjoy the information that they got from you today.

Okay, awesome, Super nice to meet you. And if you want to find you can go to dot com. Yes, and definitely check out his podcast bio reset podcast where you can find a lot of amazing cutting edge tools that he is using, So thank you for joining us today.

And together, let's find that next level of Health and the Liveness.