Energetic Debt: Are "Energy Vampires" Making You Sick? Transcript

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Introduction to the Summit and Guest

Hello, everyone. This is doctor Bob Hoffman from the master circle. And again, I want to welcome you to the Practice Upgrade Summit. And today we get to interview a dear friend of mine, someone I've known since he was in chiropractic school and who is now a superstar in our profession.

His topic today is Energetic Death the new Paradigm of disease. And even though that may or may not sound interesting to you, I'm begging you to stay and listen to this call because you're going to come away with a lot of practical, thought provoking information that's going to change you, change your life and change your practice.

Today we're going to interview and have a really good, terrific and deep discussion with doctor Rob DiMartino, who is a doctor of chiropractic and a quantum neurologist who practices just outside of Las Vegas, Nevada.

I've been blessed to be in his office multiple times. He's got an amazing practice with an amazing team, and he gets unbelievable miracles. He specializes in neurodegenerative diseases, auto immune diseases, and his success rate is through the roof.

He takes care of the people that medicine has given up on and gets great rate, consistent clinical results. You're going to want to hear what he has to say.

So welcome onto today's call doctor Rob it's great to see you again. It's great to see you again too. Thanks so much for having me. It's my pleasure. So first, before we really dive into some of the things I want to ask you, just catch up with you.

Because sometimes we speak regularly, and sometimes there are months in between our conversations, but it doesn't matter. Every time I speak to you, you've got new stuff.

You're only searching. You're always experimenting. You always are refining and simplifying to get even better, even faster clinical results. So first, could you talk about what you mean by energetic?

That. Yeah. So it was one of the things as I started to kind of expand my practice and start dealing with more patients who had immune system disorders, neurological disorders, autoimmune, even cancers, you know, I needed a bigger picture of what we were dealing with.

And the science is there, the research is there, but it's very advanced.

Defining Energetic Debt

And I needed something. You know, one of the things I love the most about chiropractic was I love the beautiful, simplistic explanation of, you know, the nervous system is master controller and master healer and, you know, subluxation interfere with that.

And chiropractors come in and help those so that the body can go back to healing regularly. And I loved that conversation that we could have with patients.

And related to anything that they had going wrong, because it all came back to that basic principle. But I found that as I got into some of these more complicated problems, I, I the science got too confusing for everyone, and I needed a basic strategy and a basic communication strategy to go back to, to have this conversation with them.

And that's where we came up with this idea around the this term of energetic debt, which is something we made up in the middle of a consultation. Mind you, it just came out of me, as they usually do, very innately.

And you know that if somebody put me in a corner and said, you know what causes all disease at this point, it's the body's inability to make enough energy to run everything it needs to run.

And that's the concept of energetic debt. It's a very easy explanation for people because they understand finances. They understand that they should make more money on a monthly basis than what they spend.

And at the same time, the body should make more energy on a monthly basis than what it spends. And if it doesn't, then the system starts to break down.

And realistically, if you really dig into it, that's even what will cause most subluxation from a chiropractic perspective is, you know, I was always taught that the subluxation is an adaptive mechanism.

It's, you know, it's it's the part sacrificing for the whole it's plugging too many things into an outlet and blowing fuze. Well, that's that's terrible for whatever that use goes to, you know, if it goes to your refrigerator, your food's going to spoil, but it beats the whole house breaking down.

And a system that is flush, full of energy tends to not subluxation as much. So that was where we came down to it. It's more of how do you take really, really complicated science and make it in a really, really understandable portion for a patient, but also with something that that does have a lot of relevance in the world that we live in today is a great answer.

You know, Rob is you know as well as anyone in chiropractic, in all the natural and wellness, healing arts, naturopathy, acupuncture, massage, the list goes on and on.

I don't mean to leave anyone out of the common denominators, is the concept that the power that made the body heals the body, even though in theory that makes a ton of sense.

And as an easy communication strategy. The reality is people are so sick today that the power that made the body isn't strong enough to heal the body anymore.

And that is where you came up with the term energetic. That, and I love the fact that it just blurted out of your mouth innately, intuitively, because that's how how almost all great discoveries are made.

So I love the term and I thank you for it. Yeah, Rob, you've made a huge transition. As I mentioned earlier, you keep changing and evolving and growing and blossoming, and you went from being a traditional chiropractor to more of a functional medicine, functional neurologist, functional nutritionist, and you even started your own company called Beyond Functional Medicine.

And what made you move in that direction? What inspired you to to make that transitional step, that leap of faith to that next level? Yeah. So mine was completely by force.

So, I got into chiropractic, my own story when I had headaches as a kid, and I had seen every medical doctor in the world. It seemed like at that point, and I certainly exhausted all my options where I was living at the time, and I finally ended up in a chiropractor's office for a completely separate issue.

I knew I'd hurt my back playing sports, and he was the one who solved my headaches. So I went into chiropractic school football mode. And, And don't forget, I went to my first chiropractic seminar when I was 14 years old that I found out years later after we have been friends that you put on.

And I had we had no idea about this, but we had been friends for probably over a decade by that point where we actually figured that little gem out. But my chiropractor took me to that and I was sold on chiropractic.

I was I went through all of school, high school, everything else, college with this idea of, I'm going to chiropractic school. And I got to chiropractic school, and I was there for about two months, and my parents came out to visit me, and my mom dropped the bomb on me that she had gotten diagnosed with chronic lymphocytic leukemia.

And it wasn't good. We were certainly not early. You know, the average person has, with 5 to 8000 white blood cells and hers were 184,000 when they found it.

So we were way behind the game. You know, I was flying out here to go to the doctor conversation with her, and it was very typical. You know, it's there was no scientific basis behind anything.

You know, I was like, well, we'll wait till they hit 200,000. Well, why 200,000 is a very normal number. Oh, no, that's ridiculously high. So why would you do it now? Well, that's a nice round number.

We'll wait to see. So what do we do in the interim before she gets there? You know, like how do we avoid that 200,000 number? Well, there's nothing you can do.

So of course that's not an answer that I'm necessarily going to accept very well. So we started digging in and that's when I started to look for other options.

And and I will tell you to to a certain extent, I was very, cocky and overconfident, arrogant about the fact that, you know what I have chiropractic and chiropractic will resolve all of this.

From Chiropractic to Beyond Functional Medicine

And I had her seeing a chiropractor out here where I had a hand selected for her. And then when I came out here, I started taking care of her. And don't get me wrong, her health improved, but as far as you know, really moving the needle.

I knew we were going to need some more things and some more strategies to bring it together, because I couldn't take the chance that this wouldn't be enough because we were talking about life and death things.

So I had to kind of. And it's it's amazing how many times this will happen that I'll think to myself, well, I got this. And every time I think I'm kind of above the healing of the body like I'm doing it, I kind of get knocked down a peg pretty hard.

So, you know, I had to kind of put all that aside and ego aside and everything else, and I had to go out and start just looking and listening to everybody.

Whoever it was, I didn't care. I mean, I've been to medical seminars, I've been to dental seminars, I've been to. So really out there, you know, natural seminars, whoever had an opinion, I wanted to know about it because there was more going on.

And then truthfully, at the same time, I'm practicing chiropractic and I'm having this existential crisis over the whole the power that made the body heals the body.

And I'm clearing this nervous system. So why is it not, you know, why are the autoimmune patients still autoimmune? Why is a diabetic still a diabetic?

And it kind of messed with my head a little bit. So I had to do it because my mom was on the line. So I just went out and I started learning all of these different types of things, and I did it all for her.

I brought in all these technology, I bought all these different machines. I brought it all in for her. But then as I was taking her case apart, there was just a pattern that I could see.

You know, that that's the only way I could describe it was there was a pattern that showed up to me that made sense, and it was a pattern that I started to look at my patients and notice, geez, they have these patterns as well too.

And it's always a variation of the same pattern. It's just the more severe the problem is, the more severe the pattern

is there. So I started applying it with them as well to now the problem was I did it with no system, so it destroyed my practice.

At first, you know, I but I was doing it all from this place of I wanted to help and I wanted to help her, and I wanted to help the patients. And we started getting great results.

But it became really clear very quickly that I needed to systemize this. And then once we were able to do that, you know, my mom, who originally that diagnosis carries an eight year life expectancy.

They told us not to expect five. This November is going to be 21 years from diagnosis. And she's still around and kicking in. And we've now I always hate that.

It kind of came at her expense. And that was the pressure that was on. But it saved so many other countless people because now we're taking that same data and that same pattern that we found with her and applying it with all these other people to get, you know, right now we're running about an 85% reversal rate with autoimmune, and that's meaning getting it gone.

Not that they feel better, but that those antibodies and things like that go away on bloodwork and paperwork as well, to the point where I have medical doctors in my town admitting that they probably misdiagnosed the patient rather than admit that something could make that go away, because it's just not a concept that they can.

But they've misdiagnosed the patient hundreds of times, right? Well, yeah. And I'm always amazed that they're willing to admit that they made a mistake and they could have possibly done better somewhere else.

Right? That's crazy. Crazy, right? Yeah. So your experience and we're all a product of our experience. What was your mom? What was ill and you just refused to take no for an answer.

And you kept asking questions and researching and trying new things and all for a great end result, that your mom is still alive and well and functioning beautifully 21 years later.

And now reproduce that thousands of times inside your clinic with Parkinson patients and, every neurological disease and autoimmune disease imaginable.

And I think that's just awesome. And, you know, your brand of functional medicine that you referred to is beyond functional medicine is different than regular functional medicine.

Could you describe what's different about it? What's beyond. Yeah. So what what it ended up happening was I started my, my world like kind of really jumping into the functional medicine lines of everything and looking at all that they had to offer.

And it's all great. I mean, don't get me wrong, everything has its place in this world. But what it always struck me was I was like, basically, I'm playing Allopathy with vitamins.

You know, I'm doing a tremendous amount of lab work. I'm evaluating that down, and I'm just looking for deficiencies. And I know it's a pill for every ill.

And, you know, it's better that it's natural. You know, there's no side effects and that people certainly do feel better. But the burning thing inside of me was, again, that power that made the body heals body.

If people can hear from stage four cancer, this what is not making them heal from an autoimmune disease, right? Why is this Hashimoto's like this impossible to solve problem.

But then we see people heal from stage four cancers. So I came down to the line where I was going, we must be playing in the wrong sandbox, because the way that we're doing this isn't working and we're not expecting that result.

So for me, I was like, okay, I have to look elsewhere because the end result that I want is a resolved problem, not a person that's maintained and manage it feeling better.

I want this to be done for them, and if I'm going to get that result, I can't keep doing the same thing. I've got to kind of look elsewhere and expand my model, expand my idea.

And that's where so much of it came into the research. And I was blown away by how much of this research already exists. But the same way that sometimes I'll get on medical doctors saying, well, if they can't exactly effect it with medication, they won't look at it.

You know, they'll bury their head sand to a certain extent, the same way that I was saying, well, there's this other things that exist that are really, really important in the autoimmune disease world especially, and we're ignoring them because they're not nutrition, you know, they're not nutritional things.

And, you know, again, we get into this energetic dead of the body, 90% of the energy that the body gets comes from sources that are outside of food, which is why you see so many these people do these crazy restrictive diets, and they're not going to be able to do forever.

And they get a portion of the way, but they don't get all the way there where, where it's gone. I know the best example I always give it never made sense to me was if fasting is one of the greatest things that you can do for autoimmunity, that's pretty much agreed upon. We're all agreed upon it.

I mean, there's a lot of data to back it up. How is then me giving them a ton of nutrition, whether it be in vitamins or specific foods that they're going to eat, going to reverse the problem, if not, giving them any food is one of the best things that we can do for.

So it kind of took me back to getting out of the chemistry and focusing more on the physics and the energetics of the body. I don't mean energetics, like in a weird way where like, you know, you're wearing a funny hat dancing around them, but I'm talking about like literally the creation of energy inside of the body.

And how that occurs is the body is an electromagnetic being versus just a bunch of chemicals kind of bouncing around and hoping they match up and together.

So I don't know that any of this would have been able to be done even 20 years ago because we didn't have the tech field, you know, now it's technology advances and we get all these different machines that we can do and evaluations and, and treatments.

I mean, it's opened up a world of possibility for us that goes so much further beyond. Yes, we want people to put in good fuel and good nutrition, but at the same time, that's almost like if your engine is broken, it doesn't matter if you put in premium fuel.

Now, if you if you fix the engine and you have a beautiful engine and you put in premium fuel, that's a great combination. But so many of these people stay sick because the engines are broken and we are literally living the perfect lifestyle right now to create all of these diseases.

And it's something that you have the lifestyle hack with somebody a little bit to get them to get these kind of results, but it's also something that we can use technology to really speed up the process.

Now, years ago, Rob, you were the very first person I ever heard talk about how important mitochondrial was to get well or to get sick, and that the energy, the energy that correction was by restoring mitochondrial function and just you just without going into it, you just tapped into that just a little bit in your explanation, which was a beautiful explanation.

And I think this is really critical. So yes, nutrition for certain people is certainly critical to help mitochondrial function. But again, the most pristine thing I've heard you say is that we're electrical beings.

We're where we live in, in, in, in in an energy universe that everything is frequency and vibration. So could you talk a little bit about even just some of the technology that you use?

And I'm a huge fan of technology. In fact, I've even learned of of 2 or 3 technologies that I recommend all the time that I've learned from you. Can you just share a little bit about even just 2 or 3 of the technologies that you use consistently with such great results inside your practice?

Yeah. So when we get down to it, ultimately there's basically six ways that the body will make energy. And all of those waves are pretty much outside of food.

And when you look at how this goes, it's really about connection to the environment and the connection to nature.

Energy, Mitochondria, and Clinical Technology

And we innately know this. Again, we inherently know this inside of our bodies. Because if you tell somebody, close your eyes, you know, go to your happy place, go to your cave, go, go to wherever you would be the happiest.

Everybody pick something in nature. Oh, I'm at the beach. My feet are in the sand. Or I'm in the water or I'm hiking. I'm in the woods. Nobody's like I'm in my cubicle under fake light, under fake lighting.

You know, maybe some of the gamers, you know, my my generation is the gamer generations. Maybe some of those guys would make that stuff. But most people are going to pick something out in nature because we know inherently that's where we feel best.

And, you know, even marketing knows that to where they want to look, make somebody look happy. They're under a beautiful waterfall somewhere in the water.

And if they want to make somebody look miserable, you know, they're all covered up as the wind is blowing against their face. No moving air steals energy from our body.

Moving water gives energy to our body. So it's such a fascinating thing. So when we look at these six major ways that the body creates energy, we have technologies and ways.

And even looking at traditional stuff like bloodwork where I'm not just looking at it from a quantitative level of what what I want to see how these ratios of everything interact with each other, because that will tell me where of those six ways are more than what typically the person is not making enough energy, and they're not going to be able to make enough money to pay their bills, or not to make enough energy to pay all the debt that the body is going to exchange on a day to day basis and then fix themselves.

You know, most people barely can make enough to get through the day, let alone actually heal anything. Which is why we were always on this kind of dwindling spiral that goes down.

So of those six ways of making energy, we were just always on the constant search to find technologies that would allow us to put that energy directly back into the system that way.

And one of the ways that that we've done with that is electromagnetic field and PMF. There's a tremendous amount of units out there on the market, and they're all good, and we're all going to do their certain things.

But some of the ones that we picked very specifically were about to help cell regeneration. There's a lot that will help with pain, but the ability of the body to regenerate itself.

And this is how bones regenerate. And this goes back to Becker's work back in the 60s. I'm always amazed at how some of these guys and gals figured all this stuff out back in the 60s, where we didn't have any of this tech in the 20s and 30s.

And then, of course, you know, they were lunatics and heretics, and now we know they were 100% right, because we had the technology to prove it. But, you know, most of them passed away, unfortunately, without ever realizing that life's work, you know, verified.

But the ability to pump up a direct current in the more direct current that the human body can make, the more the cells will regenerate. And this is the thing, you know, there's a question always I get is, why is there so much more autoimmunity in women than there are in men?

Well, women just carry less direct current. It's just a physiological fact of the way that we're made up. It's probably something to do with hunter gatherer type times, but less direct current leads to more autoimmunity and more cancers.

So in that case scenario, you know, we we try to blame it on hormones and different things that all plays. But it's not the causation of it. It's literally the amount of direct current.

Now something like an egg will measure direct current of the brain, but they don't set it for that. They only set it for the AC card. So it's just a it's just a how they do it thing.

There's no real scientific reason. It's just well this is protocol. So PMF, especially ones that are able to admit DC current is really, really powerful and it just makes everything work better.

It's the equivalent of plugging your cell phone into the charger at night. To recharge your body. You need to recharge your body and of course, the ground emits this electromagnetic current.

And we were supposed to be sleeping on the ground and now we're not. So the connection to that is such a powerful thing. It's something we're able to see, you know, in blood work.

And then certainly the other one, you know, one of my big favorites is Microcurrent frequency specific HyperCard, which allows us then to take that to another level where we can actually put direct current into the body in places we want, based off of the use of frequency lists and frequency patterns that have existed for decades.

But we just really don't do state. So being able to target and really controlling light for people, you know, one of my biggest things patients ask me all the time, what's the best thing I can do for my health?

What can I do to help you? And my answer to them always is protect your sleep. Protect your sleep with everything that you've got, because there's really no problem that doesn't occur without some sort of sleep dysfunction.

But the big thing about that, and there's a big myth within that, is, well, I just need to sleep more. You need to control the light around your sleeping, because if we have patients we're sleeping with, the TV's on or night lights on.

As long as the body perceives light, it doesn't go into a healing mode. And that's where all of that stuff occurs. So there is some real specific things here that make humongous differences about what you can do to help somebody.

But again, most people, they, you know, at best they shut the lights and they go to bed or they're looking at their phone and they go right to sleep. That delays the healing process.

And when we came up with eight hours of sleep as the scientific method of how much they should sleep, that was based upon light being a control. Well, it's not a control now.

So now with getting the average person gets, what, six hours of sleep? There's just not enough time for them to heal most of the time. So there are some basic things that we can do it hack that.

And again, using this technology to speed things up, find out where they're deficient energy. Put that energy right in there. It's like a business that struggling.

If you give them a cash influx it makes everything. It takes the pressure off and anything goes so much easier. It's like all these trashy reality shows that my wife needs to watch, which I do enjoy because I enjoy the analogy going back and forth between because they dump that they don't money into the business, they clean up their books and they optimize their systems.

And essentially that's all we're doing here, too. We're just doing it in the form of energy. Beautiful, beautiful. And, you know, going back to the sleep issue, just for a moment, I wear a specific watch that not only measures my steps and my resting heart rate, but I wear it at sleep.

And the reason I wear it during sleep is because I was told that between deep Delta sleep, which is the deepest sleep, the most restorative sleep, the sleep where we heal because when we're in deep delta sleep, we're in parasympathetic.

And that's where all healing occurs, right? And rapid eye movement sleep, which is just like one step below deep delta but still restorative that between the two of them combined, you have to have a minimum of 2.5 hours of sleep and hopefully more.

So I'm very happy to report that 5 or 6 out of every seven nights, I'm between two and a half and three and a half or 3.75 hours of deep Delta and REM sleep combined.

And you're right, you know, not having blackout curtains, having blue lights lit up all over the room, leaving the TV on all night long. You could sleep, but you wake up exhausted because you didn't get restorative sleep.

So you're again, you're you're just absolutely right on track. So a couple of things I want to comment on. First, maybe 15 minutes ago during this interview, you talked about not just having patients feel better, but having them function better.

And I think this is a critical, simple, but significant conversation because most healing, especially in the wellness natural world, is getting people to feel better.

And of course, feeling better is the first step on the ladder to healing. But it's not hearing. Feeling better just gets people back to neutral. It doesn't get there. Well, and the reason we've been trapped in that arena, all of us, again, whatever profession is, because most of us have never used any technology to measure functionality or dysfunctionality.

So as we talk out of both sides of our mouth, we say it's not about the symptoms, but the moment their symptoms go away, we're good. Right? I think part of the ability to influence how patients think and behave, to be more persuasive, to get better compliance, is we must make a critical distinction to the patient about feeling and functioning.

You know, pain isn't the problem. Pain is just an indication that you have a problem, right? You know, and I often said to my patients, of course I want to help you feel better as soon as possible.

But patient, that is not the end of care in my office. That's the beginning of care. Because after you feel better, then we have to work on you functioning better.

And what I've discovered in my career is that if I help you feel better and you don't let me help you function better, you're not going to feel better for very long.

So that's handled both short and long term goals and objectives. And I'm sure you have some thoughts about that as well. Yeah. No I mean it's definitely a conversation we have all the time is that, you know, that the big picture of what goes on here and, you know, just using statistics, when you see life expectancy dropping and you see the rates of neurological diseases going up and up and up, I mean, what that ultimately tells us is our brains are not lasting, right?

We're not making it, you know, the length of period of time. Yeah. We want quality when we hear, but we can get greedy and want quality and quantity and get more of it.

And that's the conversation that we're always talking about with people. Is is part of this is to fix the system, you know, fix the assembly line of cells.

You know, in the world of energetic dead Mike, my conversation with them is simple enough is when you enter that when basically your body's not making enough energy to do everything it needs to do.

Just like any business, if you're not making enough money, your product suffers and the product in the human body is healthy cells, right? So, you know, we're trillions of cells and we're replacing hundreds of thousands of these ones every single day.

And it's again, it's another one of those myths where we think of our immune system more of the, oh, every time an infection comes in, we're going to kill that and we're going to destroy.

And that's all our immune system does. Really. That's not actually correct. The main thing what our immune system does is take care of our cellular structure.

It's it's like a very elegant janitorial service that it's going to do the quality assurance of these cells that are getting me. Are they right? Are they correct? Are they going to do the job?

And if they're not, the body can fix them or they can replace them. And this is a very normal, healthy process. That's really the main system function of your immune system not fighting infections.

That's a last ditch effort that it has to do if it's getting involved that the body's out of balance someplace else. So when it comes down to it, at the end of the day, this energetic that causes abnormal cellular structures, if we're getting too many mutated cells, will now puts the immune system in a bit of a weird spot where it has to meet quota, or it's got to shut the business, which means you die shortly, which we don't want.

So it'll start putting out mutated cells for use.

Sleep, Function, and Cellular Health

Now, that's again, the thing that will cause autoimmunity is when the body starts putting out too many mutated cells, and eventually that will morph into something like cancer.

So we have this crazy mentality where we say, oh, I got cancer, right? The terms I'm very big on words. I got it right. It's something I got from the outside, not mine.

I got it and it's going to kill me. Where the reality of it is, is cancer is an adaptive mechanism of your body trying to buy time on a cellular level, because if we're making abnormal cells, your body can either shut the factory and we die, or it can try to make some abnormal cells which don't make nearly as much energy as your healthy cells.

So it needs a lot more of them, which is why you get so many cells in a tumor or something like that. But it's ultimately trying to buy time to keep you alive.

It's hoping the economy will shift. So you have to we have to get our even our patients and even our own mindsets out of this thing of we don't want to be buying time.

If you can fix the assembly line to where now all this person is doing is pumping out healthy cells, which ultimately is the anti-aging game. If your new cells look just as good and better than your older cells, you don't age as quick.

You know nobody's time here is infinite. But this is like geology. It's the study of pressure over time, the more that we can lessen that pressure and more energetically rich we live, just the less problems that we run into because we

just have less cellular dysfunctions.

And that's why focusing on the cells that you have now tends to be one of the biggest problems that we have to talk about that long view versus the short.

Those cells are temporary. Cells in your body are not permanent structures. So all we're doing is always trying to support the cells we have now, and not taking the big picture of cell production into account.

You always have to do it. You always have to take all that stuff. You always have to take all those supplements because those cells will be gone. And then the new cells that get made incorrectly, we're going to have to try to scramble to fix those versus what's really causing this is this energetic debt which is causing us to put out, hetero plasma rate or cell importation rate.

That's way too high. The problem is we don't have, like, on lab work. We can't just say, oh, the energy you make is X, and the energy you spend is Y, and you mutation rate to Z.

We have to be able to look at that from a critical thinking perspective, instead of just looking at highs and lows and saying, okay, really, what's the big picture here?

And how do we reverse that? It's awesome. Just awesome, which is sharing in it. I hope that people watching this are taking notes because this is this is game changing material that you're presenting.

You know, Rob, so many of the doctors that I coached who were into functional neurology or functional medicine or functional nutrition, lots of different names, regardless if it's your model or someone else's.

And I'm a big fan of your model is they basically have divided their patients into three categories. And, you know, the first category is the traditional chiropractic patient, you know, kind of a vague term, but mostly musculoskeletal.

They came in with neck or back pain or whiplash or, you know, breaking the rights down their right arm or something like that. On the other end of the spectrum is the functional patient, the chronically ill person who has multiple health conditions, probably on multiple medications, and is declining and deteriorating quicker than they ever dreamt.

And in the middle is the patient who is worse off than the traditional, but not quite as sick or as advanced as the functional and for lack of a better term, most of the docs call them the hybrid.

And why this is critical is because it's it's a system. You're a systems guy. When I came to your office, I loved your system. On how you went through your analysis, how your office worked, and how patients came in if you were there or not, how your staff took care of them.

It was a system. System is always the answer. So this is also a system when the is going through their case history, consultation and exam, they're trying to assess is this a functional traditional or hybrid patient.

And then they develop different protocols, different recommendation schedules of care and different price points for each of the three because they're different.

And this really helped them simplify the practice model. They basically what was the railroad conductor trying to figure out what train track to put down for the person in front of them.

Could you speak to that a little bit? Yeah. So for me it's always about patterns, right? Because once you get the big picture, once you can really step back and start looking at this from a 90ft view.

And again, these patterns are the same. They're the same in neurological disorders. They're the same in autoimmune disorders. They're the same in cancers.

And they work for everybody underneath the sun no matter what level of dysfunction that they have. It's always the same patterns. It's just how bad or so when you can go back and evaluate it from that perspective, all of a sudden you're not learning the whole body.

You know, it was always the my staff used to get crazy with me when I first started, cause I would be in the consults for like two hours, just finding out, like every little thing, what was wrong with them, where I missed that chiropractic side of me, where I was just like, I don't even really need to know.

Just let me look at your nervous system and kind of see what it's doing. And we're going to optimize your function, and then everything else is going to kind of go into place.

You'll let me do my evaluation. But I felt functional. I wasn't doing that. I felt very much like I was chasing their symptoms and just kind of going by what they said, what you know, and then chasing random things that I found at work because I had no system behind me.

That's kind of what forced me to do it. The results got better, but it was it was not a very fun way to practice, and I was spending a lot of time with people trying to just micromanage them and and the body is not something you're going to micromanage.

You've got to hit really high points of leverage. So when you start with people, you're where they are. You're always looking for the highest point of leverage that they're all.

And if they don't have a very high point of leverage, or if it's a low point of leverage, they're not going to be a real complicated case. It's going to be a relatively easy solution.

But even those solutions are going to be a lot faster than the other ones. And, you know, chiropractic and all natural health care is really known for the miracles.

You know, I got miracles when I was just doing chiropractic, but they were always those, you know, like the puncher always has a chance type of type of miracles, you know, like you would do the one thing and, you know, the kid's cross-eyed would go away.

And it was it was great. It was wonderful. I mean, don't get me wrong, I'm not trying to minimize a miracle ever. But then when it came down to it, if I had those other patients and I didn't get that, could I roll up my sleeves and go through a 15 round prizefight and actually win that fight?

Because there are some people going to get the miracles like that? That's great. But what about the rest of you? Those are the stories you talk about.

But what about the other 8,090% of the people in the practice? You don't get that. How can we then okay, say, okay, we went for the home run. We didn't get it.

How do I roll up the sleeves and take you apart step by step and find out what you're doing wrong? And what can you do to assist? And what can we do to assist?

But it all came off of looking at those same pattern.

Patterns, Practice Systems, and Patient Categories

It became significantly easier because my focus got razor sharp on what mattered, not the stuff that I was micromanaging. Because all that falls into place is, well, you got a razor sharp focus on what is the highest point of leverage.

And when you can find those, you can find them really easily. And now with the technology, be able to change those really easily, this complicated thing becomes much, much simpler and much, much simpler for the doctor,

where it became something where I could have a protocol for probation.

You know, I say, okay, this is what we're going to have to do with them. We're going to monitor it. But it was something that was strapped, staff driven, because, you know, they would just, I would say set the machines to this and they would set it to that.

And I'm back in my office researching and I have time to look all this stuff up. But it was it was about laser focus. But I find that a lot of times our focus is getting taken by things that are fancy and maybe sexy and attractive, but they're not just putting out the fire.

Yeah, yeah. No, look, look, there's always smoke with fire. And I do agree that the first thing the firemen do is they knock out the doors and they push the smoke out.

But at some point, if you don't put out the fire, the house burns down. At some point, you got to get to that point. The last thing I'd like to talk with you about before our time runs out again, this is just awesome.

So thank you. Could you just spend a couple of minutes and talking about the significance of the vagus nerve? And, you know, as a quantum neurologist, you know, the very first thing that all quantum neurologists learn is how to analyze and correct all of the cranial nerves.

But, you know, all my research shows that the vagus is is the key. It's, it's, it's if you ignore that or pretend you don't deal with that or don't know how to increase vagal tone, you're always you're always running a race with 100 pound weight around your leg.

So can you talk a little bit about the vagus. Yeah. So so you know, ultimately when the body gets into a state of heavy energetic debt, there will be a point where it call bankruptcy and the bankruptcy in a neurological term, if we lose balance of our autonomic nervous system, where the sympathetics take over and the body goes into fight or flight all the time, and that's really the line energetically that somebody will cross where, you know, we talked about, well, they're not so bad.

They're the hybrid or they're the really chronic disease people. That's the line. The line is that energetic debt goes into energetic bankruptcy, and their sympathetic nervous system really takes over.

And then the vagus nerve ultimately shuts off. And a unique perspective on the vagus nerve, the vagus nerve is the connection between the brain and the mitochondrial health of the of the system, periphery wise.

So it's almost like the connection between like the digital and the analog system would be getting into more technical computer terms. So, you know, what we've ultimately found is, you know, influencing the vagus.

It's such a huge part of a lot of this. And again, with technology now, you know, in the past, it was all done by scale. I think one of the things that that killed me the most in practice was everything was based on my clinical knowledge, my clinical skill, one on one face time.

You know, me and my tools. Could I work through this with the person and get the result that I ultimately wanted to get? And a lot of the times I could, and I was very thankful for the ability to do that and the people who taught me how to do it.

But, you know, those were long days. You know, those were, you know, a 30 minute session with somebody. My brain was about melted by the time it was all over, and it's energetically taxing on you.

And then I would go like, wow, that was a doozy notebook. And all of a sudden there's four people waiting for me, waiting for me to do the exact same thing.

And I'm going in, is going to be, you know, and in my time, I got home like I couldn't even talk to my wife or play with my kids like my brain was done for the day.

But now technology makes it so much easier to do this. But again, it still has to be done with the system where if the brain is over firing, a lot of the times that will inhibit the vagus nerve from working.

If the mitochondrial health is too low, a lot of the times that will inhibit the vagus nerve from working. So we always want that connection to be there.

But you need both sides of the communication lines to be good as well, too. That's how you have a fully functioning system from now until forever, versus just trying to pump that vagus nerve up.

It's helpful, but if you can prop it up and then prop up both sides, now you've got energy moving through the system, you know? And that's always the biggest thing for me.

It's how do we get that coordination of everything going and energetic.

Vagus Nerve, Predictability, and Final Takeaways

You'll be surprised at how much how less I had to do once I got their systems more energized. It actually messed with my head a little bit at first, because I think I used to be come in the room and work on 85 different things and connect this and adjust that and make sure this was never allowed to be firing.

And then when I started seeing them, after I started using all the tech, I made clean up one or 2 or 3 things. And at first I again I freaked out because I'm like, why did I do something wrong?

Like, well, what's happening here? And I realized, no, the body does what it does and I'm just an intermediary and just helping it connect dots. But a lot of the times you give it what it needs.

But I'll do that for you. It's not the fact that it's disconnected, it's just the fact that it doesn't have enough energy to reconnect. And I love the way you phrased it, that the vagus is the connection between the autonomic nervous system, the brain, and the mitochondria, because that is ultimately the answer.

Beautifully. You know, Rob, getting back to what you were talking about before, about traditional chiropractic and occasionally producing some amazing miracles and practicing the way you practice now and more consistently producing miracles.

To me, it comes down to the word predictable. It was unpredictable. At the early stage of your career. It's far, far more predictable today, and I think everybody watching this would love to have more predictable clinical outcomes, more predictable success, more predictable miracles.

And I just want the people watching, listening to this to realize that that's possible. It's doable. And you personally are a role model of excellence that proves that point.

I love you and appreciate you. I have such high admiration and respect for you. I think what you shared with the people during this practice upgrade summit is just what everybody needs to hear and implement.

I hope this really inspires the people watching this to take action, become a better version of themselves. Not settling for mediocrity, not settling for unpredictability and take their their skill set to another level.

Rob, any parting comments before we go? Yeah. You know, the biggest thing is, is never stop learning. You know, right now you have to understand, in healthcare, we don't even know what we don't know, right?

I hate the term cutting edge because I feel like it's an overused term. And one of my patients will always tell me I'm on the bleeding edge, because it always seems like I'm hurting myself trying to figure out all this new stuff because I'll be like, I'm overwhelmed.

But, but I love the learning. You have to never fall out of love with the learning of all these new things, and never

fall out of the idea that there can be new things.

Like, I think one of my biggest things is if I find something better tomorrow, it's a better system. I will replace it instantly because for me, it always comes down to the results that I could get from my patients, because at some point it's going to be somebody else's mom, and that's all that matters to me ever is what I can do for them.

So invest in yourself. Invest in, invest in the learning. Invest in the research. Keep and keep an open mind because I promise you will probably have a better way tomorrow.

And you know we'll probably have a better day way the next day. But the only thing that that means is a better practice, a more successful practice, and better results for our patients.

And really ultimately, which is my goal from all of this, was changing health care. Well said. Thank you so much for your time today. Thank you for your contribution to this summit and our profession and all healing.

You're again just a role model of excellence. Just keep up the great work. Thank you very, very much. My pleasure is always great talking with you and do it again soon.