Reach & Help More People With a Brain-Based Model: Why Functional Neurology is The Future Of Healthcare Transcript

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Introduction and Speaker Credentials

Hello, everybody. This is doctor Bob Hoffman from the Master's Circle, and I want to welcome you to the Practice Upgrade Summit. Today we have an amazing interview with an amazing healer.

Doctor Robert Melillo has personally worked with thousands of kids and adult patients in his distinguished career. He currently sees patients in his New York City practice.

He is a five time bestselling author, and his most popular book is Disconnected Kids, which has been translated into 11 languages. Just think about that.

With over 500,000 books sold internationally. Doctor Melillo is one of the most respected experts in the world of brain developmental issues and functional neurology.

He's taught over 10,000 health care professionals around the world and still lectures extensively. Doctor Robb is a brain researcher. He is the executive director and fellow of the National Institute for Brain and Rehabilitation Rehabilitative Services.

He has multiple peer reviewed publications. It's written a textbook, 50 scientific papers, and the list goes on and on. He's the co-founder of the Brain Balance Achievement Centers, that there are over 100 of these centers throughout the United States, and they've worked with over 30,000 kids with extremely high success, clinical rates.

Doctor Melillo has appeared in over a thousand radio, TV shows and podcasts, and even hosts his own radio show. He's also the president of ESS and a biotech, a software company in an exciting new emerging area known as digital medicine.

Their number one tool is something called the Neuro Sage that many Master circle doctors are using and consistently producing amazing, predictable outcomes.

Today, we're going to be discussing developmental functional neurology in kids and adults, a brain based model of physical, mental, and emotional health, and the future of health care.

Doctor Rob, welcome onto today's call. I really appreciate it. Thank you. It's an honor to be here amongst you and all of the other great speakers that you've invited.

Yeah. Well, thank you so much that we've put together a parade of stars with one icon after another, and you certainly fit into that category. We both practiced in New York during a similar era and time, where we're contemporaries with one another and my level of respect and admiration for you and what you've accomplished is off the charts.

So I am beyond excited about today's interview. Well, thank you. And I feel the same about you. So it's, it's a meeting of friends, and I'm looking forward to that.

Thank you. So let's begin. Here's where I want to begin. You actually developed a whole new field of science that you refer to as developmental functional neurology.

What exactly is that and why is it important to the people watching this interview? Well, you know, to me, I think that this is very exciting because when you really understand the implications of this, especially as chiropractors, you realize you really kind of explains everything we've already always talked about.

And developmental functional neurology means that, what we're looking at is the development of the human brain throughout the lifetime. So what I do is not just pediatric neurology.

I work a lot with kids because we want to get to them earlier. But what we know is what happens in the early development of the brain, probably in the first six years, really ultimately is the fate of the adult brain.

So most adult issues that we know now mental health issues, the rise in adult ADHD, even memory issues, you know, psychosis, depression, bipolar. We know now that almost all of those things start in childhood or even in the womb, so that most things are developmental in nature, which means that when you're looking at an adult patient, you have to ask that question.

What they're presenting. Now, is this something that just arose because of a car accident or because of, you know, a traumatic event, or for where they think the symptoms start?

Or is this really the end result of a lifelong developmental neurological issue? That goes back to childhood. Because if you don't understand that and if you don't really understand the developing brain, you don't understand the adult brain.

Developmental Functional Neurology Explained

And this is really important because, you know, in functional neurology, the focus is really looking at the adult brain and looking at what's going on.

And most people don't really understand the developing brain, the childhood brain. So that's why it's developmental functional neurology. But it isn't just about kids.

And it really is the nature of the development of the nervous system. And what's really cool is that the development of the brain early on is mostly development on postural development and spinal development.

More than anything else. And why is that? Well, you know, when we look at the brain and cognition and why we have brains, it really goes back to movement.

Movement was the initiation of brains on this planet. Things like life forms that don't move, don't really have a brain or a nervous system. So really, brains are only necessary for moving creatures.

And almost everything we have in the brain is really about, promoting better movement and prediction of movement. And that's really everything. Like even when you talk about consciousness and self and self-awareness, why do we have a sense of self?

We have a sense of self. Because in an animal to move your body, you have to have an awareness of your whole body as one unit. Right? You have to be able to have this sensory motor image in your brain of, you know, even you look at like centipedes or you look at things that are made up of segments.

Each segment is like their own segments, like a spinal segment. If you look at the spine in the vertebra, there's spinal segments, right? But yet they have to be able to be image in the brain as one unit.

And really the sense of self and consciousness really arises even at that level from that. So that movement is really the impetus for everything that we have, even the way we process all of our sensory information.

Why do we have eyes? Why do we have ears? Why do we have a sense of smell? Why is that in the head? And not in our butt? Right? Because it all has to do with movement.

We're moving forward, and we need those things to see where we're going. And we need a brain in that area to develop it. So it's all based on movement.

And the most core aspect of movement is looking at postural movement, gross motor movement of the spine, and, you know, that is the engine that drives all movement, and it is the engine and the foundation of child development, movement development and brain development.

And, and when we grown, we stand upright. Standing upright is all dependent on that. And the fact that we are bipedal and we have the brains that we have is not coincidental, because this is the most difficult movement posture that has ever been achieved in evolution.

So we have the most complex brain. So it's so foundational and I and everything. I mean, when we look at the poly vagal system, the order and all of it is secondary to movement and postural development.

I love that answer. That couldn't have been any clearer. You know, as I learned from you, one of the most important functions of the brain is to comprehend itself.

And its environment. It needs to know where it is in space. And to me, the connection to chiropractors or body workers is that our posture is one of the earliest indications of how the brain is functioning or dis functioning, and that shows up in normal or abnormal posture.

And, you know, the early pioneers in chiropractic dealt with posture from a mechanistic perspective, which isn't wrong. It's just incomplete. But again, what I learned from you, Rob, is that posture is a neurological program.

Yes, as is muscle tone. You know, when we look at muscle tone, one of the greatest windows into the brain in the nervous system is looking at the tone in our face, in our body, and ultimately, imbalances in tone in the spine is what I think is what we're looking at applications right?

In juxtaposition, relationship differences. And, you know, the idea of of that and looking at the idea that, you know, they're on balances that can develop in the nervous system, in the posture, because we had these bilateral systems beautiful.

And yet very, very few of our colleagues were ever taught this, ever heard this and don't yet implement any of this. So on this topic, talk about your work with primitive reflexes and why this is so important.

Well, because, you know, when we're talking about movement, the foundation of movement for us is really the development of these things called primitive reflexes.

And primitive reflexes are not these weird, esoteric things. They are reflexes that have been part of a pediatric neurology or pediatric exam for generations.

We know that they're there. As a matter of fact, a colleague of mine, that I just spoke to yesterday from Malaysia said that he had dinner with, a neurosurgeon and he was talking to the neurosurgeon, and he was talking about primitive reflexes.

And the guy went, wow, that's fantastic. He's like, that's something I learned when I was in residency. He's like, but I never used it and I never thought about it anymore since then.

And so it's something that has been around, and we know that is important. And really the importance of it is not this, that it's the foundation of movement. Right?

So we don't have a brain when we're born. We only have really a brain stem. And that same area in the brain stem and the medulla is where all of our reflexes like that will help us breathe and keep our heart going.

All of the autonomic nuclei for the sympathetic nervous system and the parasympathetic nervous system, they're all in that ponto medullary area. And so we have these basic reflexes.

And that's where most of the primitive reflexes seem to be housed initially. And they're there to initially allow the

baby to help themselves birth themselves. Right.

And then they're allow them to rollover and then eventually crawl in their belly and move and walk. And so we need these reflexes to get us to move. As we said, we have to move.

But more than that, you know, when we look at the brain, the brain is not this tabula rasa, type of thing where it was a blank slate. What we do know is that we're basically preloaded with software in our brain, and this software is almost there at the foundation of everything that we can do.

Even language, most of the software that's going to direct our language is there, but there's this matching process that goes on right where we then we have this software, but we have to match it to the world around us.

But we also know that, you know, we have this software and we have to engage in the world. We have to calibrate the brain to the world. So how do we do that when we don't when we can't move, we have to have a way that we can move so we can engage our senses and actively sense the world and make sense of what that sensory information is.

If we just give sensory information alone, the brain will not grow or we won't understand what it is. So we have the way to describe it to people is we had this basic software that allows us to move and integrate and interact with the world, and then in about a year, we need to delete that software so we can upgrade to more sophisticated software.

And what happens is if the primitive is put that way, that's correct. If the primitive reflexes don't go away, we always have this old software running in the background.

And what happens when you have old software running in the background of your computer? It slows things down. It may prevent you from upgrading new software.

And and that's what's happening to the brain. Our brain is always it's always running in the background, and it always is going to affect different things.

And usually this happens more on one side of the brain than the other or during development, so that we end up getting one area of the brain or one side that's upgrading too much, and we get the other side that isn't upgrading.

And this is the nature of everything. There's this famous neuroscientist, that from England that has said that nothing in psychology or psychiatry makes sense unless you look at it in the context of brain asymmetry.

It's the only way that the symptoms that people struggle with actually make sense. Wow. That's beautiful.

Primitive Reflexes and Brain Development

So for the the DCS and other body workers that might be watching this, what's the role of the brain in musculoskeletal symptoms. And you addressed a little bit of this already like back pain, neck pain headaches even vertigo.

Talk about the brain and how it creates those types of problems. But even more important for how we as healers could rebalance the brain to get rid of those problems and have the body healed.

Yeah. Well, you know, I think it's important to address this because the bottom line is, I know a lot of people in our field and in other fields, I mean, in in the medical field as well.

They're intimidated by a lot of this stuff in functional neurology or, you know, the brain, which is kind of the final frontier, you know, like, for me, one of the reasons why I'm an autism researcher is because that's probably the most mysterious disorder in the world.

Right. And so for me, I figured if I can figure that out, I can figure anything out. But for a lot of people, it's too much. You know, it's intimidating, it's scary, and it's kind of like, well, what do you know? I work with back pain.

I work with neck pain, you know, and headaches. So how does this relate to me? And it really relates to you perfectly because again, this is the foundation of what I think Dr.

Palmer was talking about and what BJ Palmer was looking at. And, you know, you and I know that the early chiropractors didn't work with back pain and neck pain and headaches.

They work with psychiatric illnesses. We know that we had one of the first and most successful psychiatric hospitals in the country that got him right.

They got twice. They got 60% success rate when other hospitals, medical hospitals, state run psychiatric hospitals getting 30%. So we know that, you know, it's really more the foundation of what we do.

But we've gravitated in to this mechanistic, as you said, biomechanical back pain model. But it's important to understand that when we're looking at back pain and neck pain, you know, we know that that pain mostly starts on one side, right?

Headaches are usually one side, neck pain. And, you know, we get tilted or we get, you know, torticollis on one side. Why is that? Because we're looking at imbalances within the nervous system.

And as we said, imbalance muscle tone is one of the best reflection of the nervous system. Initially, it comes from the brain stem from these same areas that we talked that that primitive reflexes and autonomic regulation come from.

But eventually the brain takes it over and controls it top down and regulates our tone. So looking at differences in tone and when we have imbalances in tone, it's a reflection of imbalances in the nervous system.

And ultimately those imbalances will result in breakdown of tissue and breakdown of cartilage and and inflammation and degeneration that will result in musculoskeletal pain.

Even things like rotator cuff syndromes and tendonitis is or can be looked at in the context of neurological symptoms. And what's important is that if we all know that if you just ask people that come in with back pain and neck pain and headaches, you know, do you have depression?

Do you have anxiety? You know, do you have digestive problems? Do you have, you know, immune issues? Do you have food sensitivities? They do. Right. So why do they have these and is it just coincidental or is it directly related to the same thing, this imbalance in the nervous system that is resulting in back pain and neck pain and headaches and vertigo is the same problem that's resulting in an on anomic dysregulation or immune dysregulation.

And it's just a little bit of a tweaking for you to go from one to the other. Really, you just need to ask the question and then say, okay, and maybe you don't want to, you know, maybe you're not doing anything directly for it.

But if you adjust them and then you ask them, hey, how's your depression? And they say it went away, you can actually say, hey, that was probably me, right?

Or if their digestive system got better, you can say that was me, right? And we have been doing that as chiropractors, but not really that directly and not really understanding that, you know, this isn't some mystical, mysterious thing that we can actually now really study it and look at it and we know how these things work.

So, you know, it's important to understand that even if you're just working with back pain, whether you like it or not, you're affecting the nervous system in the brain, right?

You are. And it is a reflection of what's happening in the nervous system, in the brain. So, you know, with a little bit extra knowledge, you can really take control of this 100%.

So if we look at this whole subject through the lens of our philosophy, you know, we talk about being doctors, of course, correcting the cause of the problem.

And yet the cause of subluxation, it begins in the brain, doesn't it? Yes. And the symptoms of subluxation show up as back pain or vertigo or headaches.

But really, to get to the cause of the cause of the cause of the problem, we've got to look at the hemispheric balance or imbalance so that we can rebalance the one anomic nervous system.

Exactly. And it's kind of a two way street. And from every step, you know, and even with the autonomic system in the digestive system, you know, we start out where we have this imbalance of tone, which is really when you look at a pediatric neurology exam, you know, you can't ask a child, can you feel this on this side or that side?

Right? So even in pediatric neurology, what are they looking at in an infant. What they're looking at is tone and symmetry. That is the most important to tools that they have.

And and who should be looking at that more than us. Right. We've already always looked at that. And so what is that tone and symmetry tell you that tells you about the nervous system.

And so what I believe happens is that, you know, whether it's because something is already developed in an imbalance in the nervous system in the womb when the right brain is predominantly developing, or there's a birth injury or there's a combination of both, something altered the, the development of tone.

And also, you know, when we come out of the womb, we twist to the right, right? We twist and then we so we have an imbalance of tone to help us birth ourselves.

And anybody that works with children and child will tell you that sometimes children don't unwind all the way. They have to unwind. And if they don't unwind all the way, what's going to happen?

They're going to have a difference in health, which means they're going to have a different feedback. They're going to interact with the world in a different way.

This may impact the primitive reflexes and whether they go away or not. And all of this is building the brain from the bottom up.

Brain Imbalance, Pain, and Chiropractic

I'm going to talk to you about this Harvard study that that is coming out and that actually they've completed. And in this state, they actually have a quote in the study saying that my theory of that there's this bottom up development that can alter the symmetry of the brain and affect top down regulation, that they proved it in this study.

They actually and they actually say that in the paper. So that's awesome. That's just amazing. So you'll work as you've already started to describe also focuses on functional disconnection and hemispheric balance.

And this is what plays such a huge role in disorders like ADHD, autism, dyslexia and any mental health issue. And there's God knows a long list of mental health issues.

I'd love you to dig in a little bit more about the hemispheric imbalance and why you would just. And you recommend that you would just on one side, not all sides.

Yeah. Well, again, when you go back to the history of chiropractic, we've you know, I remember from the beginning, I don't know if you had a Bob in your office, but you probably did the bilateral scales right.

Chris. Because why do we have that? You know, that the Sturmer graph. Right. Looking at we've always been about looking at balance, balance or posture, balance of tone.

And we've known from the very beginning that the imbalance was the root was at the root somewhere of causing the pain, of causing the symptomatology. But it was also a reflection of an imbalance within the nervous system.

And so these are core foundational principles of chiropractic. And so when you start looking at the brain and you start understanding that the way it develops is that, you know, the brain develops where the right brain develops first and the left brain develops.

And so right and right from the beginning, you realize that the one of the potential weaknesses is if if we don't develop a balance between those areas.

So, you know, we had these bilateral systems, the postural motor system. And if there's an imbalance, it causes a problem. We have a vestibular system that's paired.

And if there's an imbalance, there's a problem. If there's an ocular motor imbalance. And this is contributing to and part of head tilt body tilts, everything that we look at and what is the other major paired system.

Well we have the cerebellum and we have the thalamus. And we had the basal ganglia. But we have the cortex. And the cortex is a paired system that's built on those other systems.

And you know, there's is a lot of complexity in what's going on in the brain. But when you look at it, like I said, you know, Tim Brown is, neuroscientist saying that when you look at these disorders, like, you know, when you're looking at autism and you're looking at schizophrenia and you're looking at bipolar disorder and you're looking at them and you say, you know, how do you make sense of them?

There's so complex. And we know now that there's also, you know, immune dysregulation and autonomic dysregulation. And there's muscle tone and dyspraxia is and you know, there's all these other things that are going on.

And that's why it's it's overwhelming for the patients or the parents or the physician. When you step back and you look and say, how do I make sense of these?

When you look at it in the context of brain asymmetry, all of a sudden it makes perfect sense. All of it makes sense. And so when you do this, when I first started looking at this and I really started exploring it, you know, and I was looking at ADHD and autism and I expected it to fall apart somewhere.

But the more I delved into it, the more it just fit the puzzles. And so when you look at all of these issues, characteristic things are, you know, they're really good, they're really smart, or they have hyperactivity of certain areas and certain networks in their brain.

But then on the other hand, they have a deficit or deficiency in other areas, and that is characteristic of all of them. And if you look at the symptoms, both things producing symptoms like for instance ADHD, right.

So we have an attention deficit 4 to 5 all types, 4 to 5 of the types of human attention in the right brain. We have a deficit of right brain development.

We have a right brain attention deficit, but we have hyperactivity. The left brain is motor driven. The left basal ganglia, develops motor activity. So if we have a hyperactivity of motor activity or tics or Tourette's or movement disorder or hyperactivity of our thoughts, which is OCD, both of those produce symptoms.

We have, hyperactive left brain with an under developed right brain. And when you look at everything, all of a sudden it makes sense and understanding that both hemispheres impact the autonomic system differently, the immune system differently.

So some people will have auto immunity, other people have chronic illnesses. It all makes perfect sense with that. And then when you start understanding how do you correct an imbalance, you know, you know, if we I tell chiropractors all the time, if you have an imbalance in the spine where one side is hypertonic and the other is hypertonic, and you want to correct an imbalance, you don't do everything equal on both sides.

That doesn't correct an imbalance. To correct an imbalance, you have to affect one side and it's always the weaker side. That is really the one that produces more of the problem and the symptom.

So for example, if someone were to have a left hemispheric weakness, what we need to do primarily is a just on the opposite side to stimulate that part of the hemisphere.

Correct? Right. Whether you're going to start with the extremities, if you don't want to overstimulate the brain too fast, you know, the toes, the ankles, the knees, the the wrist, but yes, ultimately the spine and obviously the cervical spine is the most powerful.

We have more proprioceptive input that comes from the upper cervical spine than the rest of the body put together, which is the basis of hill. Right. And yeah.

So, you know, that is what makes the most sense to do that. And all you have to do is try it. And if you adjust somebody and look at symptoms like muscle tone and then do it the other side, you'll see very quickly that one side makes it better and the other side makes it worse.

And I think every chiropractor, every naturopath, every every body worker that I've ever met, we've all had the experience, Rob, that we've had a new patient unaware of what you just shared with us.

This amazing foundational material. And they would adjust the patient as an example. And the patient improves and they continue to adjust the patient the same way bilaterally.

And after one or 2 or 3 visits, they start to regress again. And we all scratch our heads like I did the exact same thing on one visit. They got better and I did it again.

On another visit they got worse. How is that possible? And it's because the first time really, what you did is just change brainwave patterns and start the process of healing.

But because they adjusted bilaterally, no one taught them otherwise, they started to actually do exactly what you just talked about. If there was an imbalance where the left brain was weak and the right brain was strong, when they adjust both sides, they're not fixing anything.

They're just stirring up the pot, so to speak. So it's having the knowledge and the discipline to stay focused on one side of the spine, but on the side opposite the side of hemispheric weakness.

And every you know, we've been teaching brain based chiropractic and brain based wellness to our doctors for a decade. And every one of our doctors who eventually buy into this concept and do exactly what you just mentioned, they just try it and experiment with it.

100% of the time. They get better, faster and longer lasting clinical outcomes, and I just wish more of the people watching this would just accept this as a as a possibility and experiment with it, because I think it's a game changer.

Yeah, and it's foundation. I think it's just a slight shift. You know, we're putting if we're going to do something like say we're going to put inserts in people's feet, right?

We're not going to put the same lifts on both sides. We're going to put more on one side than the other or only on one side and not the other. We understand that, you know, to correct an imbalance, you have to do more on one side or only on one side.

But as you said, you know, when you're looking at even looking at muscle spindles, if we have a difference in tone, we have a difference in sensitivity of receptors.

And as chiropractors, what we're doing is we're activating receptors.

Hemispheric Correction and Clinical Application

And if you have a different sensitivity of receptors on one side and you do the same thing on both sides, what's going to happen is the more sensitive receptor is going to transmit more information.

So even though you're doing things equally from your perspective, the body isn't taking it any equally. And so what you're actually going to do is make the problem worse over time, because the strong side will get stronger much quicker than the weak side will get stronger.

And so then you end up creating more of an imbalance, which is exactly the opposite of what you want to do. Correct? Listen, I could talk to you for days, maybe weeks at a time and just be enthralled, but we just have a few minutes left and I'd like you to spend maybe the next 2 or 3 minutes talking about the neuro cage.

My dogs that have purchased it and are using it regularly in their clinic are just in love with it, using video games. You're the president of the company.

Doctor Kyle Dale created it. Both of you have spoken for us in the mass, the circle Global. My dogs are loving it. They're producing unbelievable changes.

Setting up a whole new division of their office on neurological patients, marketing to neurological patients, flooding their office with new patients.

Could you just spend a minute or two and talk about the neurosurgery? Sure. You know, one of the things I've always looked at is what's the cutting edge, right.

What is the weights and next tool? And the tool is only as good as the, the, the theory or the philosophy you're putting it into. Right. But so this tool, you know, Kyle came up to me, he was a student of mine for a long time that I wasn't aware of.

You know, somebody studied my work, and he came up to me and he mentioned this concept to me. He said, digital medicine, digital therapy. And I went, whoa.

Then that hit me that I said I was like, that sounds like something that's going to happen. And so we went on and we explained that I did some research on my own and realized that, you know, this is the future, this is it.

This is the cutting edge. And and listen, I've known for years that software and video games have an impact on the brain. Unfortunately, most of it is negative.

I've seen it, you know, in the kids that I work with, especially kids with right brain delays. So, you know, I was very tentative about it, you know, screen time and doing this.

And but when he came to me and he said, listen, you know, this is a reality, it's going to be there, but I'm taking your work and we're going to make this right brain, left brain.

We're going to really embed your work and your theories into this software so that we can make it do what we want. So, you know, at that point, I said, okay, so if it's a tool that can hurt the brain, then it also a tool that can help the brain.

And the bottom line is it's not going anywhere. And for years I've been saying, you know, the biggest fear I have is what's going to happen to the world when virtual reality really gets going, because the right brain has what we

does, what we call reality testing, and the right brain tells us this is real.

It's not even when we're somewhat dreaming, we can tell. And when you get a right brain deficit, that is psychosis, right? Which is the definition is loss of touch with reality.

And the left. And most video games feed the left brain and virtual reality the way they're set up mostly. And so my fear was we were going to have psychotic people running around like crazy.

And I still think that's going to happen. We see. But the only way you're going to treat it is with virtual reality. Right. But done the right way along with, you know, doing things to the body in the correct way as well.

So, you know, to me, it was a brilliant concept. Kyle, who's a brilliant young doctor, you know, we've really we're working together very closely.

NeuroSage and the Future of Digital Medicine

He asked me to come on with the company as an advisor, and then eventually they asked me to be president because I have some business experience with the businesses I've started.

And it's very exciting. And we're bringing this around the world. But what's really cool is that, you know, we're just about to enter the FDA process.

And I don't know if you've noticed, but three weeks ago, the first video game for ADHD was approved by the FDA. So first time it ever happened for by prescription only.

And it was a company called Akili. And we've been watching them and we're right behind them. But our technology, I think is better. They don't have virtual reality, and we actually have products that are out there and they they don't understand the concept of brain asymmetry.

And so we've made sure that when we say prescription only chiropractors will be able to prescribe this. So it will be part of our prescription, meaning that insurance companies could then pay for it.

But we want it to be in the offices where, you know, they come in and they work with you and they do it right. And, you know, it's for therapeutic use.

It's not at this point for home use, but, it is the cutting edge is the future, along with other things that we have going on and that we're working with, things I teach about in my program.

I mean, and when you have this along with everything else, you know, I have been in and trained in some of the top supposedly brain rehab centers in the world, like the Rusk Institute at NYU or Long Island Jewish.

They're nothing compared to this. Nothing this. This will be the most sophisticated, treatment plans really in the world for anything with the brain. So. So basically, what the the mother company has created is a series of, games to play online that are all specifically designed to help rebalance different neurological problems.

Yes. And again, my, I can't tell you this enough from my docs that are using it and understand it and implementing it. They are in love with the neuro stage getting amazing results.

So thank you for that. And Bob, one of the most powerful things. Is that what it does for pain management? I mean, we did a preliminary study in England with people that were burn victims and amputees that we went I went to the hospital over there and really kind of as a screw you.

They said, all right, you're going to show us that these video games are going to help pain. We're going to give you the worst pain patients we possibly have.

And they were laughing. They were like, you're not going to help these people. And they said, if you can get a 30% reduction in pain in a week, then we'll be impressed.

By the end of the week, he had like a 70 or 80% reduction in pain, and many of them wrote letters saying that they didn't want their medication. They only wanted this.

So imagine with the opiates and and even if you only deal with pain, right? That you know is chiropractic we're an option. Right. But now this gives you a tool to be even a better option where you can use both of these things in your office, even if you only want to use it for pain.

And it really is, you know, amazing. And like I said, the virtual reality technology we just came out with is some of the best that exists in the world.

I mean, the team that developed this is amazing. And, you know, we're doing all types of things with different frequencies of sound and frequencies of colors and eye movement and movement.

And so there's a lot to it, but it's very simple to use. Yeah. Well, I think it's awesome. And thank you for introducing me to Kyle in the first place.

And when he spoke for us, he just crushed it. He did a great job. I got amazing feedback. Rob, you are so well connected and so well appreciated and respected in chiropractic.

Outside of chiropractic, in neurology, we didn't even have time to talk about all the organizations you've been president of and all the awards you've gotten and all the medical schools you've spoken at.

I hope people, as a result of this interview, really get to know who you are and follow up with you and connect with you. You you are one of the really I it's hard to actually say this.

You're one of the least known, most amazing people in the history of our profession. And I'm not suggesting you're not well known, but for what you've done and what you've accomplished, every chiropractor alive and every chiropractic student should know your life story and your history.

So, thank you so much for being part of this. What a great conversation we just had. I only hope and pray that the doctors will go back and watch this over and over again, and just absorb some of the gems that you shared with them that could change their their view, the way they practice, the way they serve their patients at a higher level forever.

Ron Melillo, thank you so much, and thank you so much for what you do for people and for our profession. Well, thank you. And let me thank you again for what you've done for our profession for all these years.

And even putting together something like this. It's not an easy thing to do. You're probably the only person in this profession that has enough gravitas to get all of us here.

And it's all out of respect for you. So thank you very much. And I really do appreciate it.